Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
TALLAHASSEE ORTHOPEDIC CLINIC III P.L. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1999

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

TALLAHASSEE ORTHOPEDIC CLINIC III P.L.

3334 CAPITAL MEDICAL BLVD.
SUITE 400
TALLAHASSEE, FL 32308

2b Employer Identification Number (EIN) 59-3598056

2c Plan Sponsor's telephone number 850-219-1938

2d Business code (see instructions) 621111

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2017	KELBY TARDI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	

5 Total number of participants at the beginning of the plan year	**5**	396
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	271
a(2) Total number of active participants at the end of the plan year	**6a(2)**	258
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	98
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	356
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	356
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	256
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	40
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2A 2D 2E 2F 2G 2J 2R 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1) [X] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [ ] ___ **A** (Insurance Information)

(4) [X] **C** (Service Provider Information)

(5) [ ] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
TALLAHASSEE ORTHOPEDIC CLINIC III P.L. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TALLAHASSEE ORTHOPEDIC CLINIC III P.L.

D Employer Identification Number (EIN)
59-3598056

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions). . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MORGAN STANLEY SMITH BARNEY

26-4310632

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19 27 33 49 50 54 59 63 64 65 71 72 99	INVESTMENT ADVISORY	36371	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

NORTH AMERICAN KTRADE ALLIANCE, LLC

32-0169277

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 18 59 60 63 64	RECORDKEEPER	31848	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

NILES LANKFORD GROUP, INC.

35-1580587

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMINISTRATOR	11962	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

NILES LANKFORD GROUP

35-1580587

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMINISTRATOR		Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
TALLAHASSEE ORTHOPEDIC CLINIC III P.L. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TALLAHASSEE ORTHOPEDIC CLINIC III P.L.

D Employer Identification Number (EIN)
59-3598056

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1255655	1305601
(2) Participant contributions	1b(2)	29604	34225
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	24012623	26295819
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**		
	(2) Employer real property	**1d(2)**		
e	Buildings and other property used in plan operation	**1e**		
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	25297882	27635645
	Liabilities			
g	Benefit claims payable	**1g**		
h	Operating payables	**1h**		
i	Acquisition indebtedness	**1i**		
j	Other liabilities	**1j**		
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	25297882	27635645

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	**2a(1)(A)**	1305601	
	(B) Participants	**2a(1)(B)**	1078190	
	(C) Others (including rollovers)	**2a(1)(C)**	460041	
	(2) Noncash contributions	**2a(2)**		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		2843832
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**		
	(B) U.S. Government securities	**2b(1)(B)**		
	(C) Corporate debt instruments	**2b(1)(C)**		
	(D) Loans (other than to participants)	**2b(1)(D)**		
	(E) Participant loans	**2b(1)(E)**		
	(F) Other	**2b(1)(F)**		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		0
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**		
	(B) Common stock	**2b(2)(B)**	258818	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		258818
	(3) Rents	**2b(3)**		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	-570114	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		-570114
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**		
	(B) Other	**2b(5)(B)**		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2166999
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		4699535
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2308765	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2308765
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	33048	
(2) Contract administrator fees	2i(2)	16489	
(3) Investment advisory and management fees	2i(3)	3470	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		53007
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2361772
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2337763
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: THOMAS HOWELL FERGUSON, PA **(2)** EIN: 59-3186310

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Part V Trust Information

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
TALLAHASSEE ORTHOPEDIC CLINIC III P.L. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TALLAHASSEE ORTHOPEDIC CLINIC III P.L.

D Employer Identification Number (EIN)
59-3598056

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 26-0010549 59-3598054

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter _____/_____/_____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter _____/_____/_____.

Thomas Howell Ferguson P.A.

Certified Public Accountants

Report of Independent Auditors

To the Participants and Plan Administrator of the
Tallahassee Orthopedic Clinic III P.L. 401(k) Profit Sharing Plan

Report on the Financial Statements

We have audited the accompanying financial statements of the Tallahassee Orthopedic Clinic III P.L. 401(k) Profit Sharing Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2016 and 2015, and the changes in net assets available for benefits for the year ended December 31, 2016, in accordance with accounting principles generally accepted in the United States of America.

Other Matter - Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule, Schedule H, Line 4i - Schedule of Assets Held at End of Year, as of December 31, 2016, is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Thomas Howell Ferguson P.A.

Tallahassee, Florida
August 25, 2017

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
TALLAHASSEE ORTHOPEDIC CLINIC III P.L.
401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1999

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
TALLAHASSEE ORTHOPEDIC
CLINIC III P.L.

3334 CAPITAL MEDICAL BLVD.
SUITE 400
TALLAHASSEE FL 32308

2b Employer Identification Number (EIN) 59-3598056

2c Plan Sponsor's telephone number (850)219-1938

2d Business code (see instructions) 621111

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Kelly Tardi	10/6/17	Kelby Tardi
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	396
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	271
a(2) Total number of active participants at the end of the plan year	**6a(2)**	258
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	98
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	356
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	356
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	256
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	40
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2A 2D 2E 2F 2G 2J 2R 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

Tallahassee Orthopedic Clinic III P.L. 401(k) Profit Sharing Plan

Schedule H, Line 4i - Schedule of Assets Held at End of Year

December 31, 2016

	Fair Value
AB DISCOVERY VAL ADV	$ 85,687
AB DISCOVERY VALUE A	27,849
AB GLOBAL BOND A	54,706
AB GLOBAL BOND ADV	18,246
AB INTERM BOND A	31,672
AB LARGE-CAP GRW A	62,524
AGNC INVT CORP COM	798
ALBEMARLE CORPORATION	8,264
ALERIAN MLP ETF	84,445
ALGER FDS CAPTL APP FD Z	72,754
ALIBABA GROUP HLDG LTD	8,781
ALLIANZGI FOCUSED GROWTH A	104,319
ALLIANZGI FOCUSED GROWTH P	36,093
ALLSTATE CORPCoupon 7.45% Mature 05/16/2019(TZ070)	2,235
ALPHABET INC CL C	115,773
ALPS SECTOR DIVIDEND DOGS	109,003
ALTRIA GROUP INC	99,381
ALTRIA GROUP INCCoupon 9.25% Mature 08/06/2019(TY400)	2,360
AMAZON COM INC	38,993
AMER CENT EQI INC A	37,822
AMER CENT EQI INC R	5,328
AMER CENT MID CAP VALUE A	3,666
AMER CENT MID CAP VALUE INV	75,964
AMERICAN BALANCED R2	74,704
AMERICAN EXPRESS CO	55,190
AMERICAN EXPRESS COCoupon 8.13% Mature 05/20/2019(TZ150)	2,275
AMERICAN FUNDS - AMERICAN MUTUAL FUND R-4	493,115
AMERICAN FUNDS - GROWTH FUND OF AMERICA R-4	140,054
AMERICAN FUNDS 2025 TARGET DATE RETIREMENT FUND CLASS R-4	5,656
AMERICAN FUNDS 2035 TARGET DATE RETIREMENT FUND CLASS R-4	89,438
AMERICAN FUNDS 2045 TARGET DATE RETIREMENT FUND CLASS R-4	23,030
AMERICAN FUNDS 2050 TARGET DATE RETIREMENT FUND CLASS R-4	6,214
AMERICAN FUNDS 2055 TARGET DATE RETIREMENT FUND CLASS R-4	3,018
AMERICAN FUNDS 2060 TARGET DATE RETIREMENT FUND CLASS R-4	4,491
AMERICAN FUNDS AMERICAN BALANCED FUND CLASS R-4	877,210
AMERICAN FUNDS INTERMEDIATE BOND FUND OF AMERICA CLASS R-4	35,435
AMERICAN FUNDS NEW PERSPECTIVE FUND CLASS R-4	116,085
AMERICAN FUNDS NEW WORLD FUND CLASS R-4	168
AMERICAN FUNDS RETIREMENT INCOME PORTFOLIO-CONSERVATIVE CLASS R-4	1,526
AMERICAN GR FD OF AMERICA R3	86,300
AMERIS BANCORP	14,170
AMG GW&K ENHANCED CORE BD N	7,983
ANNALY CAPITAL MNGMT INC	3,764
ANTHEM INC COM	237,221
APPLE INC	90,803
AQR LONG-SHORT EQUITY	31,317

(continued)

	Fair Value
AQR MANAGED FUTURES STRATEGY I	45,758
AQUILA THREE PEAKS OPPORT GW A	10,130
AT&T INCCoupon 5.50% Mature 02/01/2018(TV467)	9,351
AT&T INCCoupon 5.60% Mature 05/15/2018(TP490)	2,101
AXALTA COATING SYSTEMS LTD.	13,600
BANK OF AMERICA CORP	13,708
BANK OF AMERICA CORPCoupon 7.63% Mature 06/01/2019(TZ308)	2,247
BERKSHIRE HATHAWAY CL-B NEW	537,834
BLACKROCK CORE BOND TR	26,020
BLACKROCK EQUITY DIVIDEND I	56,156
BLACKROCK GLOBAL L/S CREDIT I	3,678
BLACKROCK GLOBAL SMALLCAP I	48,995
BLACKROCK HEALTH SCI PTF A	13,423
BLACKROCK HEALTH SCIENCES OPPORTUNITIES	180,330
BLACKROCK INCCoupon 5.00% Mature 12/10/2019(UQ260)	10,861
BLACKSTONE GROUP LP	10,217
BP PLC ADS	17,681
BRISTOL MYERS SQUIBB CO	17,532
BRITISH AMER TOB SPON ADR	11,267
CALAMOS GROWTH & INCOME C	50,341
CALAMOS GROWTH & INCOME I	4,691
CALPINE CORP NEW	45,720
CALPINE CORPCoupon 5.75% Mature 01/15/2025(B2C0E)	27,985
CAPITAL CITY BANK GROUP INC	34,816
CATERPILLAR INCCoupon 7.90% Mature 12/15/2018(TX656)	2,232
CELGENE CORP	34,725
CENTURYLINK, INC.Coupon 6.45% Mature 06/15/2021(AL87R)	14,735
CHEVRON CORP	11,417
CHICAGO BRIDGE & IRON CO. N.V.	17,463
CHINA MOBILE LTD	5,243
CITIGROUP INC NEW	14,739
CLEARBRIDGE LARGE CAP GWTH I	11,765
COCA COLA CO	115,688
COHEN & STEERS PREF SEC&INC R	19,537
COHEN & STEERS REAL EST SECS I	46,484
COLUMBIA GLOBAL TECHNOLOGY GROWTH FUND	181,934
CONGRESS MID CAP GROWTH INSTL	79,203
CONSTELLIUM HOLD CO BV CL A	10,030
COSTCO WHOLESALE CORP NEW	11,208
COUNTRYWIDE CAPITAL V 7.00%Coupon 7.00% Mature 11/01/2036(CBY41)	25,460
CVS HEALTH CORP COM	7,102
DAVIS NEW YORK VENTURE A	128,908
DELAWARE DIVERSIFIED INC A	59,277
DELAWARE DIVERSIFIED INC INST	21,404
DELAWARE SELECT GROWTH INSTL	21,147
DELAWARE SMID CAP GROWTH INST	34,453
DIAGEO PLC SPON ADR NEW	41,576
DOLLAR GEN CORP NEW COM	7,407

(continued)

Schedule H, Line 4i - Schedule of Assets Held at End of Year (continued)

	Fair Value
DONNELLEY (R.R.) & SONSCoupon 7.63% Mature 06/15/2020(AR5W6)	10,400
EASTMAN CHEMICAL COMPANY	7,521
ELI LILLY & CO	7,355
ENERGY TRANSFER PARTNERS L P	3,581
ENTERPRISE PROD PRTNRS L.P.	68,168
ENVISION HEALTHCARE CORP	12,658
ENVIVA PARTNERS, LP	151,420
EXPRESS SCRIPTS HLDG CO COM	4,403
EXXON MOBIL CORP	9,026
FACEBOOK INC CL-A	63,853
FEDERATED HIGH YIELD TRUST CLASS A	343,175
FEDERATED STRAT VAL DIV INST	27,642
FEDERATED STRATEGIC VAL DIV A	55,935
FIDELITY ADV SMALL CAP GR A	13,440
FIDELITY ADV SMALL CAP I	61,507
FIRST EAGLE GLOBAL A	44,159
FIRST EAGLE GLOBAL I	108,577
FIRST EAGLE GOLD I	7,976
FIRST EAGLE OVERSEAS I	133,028
FIRST TR MORNINGSTAR DIV	16,653
FIRST TRUST SENIOR FLG RTE II	12,197
FRANKLIN MUTUAL EUROPEAN A	10,009
FRANKLIN MUTUAL EUROPEAN Z	19,119
FRANKLIN MUTUAL GLB DISCOV A	466,314
FRANKLIN MUTUAL GLB DISCOV Z	503,713
FRANKLIN MUTUAL GLOBAL DISCOVERY FUND CLASS A	935,016
FRANKLIN MUTUAL SHARES A	93,596
FRANKLIN MUTUAL SHARES Z	63,705
FT TR ETF MULTI-ASSET DVRS INC	66,885
FUNDVANTAGE TR POLEN GRW INST	79,898
GENERAL ELEC CAP CORPCoupon 5.63% Mature 05/01/2018(TE307)	2,111
GENERAL ELECTRIC CAPITAL CORPCoupon 5.40% Mature 02/15/2017(TT663)	100,487
GENERAL ELECTRIC CO	107,440
GENERAL ELECTRIC COCoupon 4.13% Mature 10/09/2042(CH02Q)	25,221
GILEAD SCIENCE	7,161
GLOBUS MEDICAL INC A	7,443
GOLDMAN SACHS ABSLT RET TRCK I	70,544
GOLDMAN SACHS GROUP INCCoupon 5.95% Mature 01/18/2018(TV257)	2,083
GOLDMAN SACHS MULTI MGR ALT I	3,796
GOLDMAN SACHS SM MD CAP GW I	21,179
GRAPHIC PACKAGING HOLDING CO	170,976
GUGGENHEIM MACRO OPPORT I	7,677
HARTFORD FLOATING RATE BD A	5,028
HCA HOLDINGS INC	65,878
HENDERSON GLB ALL ASSET A	21,661
HENDERSON HI YLD OPPORT A	43,613
INGREDION INC COM	99,968
INTERNATIONAL PAPER CO	30,244

(continued)

Schedule H, Line 4i - Schedule of Assets Held at End of Year (continued)

	Fair Value
INTERXION HOLDING NV	17,535
INTL BUSINESS MACHINES CORP	16,599
INVESCO BALANCED RISK ALLOC A	62,548
INVESCO BALANCED-RISK ALLOC Y	96,957
INVESCO DIVERSIFIED DIVIDEND Y	46,072
INVESCO S&P 500 INDEX Y	34,940
ISHARES EDGE MSCI MIN VOL EAFE	90,422
ISHARES INC MSCI JAPAN ETF	7,329
ISHARES RUSSELL 1000 VALUE ETF	5,602
ISHARES RUSSELL MIDCAP V ETF	5,630
ISHARES S&P 500 GRWTH ETF	134,822
ISHARES SELECT DIVIDEND ETF	326,380
ISHARES TIPS BOND ETF	123,129
IVY ASSET STRATEGY A	10,680
IVY MID CAP GROWTH A	9,357
JANUS FORTY I	32,572
JOHN HANCOCK INTL GROWTH A	18,638
JOHNSON & JOHNSON	33,364
JP MORGAN CORE BOND A	39,737
JP MORGAN CORE BOND SEL	13,212
JP MORGAN DIV MID CAP GRW A	49,084
JP MORGAN DIV MID CAP GRW SEL	2,558
JP MORGAN GROWTH ADVANTAGE FUND CLASS A	1,251,833
JPMORGAN CHASE & CO	17,258
JPMORGAN CHASE & CO 6.125 % FIXED TO FLOAT 4/30/2024 THRFTRCoupon 6.13% Mature 12/30/2056(CU89L)	25,125
KONINKLIJKE AHOLD DELHAIZE NV	29,155
KRAFT FOODS INCCoupon 6.13% Mature 02/01/2018(TU855)	2,092
KRAFT HEINZ CO	23,227
LLOYDS BANKING GROUP PLC	40,300
LOOMIS SAYLES STRAT INC A	71,378
LOOMIS SAYLES STRATEGIC INC Y	151,584
LORD ABBETT BOND DEB C	36,440
LORD ABBETT MID CAP STOCK C	6,626
MACQUARIE INFRASTRUCTURE CO DE	28,595
MAINSTAY HI YLD CORP BOND A	112,655
MAINSTAY HI YLD CORP BOND I	209,198
MARATHON OIL CORPCoupon 7.50% Mature 02/15/2019(TY510)	2,158
MASS MUTUAL SELECT MID CAP GROWTH EQUITY II FUND CLASS R-4	348,858
MEDTRONIC PLC SHS	10,969
MERRILL LYNCH & CO INC NOTECoupon 6.88% Mature 11/15/2018(TBK96)	21,747
MFA FINANCIAL INC	1,373
MFS RETURN A	9,840
MFS RETURN I	68,766
MFS CORPORATE BOND A	12,610
MFS CORPORATE BOND I	78,221
MFS INTERNATIONAL VALUE I	33,505
MFS INTL VALUE A	22,556
MFS RESEARCH I	73,913

(continued)

		Fair Value
	MFS VALUE I	67,579
	MICROSOFT CORP	54,994
	ML PFD CAPITAL TRUST III 7.375% 09/15/62Coupon 7.38% Mature 09/15/2062(AZL33)	25,710
	MONDELEZ INTL INC COM	22,165
	MONSANTO CO/NEW	11,568
	MOODYS CORP	73
*	MORGAN STANLEY BANK N.A.	1,056,524
*	MORGAN STANLEY PRIVATE BANK NA	0
*	MORGAN STANLEYCoupon 5.50% Mature 07/24/2020(BP9D7)	20,809
*	MORGAN STANLEYCoupon 5.63% Mature 09/23/2019(UP394)	10,840
*	MORGAN STANLEYCoupon 7.30% Mature 05/13/2019(TZ092)	2,229
	NATIONWIDE GENEVA MDCP GW A	11,749
	NATIONWIDE GENEVA SMCP GW A	21,051
	NESTLE SPON ADR REP REG SHR	113,532
	NEUBERGER ABS RET MULTI MGR A	19,313
	NUVEEN MULTI MKT INCOME FD COM	24,820
	NUVEEN NWQ INTL VALUE I	38,859
	NUVEEN SYMPHONY CREDIT OPPT I	50,909
	OAKTREE CAPITAL GP LLC UT-A	15,000
	OPPENHEIMER CORE BOND FUND CLASS A	699,399
	OPPENHEIMER DEVELOPING MKTS A	4,983
	OPPENHEIMER DEVELOPING MKTS Y	68,450
	OPPENHEIMER INTERNATIONAL SMALL-MID COMPANY FUND CLASS A	247
	OPPENHEIMER INTL BOND FD CL A	44,018
	OPPENHEIMER INTL BOND Y	103,135
	OPPENHEIMER INTL SMLL-MID CO A	44,725
	OPPENHEIMER INTL SMLL-MID CO Y	37,361
	PACIRA PHARMACEUTICALS INC COM	46,835
	PALO ALTO NETWORKS INC	12,505
	PBF ENERGY INC	41,820
	PENNYMAC MORTGAGE INVESTMENT	59,533
	PEPSICO INC NC	32,107
	PHILIP MORRIS INTL INC	45,745
	PHILIP MORRIS INTL INCCoupon 4.50% Mature 03/26/2020(AP2Q9)	10,709
	PHILLIPS 66 COM	120,313
	PHILLIPS 66 PARTNERS LP	24,320
	PIMCO CREDIT ABSOLUTE RET P	5,268
	PIMCO EMERGING MKTS BOND A	33,243
	PIMCO HIGH YIELD P	32,007
	PIMCO INCOME FUND CLASS A	149,820
	PIMCO INCOME P	125,581
	PIMCO INV GRADE CORP BD A	57,241
	PIMCO INVEST GRD CORP BD P	68,854
	PIMCO TOTAL RETURN A	162,518
	PIMCO TOTAL RETURN P	70,371
	PIONEER MLTI AST ULT SHT INC Y	44,769
	PRIME MERIDIAN HOLDING CO	1,019,463
	PRINCIPAL SM MDCP DIV INC P	27,477

(continued)

Schedule H, Line 4i - Schedule of Assets Held at End of Year (continued)

	Fair Value
PROCTER & GAMBLE	47,576
PRUDENTIAL FINANCIAL INC	9,365
PRUDENTIAL FINANCIAL INCCoupon 7.38% Mature 06/15/2019(TZ354)	2,251
PUTNAM EQUITY SPECTRUM A	27,387
PUTNAM EQUITY SPECTRUM Y	17,916
QUALCOMM INC	63,244
ROYAL BK SCOTLAND GROUP SP ADR	4,977
SAREPTA THERAPEUTICS INC COM	2,743
SCHLUMBERGER LTD	12,005
SMITH & NEPHEW PLC ADR	157,920
SPDR DOUBLELINE TR TACT ETF	101,861
SPECTRUM BRANDS HLDGS INC COM	146,796
SUNAMERICA NEW FOC DIV STRA A	383,738
SURGICAL CARE AFFILIATES INC	15,269
SYNCHRONY FINANCIAL	14,617
TATE & LYLE PLC SPON ADR	32,193
TEMPLETON GLOBAL BD FD A	123,857
TEMPLETON GLOBAL BD FD ADV	141,628
TETON WESTWOOD MGHTY MITES A	106,883
TETON WESTWOOD MIGHTY MITES I	28,458
UNDISCOVERED MNGR BHVRL VL SEL	79,583
UNDISCOVERED MNGRS BHVRL VL A	16,990
UNIT FIRST TRUST SABRIENT BAKER'S DOZEN 2016	420,760
UNIT FIRST TRUST SABRIENT FORWARD LOOKING VALUE 4	203,756
UTILITIES SEL SECT SPDR FUND	233,622
VAN ECK GLOBAL HARD ASSETS A	10,223
VAN ECK GLOBAL HARD ASSETS Y	6,676
VANECK VECTORS GOLD MINERS E	6,485
VANECK VECTORS JUNIOR GOLD M	1,325
VANGUARD 500 INDEX FUND ADMIRAL CLASS	61,274
VANGUARD 500 INDEX FUND INVESTOR CLASS	1,199,755
VANGUARD INDEX FDS S&P 500 ETF	2,464
VANGUARD INTERMEDIATE TERM BND	26,416
VANGUARD INTERNATIONAL GROWTH FUND	20,936
VANGUARD MID CAP VALUE ETF	43,638
VANGUARD MID-CAP INDEX FUND ADMIRAL SHARES	10,097
VANGUARD PRIME MONEY MARKET FUND	960,171
VANGUARD REIT ETF	198,072
VANGUARD SHORT TERM BND	80,086
VANGUARD SMALL CAPITALIZATION GOWTH INDEX FUND	44,061
VANGUARD STRATEGIC SMALL-CAP EQUITY FUND	760,302
VANGUARD TOTAL BOND MARKET	7,756
VANGUARD TOTAL INTL BOND ETF	39,523
VANGUARD TOTAL STOCK MARKED INDEX FUND	276,776
VANGUARD VALUE ETF INDEX	14,231
VANGUARD WELLESLEY INCOME	64,620
VANGUARD WINDSOR FUND	210,693
VECTOR GROUP LTD Total	91,187

(continued)

Schedule H, Line 4i - Schedule of Assets Held at End of Year (continued)

	Fair Value
VERIZON COMMUNICATIONS	53,647
VERIZON COMMUNICATIONSCoupon 6.10% Mature 04/15/2018(TCV03)	2,114
VIACOM INC NEW CLASS B	3,510
VICTORY SYCAMORE ESTBL VAL A	10,920
VICTORY TRIVLNT INTL SML CAP Y	10,200
VIRTUS CONTRARIAN VALUE A	19,228
VIRTUS CONTRARIAN VALUE I	35,661
VIRTUS FOREIGN OPPORT I	11,966
VIRTUS INSIGHT EMERG MKTS I	136,102
VIRTUS INSIGHT EMRG MKTS A	106,387
VIRTUS INTL REAL ESTATE SEC I	6,673
VIRTUS LOW DURATION INC A	15,900
VIRTUS LOW DURATION INC I	105,082
VIRTUS MLTI SECTOR INTERM BD I	18,770
VIRTUS MULTI SECT SHT TRM BD A	3,542
VIRTUS MULTI SECT SHT TRM BDI	217,233
VISION 2020	15,871
VOYA SMALLCAP OPPORT I	62,062
WALT DISNEY CO HLDG CO	10,422
WASTE MGMT INC (DELA)	284
WELLS FARGO HIGH YLD BD I	37,196
WELLS FARGO SPEC SM CP VAL A	22,705
WELLS FARGO SPECIAL MID CAP VALUE FUND CLASS R	196,809
WESTERN GAS PARTNERS LP	35,256
WYNDHAM WORLDWIDE CORP	201,580
Total investments held at end of year	$ 26,295,819

*Indicates a party in interest.

Note: The "Cost" column is not applicable because all investment programs are fully participant directed.

See report of independent auditors.

Financial Statements
and Supplemental Schedule

Tallahassee Orthopedic Clinic III P.L. 401(k) Profit Sharing Plan

Years ended December 31, 2016 and 2015
with Report of Independent Auditors

Thomas Howell Ferguson P.A.
Certified Public Accountants

Tallahassee Orthopedic Clinic III P.L. 401(k) Profit Sharing Plan

Financial Statements
and Supplemental Schedule

Years ended December 31, 2016 and 2015

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Thomas Howell Ferguson P.A.

Certified Public Accountants

Report of Independent Auditors

To the Participants and Plan Administrator of the
Tallahassee Orthopedic Clinic III P.L. 401(k) Profit Sharing Plan

Report on the Financial Statements

We have audited the accompanying financial statements of the Tallahassee Orthopedic Clinic III P.L. 401(k) Profit Sharing Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2016 and 2015, and the changes in net assets available for benefits for the year ended December 31, 2016, in accordance with accounting principles generally accepted in the United States of America.

Other Matter - Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule, Schedule H, Line 4i - Schedule of Assets Held at End of Year, as of December 31, 2016, is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Thomas Howell Ferguson P.A.

Tallahassee, Florida
August 25, 2017

Tallahassee Orthopedic Clinic III P.L. 401(k) Profit Sharing Plan

Statements of Net Assets Available for Benefits

	December 31, 2016	December 31, 2015
Assets		
Investments at fair value	**$ 26,295,819**	$ 24,012,623
Receivables:		
Employer contributions	**1,305,601**	1,255,655
Participant contributions	**34,225**	29,604
Total receivables	**1,339,826**	1,285,259
Total assets	**27,635,645**	25,297,882
Liabilities	**-**	-
Net assets available for benefits	**$ 27,635,645**	$ 25,297,882

See accompanying notes.

Tallahassee Orthopedic Clinic III P.L. 401(k) Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2016

Additions:	
Interest income:	
Interest and dividends	**$ 463,921**
Net appreciation in fair value of investments	**1,391,782**
	1,855,703
Contributions:	
Employer	**1,305,601**
Participant	**1,061,558**
Rollovers	**476,673**
	2,843,832
Total additions	**4,699,535**
Deductions:	
Benefits paid to participants	**2,308,765**
Administrative expenses	**53,007**
Total deductions	**2,361,772**
Net increase in net assets available for benefits	**2,337,763**
Net assets available for benefits:	
Beginning of year	**25,297,882**
End of year	**$ 27,635,645**

See accompanying notes.

1. Description of Plan

The following description of the Tallahassee Orthopedic Clinic III P.L. 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan established and made effective April 1, 1999, for the benefit of the employees of Tallahassee Orthopedic Clinic III P.L. (the Company). The Plan and the Trust of which it is a part of are intended to satisfy all the requirements for a qualified retirement plan under the provisions of the Internal Revenue Code (IRC). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Company serves as the Plan's sponsor and administrator. The Plan's third party administrator is Niles Lankford Group, Inc. (Niles). The Plan's directed custodians are Mid Atlantic Trust Company and Morgan Stanley.

Eligibility

The Plan covers all employees of the Company, with the exception of common-law, leased or union employees. Employees, other than the previously mentioned excluded employees, may become a participant on the first day of the quarter coinciding with or next following 90 days of service.

Contributions

Each year, participants may contribute a percentage of pretax annual compensation, as defined in the Plan, limited by the provisions of the IRC. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified retirement plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds, publicly traded common stocks, U.S. Government securities, corporate bonds, privately held common stock, partnership interests, and cash equivalents as investment options for participants. The Company has elected to use the Basic Matching Formula under the Safe Harbor provisions. The Company contributes 3% of compensation to the Plan. The matching Company contribution is invested directly into the investment options selected by the participant. Additional discretionary contributions may be made at the discretion of the Company's Board of Directors and are also invested directly into the investment options selected by the participant. The Company made a discretionary contribution of $1,004,583 for the year ended December 31, 2016. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

1. Description of Plan (continued)

Participant Accounts

Each participant's account is credited with the participant's contributions and company matching contributions, as well as allocations of the Company's profit sharing contribution and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately fully vested in their contributions plus actual earnings thereon. Vesting in the Company's Safe Harbor match contribution and earnings thereon are also immediately 100% vested. Employer discretionary contributions and earnings thereon is based on years of continuous service. A participant is 100% vested in their employer discretionary contributions after three years of service.

Payment of Benefits

On termination of service due to retirement, death, disability, or termination of employment, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

2. Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for additional discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded when received. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Operating Expenses

All expenses of maintaining the Plan are paid by the Company and are excluded from these financial statements. Investment related expenses are included in net appreciation (depreciation) in fair value of investments.

Subsequent Events

The Plan has evaluated subsequent events through August 25, 2017, the date the financial statements were available to be issued. During the period from December 31, 2016 to August 25, 2017, the Plan did not have any material recognizable subsequent events.

3. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

3. Fair Value Measurements (continued)

	If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2016 and 2015.

Cash equivalents: Valued at the closing account balance held by the Plan at year end.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Publicly traded common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Corporate bonds: Valued at the closing price reported in the active market in which the bonds are traded.

Partnership/joint venture interests: Valued at the net book value of the partnership interest held by the Plan at year end.

3. Fair Value Measurements (continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016 and 2015:

Assets at Fair Value as of December 31, 2016

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	**$ 2,026,314**	**$ -**	**$ -**	**$ 2,026,314**
Mutual funds, publicly-traded common stock, corporate bonds	**24,253,635**	**-**	**-**	**24,253,635**
Partnership Interest	**-**	**-**	**15,870**	**15,870**
Total assets at fair value	**$ 26,279,949**	**$ -**	**$ 15,870**	**$ 26,295,819**

Assets at Fair Value as of December 31, 2015

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 784,803	$ -	$ -	$ 784,803
Mutual funds, publicly-traded common stock, corporate bonds	23,211,950	-	-	23,211,950
Partnership Interest	-	-	15,870	15,870
Total assets at fair value	$ 23,996,753	$ -	$ 15,870	$ 24,012,623

3. Fair Value Measurements (continued)

Level 3 Gains and Losses

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2016.

	Level 3 Assets Partnership Interest
Balance at beginning of year	$ 15,870
Realized gains (losses)	-
Unrealized gains (losses) relating to instruments held at the reporting date	-
Purchases	-
Sales	-
Transfers in and/or out of level 3	-
Balance at end of year	$ 15,870

	Level 3 Assets Partnership Interest
The amount of total gains or losses for the period included in the changes in net assets attributable to the change in unrealized gains or losses relating to assets still held at the reporting date	$ -

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial investments, and the significant unobservable inputs and the ranges of values for those inputs.

Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values
Partnership Interest	$ 15,870	Net book value	Quantitative information	Not applicable

4. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contribution at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their entire account.

5. Administrative Expenses

The Company pays all administrative expenses of the Plan except for certain management service expenses. Such charges not paid by the employer are applied directly to the accounts of the participants. Administrative expenses paid by the Company are excluded from these financial statements.

6. Tax Status

The Plan has not requested a determination letter from the Internal Revenue Service (IRS) regarding the Plan's exemption from federal income tax under Section 401(a) of the IRC. However, effective January 1, 2010, the Plan adopted a volume submitter profit sharing plan with CODA sponsored by SunGard Corbel, LLC. The volume submitter profit sharing plan has received an opinion letter from the IRS as to the volume submitter profit sharing plan's qualified status. The volume submitter profit sharing plan opinion letter has been relied upon by this Plan. The plan administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the IRC, and as such, no provision for income tax has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2016, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2012.

7. Related Party Transactions and Party In Interest Transactions

Certain Plan investments are shares of mutual funds managed by Mid Atlantic Trust Company and Morgan Stanley. Mid Atlantic Trust Company and Morgan Stanley are the custodians of the Plan and therefore these transactions qualify as party in interest transactions. Fees paid by the Plan for investment management services amounted to $53,007 for year ended December 31, 2016.

8. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

9. Reconciliation of Financial Statements to the Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2016 and 2015, to the Form 5500:

	2016	2015
Net assets available for benefits per the financial statements	**$ 27,635,645**	$ 25,297,882
Adjustment to fair value	-	-
Net assets available for benefits per the Form 5500	**$ 27,635,645**	$ 25,297,882

The following is a reconciliation of net increase in net assets available for benefits per the financial statements for the year ended December 31, 2016, to the Form 5500:

Net increase in net assets available for benefits per the financial statements	$ 2,337,763
Adjustment to fair value	-
Net increase in net assets available for benefits per the Form 5500	$ 2,337,763

Supplemental Schedule

Tallahassee Orthopedic Clinic III P.L. 401(k) Profit Sharing Plan

Schedule H, Line 4i - Schedule of Assets Held at End of Year

December 31, 2016

	Fair Value
AB DISCOVERY VAL ADV	$ 85,687
AB DISCOVERY VALUE A	27,849
AB GLOBAL BOND A	54,706
AB GLOBAL BOND ADV	18,246
AB INTERM BOND A	31,672
AB LARGE-CAP GRW A	62,524
AGNC INVT CORP COM	798
ALBEMARLE CORPORATION	8,264
ALERIAN MLP ETF	84,445
ALGER FDS CAPTL APP FD Z	72,754
ALIBABA GROUP HLDG LTD	8,781
ALLIANZGI FOCUSED GROWTH A	104,319
ALLIANZGI FOCUSED GROWTH P	36,093
ALLSTATE CORPCoupon 7.45% Mature 05/16/2019(TZ070)	2,235
ALPHABET INC CL C	115,773
ALPS SECTOR DIVIDEND DOGS	109,003
ALTRIA GROUP INC	99,381
ALTRIA GROUP INCCoupon 9.25% Mature 08/06/2019(TY400)	2,360
AMAZON COM INC	38,993
AMER CENT EQI INC A	37,822
AMER CENT EQI INC R	5,328
AMER CENT MID CAP VALUE A	3,666
AMER CENT MID CAP VALUE INV	75,964
AMERICAN BALANCED R2	74,704
AMERICAN EXPRESS CO	55,190
AMERICAN EXPRESS COCoupon 8.13% Mature 05/20/2019(TZ150)	2,275
AMERICAN FUNDS - AMERICAN MUTUAL FUND R-4	493,115
AMERICAN FUNDS - GROWTH FUND OF AMERICA R-4	140,054
AMERICAN FUNDS 2025 TARGET DATE RETIREMENT FUND CLASS R-4	5,656
AMERICAN FUNDS 2035 TARGET DATE RETIREMENT FUND CLASS R-4	89,438
AMERICAN FUNDS 2045 TARGET DATE RETIREMENT FUND CLASS R-4	23,030
AMERICAN FUNDS 2050 TARGET DATE RETIREMENT FUND CLASS R-4	6,214
AMERICAN FUNDS 2055 TARGET DATE RETIREMENT FUND CLASS R-4	3,018
AMERICAN FUNDS 2060 TARGET DATE RETIREMENT FUND CLASS R-4	4,491
AMERICAN FUNDS AMERICAN BALANCED FUND CLASS R-4	877,210
AMERICAN FUNDS INTERMEDIATE BOND FUND OF AMERICA CLASS R-4	35,435
AMERICAN FUNDS NEW PERSPECTIVE FUND CLASS R-4	116,085
AMERICAN FUNDS NEW WORLD FUND CLASS R-4	168
AMERICAN FUNDS RETIREMENT INCOME PORTFOLIO-CONSERVATIVE CLASS R-4	1,526
AMERICAN GR FD OF AMERICA R3	86,300
AMERIS BANCORP	14,170
AMG GW&K ENHANCED CORE BD N	7,983
ANNALY CAPITAL MNGMT INC	3,764
ANTHEM INC COM	237,221
APPLE INC	90,803
AQR LONG-SHORT EQUITY	31,317

(continued)

	Fair Value
AQR MANAGED FUTURES STRATEGY I	45,758
AQUILA THREE PEAKS OPPORT GW A	10,130
AT&T INCCoupon 5.50% Mature 02/01/2018(TV467)	9,351
AT&T INCCoupon 5.60% Mature 05/15/2018(TP490)	2,101
AXALTA COATING SYSTEMS LTD.	13,600
BANK OF AMERICA CORP	13,708
BANK OF AMERICA CORPCoupon 7.63% Mature 06/01/2019(TZ308)	2,247
BERKSHIRE HATHAWAY CL-B NEW	537,834
BLACKROCK CORE BOND TR	26,020
BLACKROCK EQUITY DIVIDEND I	56,156
BLACKROCK GLOBAL L/S CREDIT I	3,678
BLACKROCK GLOBAL SMALLCAP I	48,995
BLACKROCK HEALTH SCI PTF A	13,423
BLACKROCK HEALTH SCIENCES OPPORTUNITIES	180,330
BLACKROCK INCCoupon 5.00% Mature 12/10/2019(UQ260)	10,861
BLACKSTONE GROUP LP	10,217
BP PLC ADS	17,681
BRISTOL MYERS SQUIBB CO	17,532
BRITISH AMER TOB SPON ADR	11,267
CALAMOS GROWTH & INCOME C	50,341
CALAMOS GROWTH & INCOME I	4,691
CALPINE CORP NEW	45,720
CALPINE CORPCoupon 5.75% Mature 01/15/2025(B2C0E)	27,985
CAPITAL CITY BANK GROUP INC	34,816
CATERPILLAR INCCoupon 7.90% Mature 12/15/2018(TX656)	2,232
CELGENE CORP	34,725
CENTURYLINK, INC.Coupon 6.45% Mature 06/15/2021(AL87R)	14,735
CHEVRON CORP	11,417
CHICAGO BRIDGE & IRON CO. N.V.	17,463
CHINA MOBILE LTD	5,243
CITIGROUP INC NEW	14,739
CLEARBRIDGE LARGE CAP GWTH I	11,765
COCA COLA CO	115,688
COHEN & STEERS PREF SEC&INC R	19,537
COHEN & STEERS REAL EST SECS I	46,484
COLUMBIA GLOBAL TECHNOLOGY GROWTH FUND	181,934
CONGRESS MID CAP GROWTH INSTL	79,203
CONSTELLIUM HOLD CO BV CL A	10,030
COSTCO WHOLESALE CORP NEW	11,208
COUNTRYWIDE CAPITAL V 7.00%Coupon 7.00% Mature 11/01/2036(CBY41)	25,460
CVS HEALTH CORP COM	7,102
DAVIS NEW YORK VENTURE A	128,908
DELAWARE DIVERSIFIED INC A	59,277
DELAWARE DIVERSIFIED INC INST	21,404
DELAWARE SELECT GROWTH INSTL	21,147
DELAWARE SMID CAP GROWTH INST	34,453
DIAGEO PLC SPON ADR NEW	41,576
DOLLAR GEN CORP NEW COM	7,407

(continued)

Schedule H, Line 4i - Schedule of Assets Held at End of Year (continued)

	Fair Value
DONNELLEY (R.R.) & SONSCoupon 7.63% Mature 06/15/2020(AR5W6)	10,400
EASTMAN CHEMICAL COMPANY	7,521
ELI LILLY & CO	7,355
ENERGY TRANSFER PARTNERS L P	3,581
ENTERPRISE PROD PRTNRS L.P.	68,168
ENVISION HEALTHCARE CORP	12,658
ENVIVA PARTNERS, LP	151,420
EXPRESS SCRIPTS HLDG CO COM	4,403
EXXON MOBIL CORP	9,026
FACEBOOK INC CL-A	63,853
FEDERATED HIGH YIELD TRUST CLASS A	343,175
FEDERATED STRAT VAL DIV INST	27,642
FEDERATED STRATEGIC VAL DIV A	55,935
FIDELITY ADV SMALL CAP GR A	13,440
FIDELITY ADV SMALL CAP I	61,507
FIRST EAGLE GLOBAL A	44,159
FIRST EAGLE GLOBAL I	108,577
FIRST EAGLE GOLD I	7,976
FIRST EAGLE OVERSEAS I	133,028
FIRST TR MORNINGSTAR DIV	16,653
FIRST TRUST SENIOR FLG RTE II	12,197
FRANKLIN MUTUAL EUROPEAN A	10,009
FRANKLIN MUTUAL EUROPEAN Z	19,119
FRANKLIN MUTUAL GLB DISCOV A	466,314
FRANKLIN MUTUAL GLB DISCOV Z	503,713
FRANKLIN MUTUAL GLOBAL DISCOVERY FUND CLASS A	935,016
FRANKLIN MUTUAL SHARES A	93,596
FRANKLIN MUTUAL SHARES Z	63,705
FT TR ETF MULTI-ASSET DVRS INC	66,885
FUNDVANTAGE TR POLEN GRW INST	79,898
GENERAL ELEC CAP CORPCoupon 5.63% Mature 05/01/2018(TE307)	2,111
GENERAL ELECTRIC CAPITAL CORPCoupon 5.40% Mature 02/15/2017(TT663)	100,487
GENERAL ELECTRIC CO	107,440
GENERAL ELECTRIC COCoupon 4.13% Mature 10/09/2042(CH02Q)	25,221
GILEAD SCIENCE	7,161
GLOBUS MEDICAL INC A	7,443
GOLDMAN SACHS ABSLT RET TRCK I	70,544
GOLDMAN SACHS GROUP INCCoupon 5.95% Mature 01/18/2018(TV257)	2,083
GOLDMAN SACHS MULTI MGR ALT I	3,796
GOLDMAN SACHS SM MD CAP GW I	21,179
GRAPHIC PACKAGING HOLDING CO	170,976
GUGGENHEIM MACRO OPPORT I	7,677
HARTFORD FLOATING RATE BD A	5,028
HCA HOLDINGS INC	65,878
HENDERSON GLB ALL ASSET A	21,661
HENDERSON HI YLD OPPORT A	43,613
INGREDION INC COM	99,968
INTERNATIONAL PAPER CO	30,244

(continued)

Schedule H, Line 4i - Schedule of Assets Held at End of Year (continued)

	Fair Value
INTERXION HOLDING NV	17,535
INTL BUSINESS MACHINES CORP	16,599
INVESCO BALANCED RISK ALLOC A	62,548
INVESCO BALANCED-RISK ALLOC Y	96,957
INVESCO DIVERSIFIED DIVIDEND Y	46,072
INVESCO S&P 500 INDEX Y	34,940
ISHARES EDGE MSCI MIN VOL EAFE	90,422
ISHARES INC MSCI JAPAN ETF	7,329
ISHARES RUSSELL 1000 VALUE ETF	5,602
ISHARES RUSSELL MIDCAP V ETF	5,630
ISHARES S&P 500 GRWTH ETF	134,822
ISHARES SELECT DIVIDEND ETF	326,380
ISHARES TIPS BOND ETF	123,129
IVY ASSET STRATEGY A	10,680
IVY MID CAP GROWTH A	9,357
JANUS FORTY I	32,572
JOHN HANCOCK INTL GROWTH A	18,638
JOHNSON & JOHNSON	33,364
JP MORGAN CORE BOND A	39,737
JP MORGAN CORE BOND SEL	13,212
JP MORGAN DIV MID CAP GRW A	49,084
JP MORGAN DIV MID CAP GRW SEL	2,558
JP MORGAN GROWTH ADVANTAGE FUND CLASS A	1,251,833
JPMORGAN CHASE & CO	17,258
JPMORGAN CHASE & CO 6.125 % FIXED TO FLOAT 4/30/2024 THRFTRCoupon 6.13% Mature 12/30/2056(CU89L)	25,125
KONINKLIJKE AHOLD DELHAIZE NV	29,155
KRAFT FOODS INCCoupon 6.13% Mature 02/01/2018(TU855)	2,092
KRAFT HEINZ CO	23,227
LLOYDS BANKING GROUP PLC	40,300
LOOMIS SAYLES STRAT INC A	71,378
LOOMIS SAYLES STRATEGIC INC Y	151,584
LORD ABBETT BOND DEB C	36,440
LORD ABBETT MID CAP STOCK C	6,626
MACQUARIE INFRASTRUCTURE CO DE	28,595
MAINSTAY HI YLD CORP BOND A	112,655
MAINSTAY HI YLD CORP BOND I	209,198
MARATHON OIL CORPCoupon 7.50% Mature 02/15/2019(TY510)	2,158
MASS MUTUAL SELECT MID CAP GROWTH EQUITY II FUND CLASS R-4	348,858
MEDTRONIC PLC SHS	10,969
MERRILL LYNCH & CO INC NOTECoupon 6.88% Mature 11/15/2018(TBK96)	21,747
MFA FINANCIAL INC	1,373
MFS RETURN A	9,840
MFS RETURN I	68,766
MFS CORPORATE BOND A	12,610
MFS CORPORATE BOND I	78,221
MFS INTERNATIONAL VALUE I	33,505
MFS INTL VALUE A	22,556
MFS RESEARCH I	73,913

(continued)

		Fair Value
	MFS VALUE I	67,579
	MICROSOFT CORP	54,994
	ML PFD CAPITAL TRUST III 7.375% 09/15/62Coupon 7.38% Mature 09/15/2062(AZL33)	25,710
	MONDELEZ INTL INC COM	22,165
	MONSANTO CO/NEW	11,568
	MOODYS CORP	73
*	MORGAN STANLEY BANK N.A.	1,056,524
*	MORGAN STANLEY PRIVATE BANK NA	0
*	MORGAN STANLEYCoupon 5.50% Mature 07/24/2020(BP9D7)	20,809
*	MORGAN STANLEYCoupon 5.63% Mature 09/23/2019(UP394)	10,840
*	MORGAN STANLEYCoupon 7.30% Mature 05/13/2019(TZ092)	2,229
	NATIONWIDE GENEVA MDCP GW A	11,749
	NATIONWIDE GENEVA SMCP GW A	21,051
	NESTLE SPON ADR REP REG SHR	113,532
	NEUBERGER ABS RET MULTI MGR A	19,313
	NUVEEN MULTI MKT INCOME FD COM	24,820
	NUVEEN NWQ INTL VALUE I	38,859
	NUVEEN SYMPHONY CREDIT OPPT I	50,909
	OAKTREE CAPITAL GP LLC UT-A	15,000
	OPPENHEIMER CORE BOND FUND CLASS A	699,399
	OPPENHEIMER DEVELOPING MKTS A	4,983
	OPPENHEIMER DEVELOPING MKTS Y	68,450
	OPPENHEIMER INTERNATIONAL SMALL-MID COMPANY FUND CLASS A	247
	OPPENHEIMER INTL BOND FD CL A	44,018
	OPPENHEIMER INTL BOND Y	103,135
	OPPENHEIMER INTL SMLL-MID CO A	44,725
	OPPENHEIMER INTL SMLL-MID CO Y	37,361
	PACIRA PHARMACEUTICALS INC COM	46,835
	PALO ALTO NETWORKS INC	12,505
	PBF ENERGY INC	41,820
	PENNYMAC MORTGAGE INVESTMENT	59,533
	PEPSICO INC NC	32,107
	PHILIP MORRIS INTL INC	45,745
	PHILIP MORRIS INTL INCCoupon 4.50% Mature 03/26/2020(AP2Q9)	10,709
	PHILLIPS 66 COM	120,313
	PHILLIPS 66 PARTNERS LP	24,320
	PIMCO CREDIT ABSOLUTE RET P	5,268
	PIMCO EMERGING MKTS BOND A	33,243
	PIMCO HIGH YIELD P	32,007
	PIMCO INCOME FUND CLASS A	149,820
	PIMCO INCOME P	125,581
	PIMCO INV GRADE CORP BD A	57,241
	PIMCO INVEST GRD CORP BD P	68,854
	PIMCO TOTAL RETURN A	162,518
	PIMCO TOTAL RETURN P	70,371
	PIONEER MLTI AST ULT SHT INC Y	44,769
	PRIME MERIDIAN HOLDING CO	1,019,463
	PRINCIPAL SM MDCP DIV INC P	27,477

(continued)

Schedule H, Line 4i - Schedule of Assets Held at End of Year (continued)

	Fair Value
PROCTER & GAMBLE	47,576
PRUDENTIAL FINANCIAL INC	9,365
PRUDENTIAL FINANCIAL INCCoupon 7.38% Mature 06/15/2019(TZ354)	2,251
PUTNAM EQUITY SPECTRUM A	27,387
PUTNAM EQUITY SPECTRUM Y	17,916
QUALCOMM INC	63,244
ROYAL BK SCOTLAND GROUP SP ADR	4,977
SAREPTA THERAPEUTICS INC COM	2,743
SCHLUMBERGER LTD	12,005
SMITH & NEPHEW PLC ADR	157,920
SPDR DOUBLELINE TR TACT ETF	101,861
SPECTRUM BRANDS HLDGS INC COM	146,796
SUNAMERICA NEW FOC DIV STRA A	383,738
SURGICAL CARE AFFILIATES INC	15,269
SYNCHRONY FINANCIAL	14,617
TATE & LYLE PLC SPON ADR	32,193
TEMPLETON GLOBAL BD FD A	123,857
TEMPLETON GLOBAL BD FD ADV	141,628
TETON WESTWOOD MGHTY MITES A	106,883
TETON WESTWOOD MIGHTY MITES I	28,458
UNDISCOVERED MNGR BHVRL VL SEL	79,583
UNDISCOVERED MNGRS BHVRL VL A	16,990
UNIT FIRST TRUST SABRIENT BAKER'S DOZEN 2016	420,760
UNIT FIRST TRUST SABRIENT FORWARD LOOKING VALUE 4	203,756
UTILITIES SEL SECT SPDR FUND	233,622
VAN ECK GLOBAL HARD ASSETS A	10,223
VAN ECK GLOBAL HARD ASSETS Y	6,676
VANECK VECTORS GOLD MINERS E	6,485
VANECK VECTORS JUNIOR GOLD M	1,325
VANGUARD 500 INDEX FUND ADMIRAL CLASS	61,274
VANGUARD 500 INDEX FUND INVESTOR CLASS	1,199,755
VANGUARD INDEX FDS S&P 500 ETF	2,464
VANGUARD INTERMEDIATE TERM BND	26,416
VANGUARD INTERNATIONAL GROWTH FUND	20,936
VANGUARD MID CAP VALUE ETF	43,638
VANGUARD MID-CAP INDEX FUND ADMIRAL SHARES	10,097
VANGUARD PRIME MONEY MARKET FUND	960,171
VANGUARD REIT ETF	198,072
VANGUARD SHORT TERM BND	80,086
VANGUARD SMALL CAPITALIZATION GOWTH INDEX FUND	44,061
VANGUARD STRATEGIC SMALL-CAP EQUITY FUND	760,302
VANGUARD TOTAL BOND MARKET	7,756
VANGUARD TOTAL INTL BOND ETF	39,523
VANGUARD TOTAL STOCK MARKED INDEX FUND	276,776
VANGUARD VALUE ETF INDEX	14,231
VANGUARD WELLESLEY INCOME	64,620
VANGUARD WINDSOR FUND	210,693
VECTOR GROUP LTD Total	91,187

(continued)

Schedule H, Line 4i - Schedule of Assets Held at End of Year (continued)

	Fair Value
VERIZON COMMUNICATIONS	53,647
VERIZON COMMUNICATIONSCoupon 6.10% Mature 04/15/2018(TCV03)	2,114
VIACOM INC NEW CLASS B	3,510
VICTORY SYCAMORE ESTBL VAL A	10,920
VICTORY TRIVLNT INTL SML CAP Y	10,200
VIRTUS CONTRARIAN VALUE A	19,228
VIRTUS CONTRARIAN VALUE I	35,661
VIRTUS FOREIGN OPPORT I	11,966
VIRTUS INSIGHT EMERG MKTS I	136,102
VIRTUS INSIGHT EMRG MKTS A	106,387
VIRTUS INTL REAL ESTATE SEC I	6,673
VIRTUS LOW DURATION INC A	15,900
VIRTUS LOW DURATION INC I	105,082
VIRTUS MLTI SECTOR INTERM BD I	18,770
VIRTUS MULTI SECT SHT TRM BD A	3,542
VIRTUS MULTI SECT SHT TRM BDI	217,233
VISION 2020	15,871
VOYA SMALLCAP OPPORT I	62,062
WALT DISNEY CO HLDG CO	10,422
WASTE MGMT INC (DELA)	284
WELLS FARGO HIGH YLD BD I	37,196
WELLS FARGO SPEC SM CP VAL A	22,705
WELLS FARGO SPECIAL MID CAP VALUE FUND CLASS R	196,809
WESTERN GAS PARTNERS LP	35,256
WYNDHAM WORLDWIDE CORP	201,580
Total investments held at end of year	$ 26,295,819

*Indicates a party in interest.

Note: The "Cost" column is not applicable because all investment programs are fully participant directed.

See report of independent auditors.