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 07/01/2016 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
- [X] an amended return/report
- [X] 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
- [X] special extension (enter description) HURRICANE IRMA

Part II Basic Plan Information—enter all requested information

1a Name of plan
WILLIAMS PARKER EMPLOYEE SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1972

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)
WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN, PROFES

200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236

2b Employer Identification Number (EIN) 20-2953387

2c Plan Sponsor's telephone number 941-366-4800

2d Business code (see instructions) 541110

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.	01/30/2018	MICHAEL J. WILSON
	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	20-2953387
a Sponsor's name WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN, P.A.	**4c** PN	001
5 Total number of participants at the beginning of the plan year	**5**	119
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)**	98
a(2) Total number of active participants at the end of the plan year	**6a(2)**	102
b Retired or separated participants receiving benefits	**6b**	4
c Other retired or separated participants entitled to future benefits	**6c**	27
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	133
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	133
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	132
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	3
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 2E 2F 2G 2J 2K 2R 2S 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_____

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 07/01/2016 and ending 12/31/2016

A Name of plan WILLIAMS PARKER EMPLOYEE SAVINGS PLAN	**B** Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN, PROFES	**D** Employer Identification Number (EIN) 20-2953387

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).. . . . . [X] 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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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)

KB PENSION SERVICES INC.

65-0721164

(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?
64	RECORDKEEPER	9700	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDUCIARY PARTNERS RETIREMENT GROU

51-0595589

(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?
16	CONSULTANT	7500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDUCIARY PARTNERS

26-1370206

(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?
27	INVESTMENT ADVISOR	7500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] 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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65	RECORDKEEPER	-10523	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
DAVIS GOVT MMKT Y - BOSTON FINANCI	330 W. 9TH STREET KANSAS CITY, MO 66160	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
METWEST TOT RTN BD I - BNY MELLON	P.O. BOX 9793 PROVIDENCE, RI 02940	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
VICTORY S ESTB VAL I - FIS INVESTO	4249 EASTON WAY, SUITE 400 COLUMBUS, OH 43219	0.10%

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

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(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

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 07/01/2016 and ending 12/31/2016

A Name of plan
WILLIAMS PARKER EMPLOYEE SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN, PROFES

D Employer Identification Number (EIN)
20-2953387

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	837857	1306567
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	22964	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	41901421	511110
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	18601
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	40675661
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**	0	0
	(2) Employer real property	**1d(2)**	0	0
e	Buildings and other property used in plan operation	**1e**	0	0
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	42762242	42511939
	Liabilities			
g	Benefit claims payable	**1g**	0	0
h	Operating payables	**1h**	0	0
i	Acquisition indebtedness	**1i**	0	0
j	Other liabilities	**1j**	0	0
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**	42762242	42511939

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)**	485536	
	(B) Participants	**2a(1)(B)**	351576	
	(C) Others (including rollovers)	**2a(1)(C)**	19409	
	(2) Noncash contributions	**2a(2)**	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		856521
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	55919	
	(B) U.S. Government securities	**2b(1)(B)**	0	
	(C) Corporate debt instruments	**2b(1)(C)**	0	
	(D) Loans (other than to participants)	**2b(1)(D)**	0	
	(E) Participant loans	**2b(1)(E)**	100	
	(F) Other	**2b(1)(F)**	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		56019
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**	0	
	(B) Common stock	**2b(2)(B)**	0	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	2303047	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		2303047
	(3) Rents	**2b(3)**		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	0	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**	0	
	(B) Other	**2b(5)(B)**	0	
	(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-939857
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		2275730
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2507572	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2507572
f Corrective distributions (see instructions)	2f		732
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	102	
(4) Other	2i(4)	17627	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		17729
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2526033
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-250303
l Transfers of assets:			
(1) To this plan	2l(1)		0
(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) ☐ 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 ☐ No

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

(1) Name: CHRISTOPHER,SMITH & LEONARD,ETAL PA **(2)** EIN: 59-2142260

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		15
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		2000000
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	X		
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		X	

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 07/01/2016 and ending 12/31/2016

A Name of plan
WILLIAMS PARKER EMPLOYEE SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN, PROFES

D Employer Identification Number (EIN)
20-2953387

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**

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): 04-6568107

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 _____/_____/_____.

WILLIAMS PARKER
EMPLOYEE SAVINGS PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES

DECEMBER 31, 2016

WILLIAMS PARKER EMPLOYEE SAVINGS PLAN
FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES
DECEMBER 31, 2016

TABLE OF CONTENTS

	PAGE
INDEPENDENT ACCOUNTANT'S COMPILATION REPORT	1
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS	2
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	3
NOTES TO FINANCIAL STATEMENTS	4 - 10
SUPPLEMENTAL SCHEDULES	
SCHEDULE OF ASSETS (HELD AT END OF YEAR)	11
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS	12

CS&L CPAs

INDEPENDENT ACCOUNTANT'S COMPILATION REPORT

To the Administrative Committee
Williams Parker Employee Savings Plan
Sarasota, Florida

Plan management is responsible for the accompanying financial statements of Williams Parker Employee Savings Plan, which comprise the statement of net assets available for benefits as of December 31, 2016, and the related statement of changes in net assets available for benefits for the six months then ended, and the related notes to the financial statements in accordance with accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the December 31, 2016 financial statements nor were we required to perform any procedures to verify the accuracy of completeness of the information provided by plan management. Accordingly, we do not express an opinion, a conclusion, or provide any form of assurance on these financial statements.

The December 31, 2016 supplemental schedules, as listed in the table of contents, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the basic financial statements. Such information is the responsibility of management. The supplementary information was subject to our compilation engagement. We have not audited or reviewed the supplementary information and do not express an opinion, a conclusion, nor provide any assurance on such information.

The June 30, 2016 financial statements were audited by us and we did not express an opinion on them in our report dated April 10, 2017 as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 with respect to the information which was certified by Northern Trust Bank, a custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have not performed any auditing procedures on the financial statements since April 10, 2017.

Christopher, Smith, Leonard, Bristow & Stanell, P.A.

CHRISTOPHER, SMITH, LEONARD,
BRISTOW & STANELL, P.A.

January 12, 2018
Sarasota, Florida

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WILLIAMS PARKER EMPLOYEE SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

"See Independent Accountant's Compilation Report"

	December, 31 2016 (Unaudited)	June 30, 2016 (Audited)
ASSETS		
Investments at fair value	$ 41,186,771	$ -
Receivables		
Employer's contribution	1,306,567	837,857
Notes receivable from participants	18,601	-
Accrued interest	-	22,964
	1,325,168	860,821
Cash and short-term investments (at fair value)		
Cash	-	38,641
Common collective fund	-	41,862,780
	-	41,901,421
NET ASSETS AVAILABLE FOR BENEFITS	$ 42,511,939	$ 42,762,242

The accompanying notes are an integral part of these financial statements.

WILLIAMS PARKER EMPLOYEE SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE SIX MONTHS ENDED DECEMBER 31, 2016

"See Independent Accountant's Compilation Report"

ADDITIONS:		
Contributions:		
Employer	$	485,536
Participants		351,576
Rollovers		19,409
Total contributions		856,521
Interest income on notes receivable from participants		100
Investment income (loss):		
Interest and dividends		2,358,966
Net (depreciation) in fair value of investments		(939,857)
Total investment income		1,419,109
TOTAL ADDITIONS		2,275,730
DEDUCTIONS:		
Benefits paid to participants		2,508,304
Administrative expenses		17,729
TOTAL DEDUCTIONS		2,526,033
NET (DECREASE)		(250,303)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of the year		42,762,242
End of the year	$	42,511,939

The accompanying notes are an integral part of these financial statements.

"See Independent Accountant's Compilation Report"

NOTE A - DESCRIPTION OF PLAN

The following description of Williams Parker Employee Savings 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 covering all eligible employees of Williams, Parker, Harrison, Dietz and Getzen Professional Association (the Company). The Plan was originally effective July 1, 1972. The Plan was amended to convert the Plan to a new basic plan document and adoption agreement effective July 1, 2016, with a new service provider. The amendment changed the Plan year end from June 30th to December 31st and the Plan name from Williams Parker Defined Contribution Plan to Williams Parker Employee Savings Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

All employees, excluding interns and law clerks, of the Company, are eligible to participate in the Plan if the eligibility requirements described below are met.

401(k) Feature - An employee is eligible to participate, with respect to salary deferral contributions the 1st day of the month, coinciding with or immediately following their date of hire.

401(k) "Safe Harbor" Non-Elective Employer Contribution - An employee is eligible after completing a minimum of 1,000 hours of service within 12 months of their date of hire. The employee's entry date is the 1st day of the month, coinciding with or immediately following the date eligibility was met.

Discretionary Employer Matching Contribution - An employee is eligible to receive the discretionary employer matching contribution the 1st day of the month, coinciding with or immediately following their date of hire.

Discretionary Non-Elective Employer Contribution - An employee is eligible after completing 475 hours of service within the Plan year and being actively employed on the last day of the plan year.

Certain employees, classified as law clerks and interns, are not eligible to participate in the Plan.

Contributions

401(k) Feature - Each eligible participant of the Plan may enter into a written Salary Deferral Agreement with the Company in which compensation, as defined in the Plan document, is reduced by an amount of not more than 75% of his or her compensation for the Plan year, up to the maximum allowed by the Internal Revenue Service (IRS). The deferral amount may be changed at the beginning of each payroll period.

"See Independent Accountant's Compilation Report"

NOTE A - DESCRIPTION OF PLAN - CONTINUED

Contributions - continued

Participants who have attained age 50 before the end of the plan year are permitted to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution.

Effective August 1, 2016, the Plan includes an auto-enrollment provision whereby newly eligible employees, 30 days after their date of hire, but no sooner than their eligibility date, are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan prior to their eligibility date. Each eligible employee with a reemployment commencement date will be automatically enrolled 30 days from the later date of rehire or entry date. Effective September 1, 2016, active participants who are without a deferral election or have a zero election on file will be automatically enrolled in the Plan. Automatically enrolled participants have their pre-tax deferral rate set at 4% of eligible compensation and will increase by 1% on July 1st of each year, up to a maximum default percentage of 10%. The automatic increase will be deferred to the following July 1st for Participant's who become automatically enrolled between January 1st and June 30th.

Automatically enrolled participant contributions are invested in the age appropriate Vanguard Target Retirement Funds Investor Shares until changed by the participant.

401(k) "Safe Harbor" Non-Elective Employer Contribution - The Company will contribute, for each eligible participant, an amount equal to 3% (not less than 3% nor more than 25%) of the participant's eligible compensation for the plan year.

Discretionary Employer Matching Contribution - The Company may make matching contributions equal to a discretionary percentage, to be determined by the Company, of the participant's elective deferrals. The Company's match may not exceed 4% of the participant's eligible compensation for the plan year.

Discretionary Non-Elective Employer Contribution - The Company may contribute an amount, if any, as is determined at the discretion of the Company. The Company uses an integrated allocation based on a participant's compensation in excess of the taxable wage base to determine profit sharing contributions.

Participants direct the investments of all contributions into various investment options offered by the Plan.

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 entitles is the benefit that can be provided from the participant's vested account.

"See Independent Accountant's Compilation Report"

NOTE A - DESCRIPTION OF PLAN - CONTINUED

Vesting

Contributions become vested as follows:

Years of Service	Participant Elective Deferral	Safe Harbor Non-Elective Contribution	Discretionary Matching Contribution	Discretionary Non-Elective Contribution
Less than 2 years	100%	100%	0%	0%
2 years	100%	100%	20%	20%
3 years	100%	100%	40%	40%
4 years	100%	100%	60%	60%
5 years	100%	100%	80%	80%
6 years	100%	100%	100%	100%

Participants become fully vested upon death, total and permanent disability, or attaining normal retirement age while employed with the Company.

Forfeitures

Forfeitures will occur when a former participant incurs five consecutive 1 year breaks in service or there is a distribution of the entire vested portion of the participant's account. The forfeitures may be used to pay Plan administrative expenses or to reduce the Company's contributions.

Notes Receivable from Participants

Participants may borrow from their employee deferral fund accounts a maximum amount equal to the lesser of $50,000 or 50% of their employee deferral account balance. The loans are secured by the balance in the participant's account. Each loan shall bear a reasonable rate of interest determined by the Company in accordance with current appropriate standards. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits

Upon a participant's attainment of the age 59 ½ or termination of employment due to death, disability, termination or retirement, the vested balance in the participant's account may be distributed to the participant or the designated beneficiary. The Plan provides for benefit distributions by a single lump-sum payment, installment payments or partial withdrawals.

In-service distributions may be made to a participant who has attained the age 59 ½ or who qualify for a hardship. Hardship distributions are subject to a $500 minimum amount, may only be distributed from the participant's employee deferral accounts and must be used for expenses incurred or necessary for medical care.

"See Independent Accountant's Compilation Report"

NOTE A - DESCRIPTION OF PLAN - CONTINUED

Payment of Benefits - continued

For terminated participants with account balances less than or equal to $5,000, the plan administrator may make a mandatory distribution in a single lump sum payment. If the mandatory distribution is greater than $1,000 and made to a participant without the participant's consent before normal retirement age, the distribution will be rolled over to an individual retirement plan designated by the Plan Administrator.

Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions 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 employer contributions.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Accounting Basis

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

Investment Valuation and Income Recognition

The Plan's 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 C for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation/(depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year. The net (depreciation) was $939,857 for the year ended December 31, 2016.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred.

Payment of Benefits

Payments of benefits are recorded when paid.

"See Independent Accountant's Compilation Report"

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles 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.

Date of Management's Review

Subsequent events were evaluated through January 12, 2018, which is the date the financial statements were available to be issued.

NOTE C - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. 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 Topic 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.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement 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.

"See Independent Accountant's Compilation Report"

NOTE C - FAIR VALUE MEASUREMENTS - CONTINUED

The 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 June 30, 2016.

Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan include open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds may also be valued as determined by an independent pricing service, based on methods which include consideration of: yields or prices of securities of comparable quality, coupon, maturity and type: indications as to values from dealers; and general market conditions.

Self-directed brokerage accounts primarily consist of mutual funds that are valued on the basis of readily determinable market prices or on the basis as described above regarding mutual funds.

The money market fund seeks to preserve a NAV of $1.00 per share. Under the amortized cost method, the portfolio instrument is initially valued at cost, and thereafter assumes the constant accretion/amortization to maturity date or next reset date of any discount or premium.

Collective short-term investment fund is valued at amortized cost, which approximates fair market value. Under this method, the investments purchased at a discount or at a premium are valued by accreting or amortizing the difference between the original purchase price and maturity value of the issue over the period to maturity.

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 June 30, 2016. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value of measurement.

	Assets at Fair Value as of December 31, 2016			
	Totals	Level 1	Level 2	Level 3
Mutual funds	$ 39,488,303	$ 39,488,303	$ -0-	$ -0-
Money market fund	504,713	-0-	504,713	-0-
Self-Directed brokerage accounts	1,193,755	1,193,755	-0-	-0-
Total investments at fair value	$ 41,186,771	$ 40,682,058	$ 504,713	$ -0-

"See Independent Accountant's Compilation Report"

NOTE C - FAIR VALUE MEASUREMENTS - CONTINUED

	Assets at Fair Value as of June 30, 2016			
	Totals	Level 1	Level 2	Level 3
Collective short-term fund	$ 41,862,780	$ -0-	$ 41,862,780	$ -0-
Total Investments at fair value	$ 41,862,780	$ -0-	$ 41,862,780	$ -0

NOTE D - INCOME TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Plan sponsor by a letter dated March 31, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

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 if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination. The plan administrator has analyzed the positions taken by the Plan, and has concluded that as of December 31, 2016 and June 30, 2016, there are no uncertain positions taken or expected to be taken that would require recognition of a liability for 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's previous three years remain open to inspection by the IRS.

NOTE E - RISK 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 statement of net assets available for benefits.

SUPPLEMENTAL SCHEDULES

WILLIAMS PARKER EMPLOYEE SAVINGS PLAN
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
December 31, 2016
EIN: 20-2953387 PN:001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	DAVIS GOVT MMKT Y	Money Market Fund	N/A	$ 504,713
	VANG TARGET RET 2025	Mutual Fund	N/A	$ 8,921,772
	VANG TARGET RET 2020	Mutual Fund	N/A	5,371,418
	VANG TARGET RET 2040	Mutual Fund	N/A	4,114,191
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	VANG TARGET RET INC	Mutual Fund	N/A	3,228,199
	VANG TARGET RET 2045	Mutual Fund	N/A	2,640,748
	VANG TARGET RET 2030	Mutual Fund	N/A	2,509,991
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	BROKERAGELINK	Self Directed Brokerage Accounts	N/A	1,193,755
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	Registered Investment Companies			$ 40,682,058
	Participant Loans	Interest rates - 4.25%	-0-	$ 18,601

* - Represents known party-in-interest to the Plan

"See Independent Accountant's Compilation Report"

WILLIAMS PARKER EMPLOYEE SAVINGS PLAN
SCHEDULE H, LINE 4(a) - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE SIX MONTHS ENDED DECEMBER 31, 2016
EIN: 20-2953387 PN:001

Participant Contributions Transferred Late to Plan	Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are Included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$ 15.23	$ 15.23	$ -	$ -	$ -

"See Independent Accountant's Compilation Report"

WILLIAMS PARKER
EMPLOYEE SAVINGS PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES

DECEMBER 31, 2016

WILLIAMS PARKER EMPLOYEE SAVINGS PLAN
FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES
DECEMBER 31, 2016

TABLE OF CONTENTS

	PAGE
INDEPENDENT ACCOUNTANT'S COMPILATION REPORT	1
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS	2
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	3
NOTES TO FINANCIAL STATEMENTS	4 - 10
SUPPLEMENTAL SCHEDULES	
SCHEDULE OF ASSETS (HELD AT END OF YEAR)	11
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS	12

CS&L CPAs

INDEPENDENT ACCOUNTANT'S COMPILATION REPORT

To the Administrative Committee
Williams Parker Employee Savings Plan
Sarasota, Florida

Plan management is responsible for the accompanying financial statements of Williams Parker Employee Savings Plan, which comprise the statement of net assets available for benefits as of December 31, 2016, and the related statement of changes in net assets available for benefits for the six months then ended, and the related notes to the financial statements in accordance with accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the December 31, 2016 financial statements nor were we required to perform any procedures to verify the accuracy of completeness of the information provided by plan management. Accordingly, we do not express an opinion, a conclusion, or provide any form of assurance on these financial statements.

The December 31, 2016 supplemental schedules, as listed in the table of contents, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the basic financial statements. Such information is the responsibility of management. The supplementary information was subject to our compilation engagement. We have not audited or reviewed the supplementary information and do not express an opinion, a conclusion, nor provide any assurance on such information.

The June 30, 2016 financial statements were audited by us and we did not express an opinion on them in our report dated April 10, 2017 as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 with respect to the information which was certified by Northern Trust Bank, a custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have not performed any auditing procedures on the financial statements since April 10, 2017.

Christopher, Smith, Leonard, Bristow & Stanell, P.A.

CHRISTOPHER, SMITH, LEONARD,
BRISTOW & STANELL, P.A.

January 12, 2018
Sarasota, Florida

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SARASOTA 1515 Ringling Boulevard, Suite 900 Sarasota, FL 34236 ph 941.954.4040
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WILLIAMS PARKER EMPLOYEE SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

"See Independent Accountant's Compilation Report"

	December, 31 2016 (Unaudited)	June 30, 2016 (Audited)
ASSETS		
Investments at fair value	$ 41,186,771	$ -
Receivables		
Employer's contribution	1,306,567	837,857
Notes receivable from participants	18,601	-
Accrued interest	-	22,964
	1,325,168	860,821
Cash and short-term investments (at fair value)		
Cash	-	38,641
Common collective fund	-	41,862,780
	-	41,901,421
NET ASSETS AVAILABLE FOR BENEFITS	$ 42,511,939	$ 42,762,242

The accompanying notes are an integral part of these financial statements.

WILLIAMS PARKER EMPLOYEE SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE SIX MONTHS ENDED DECEMBER 31, 2016

"See Independent Accountant's Compilation Report"

ADDITIONS:		
Contributions:		
Employer	$	485,536
Participants		351,576
Rollovers		19,409
Total contributions		856,521
Interest income on notes receivable from participants		100
Investment income (loss):		
Interest and dividends		2,358,966
Net (depreciation) in fair value of investments		(939,857)
Total investment income		1,419,109
TOTAL ADDITIONS		2,275,730
DEDUCTIONS:		
Benefits paid to participants		2,508,304
Administrative expenses		17,729
TOTAL DEDUCTIONS		2,526,033
NET (DECREASE)		(250,303)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of the year		42,762,242
End of the year	$	42,511,939

The accompanying notes are an integral part of these financial statements.

"See Independent Accountant's Compilation Report"

NOTE A - DESCRIPTION OF PLAN

The following description of Williams Parker Employee Savings 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 covering all eligible employees of Williams, Parker, Harrison, Dietz and Getzen Professional Association (the Company). The Plan was originally effective July 1, 1972. The Plan was amended to convert the Plan to a new basic plan document and adoption agreement effective July 1, 2016, with a new service provider. The amendment changed the Plan year end from June 30th to December 31st and the Plan name from Williams Parker Defined Contribution Plan to Williams Parker Employee Savings Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

All employees, excluding interns and law clerks, of the Company, are eligible to participate in the Plan if the eligibility requirements described below are met.

401(k) Feature - An employee is eligible to participate, with respect to salary deferral contributions the 1st day of the month, coinciding with or immediately following their date of hire.

401(k) "Safe Harbor" Non-Elective Employer Contribution - An employee is eligible after completing a minimum of 1,000 hours of service within 12 months of their date of hire. The employee's entry date is the 1st day of the month, coinciding with or immediately following the date eligibility was met.

Discretionary Employer Matching Contribution - An employee is eligible to receive the discretionary employer matching contribution the 1st day of the month, coinciding with or immediately following their date of hire.

Discretionary Non-Elective Employer Contribution - An employee is eligible after completing 475 hours of service within the Plan year and being actively employed on the last day of the plan year.

Certain employees, classified as law clerks and interns, are not eligible to participate in the Plan.

Contributions

401(k) Feature - Each eligible participant of the Plan may enter into a written Salary Deferral Agreement with the Company in which compensation, as defined in the Plan document, is reduced by an amount of not more than 75% of his or her compensation for the Plan year, up to the maximum allowed by the Internal Revenue Service (IRS). The deferral amount may be changed at the beginning of each payroll period.

"See Independent Accountant's Compilation Report"

NOTE A - DESCRIPTION OF PLAN - CONTINUED

Contributions - continued

Participants who have attained age 50 before the end of the plan year are permitted to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution.

Effective August 1, 2016, the Plan includes an auto-enrollment provision whereby newly eligible employees, 30 days after their date of hire, but no sooner than their eligibility date, are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan prior to their eligibility date. Each eligible employee with a reemployment commencement date will be automatically enrolled 30 days from the later date of rehire or entry date. Effective September 1, 2016, active participants who are without a deferral election or have a zero election on file will be automatically enrolled in the Plan. Automatically enrolled participants have their pre-tax deferral rate set at 4% of eligible compensation and will increase by 1% on July 1st of each year, up to a maximum default percentage of 10%. The automatic increase will be deferred to the following July 1st for Participant's who become automatically enrolled between January 1st and June 30th.

Automatically enrolled participant contributions are invested in the age appropriate Vanguard Target Retirement Funds Investor Shares until changed by the participant.

401(k) "Safe Harbor" Non-Elective Employer Contribution - The Company will contribute, for each eligible participant, an amount equal to 3% (not less than 3% nor more than 25%) of the participant's eligible compensation for the plan year.

Discretionary Employer Matching Contribution - The Company may make matching contributions equal to a discretionary percentage, to be determined by the Company, of the participant's elective deferrals. The Company's match may not exceed 4% of the participant's eligible compensation for the plan year.

Discretionary Non-Elective Employer Contribution - The Company may contribute an amount, if any, as is determined at the discretion of the Company. The Company uses an integrated allocation based on a participant's compensation in excess of the taxable wage base to determine profit sharing contributions.

Participants direct the investments of all contributions into various investment options offered by the Plan.

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 entitles is the benefit that can be provided from the participant's vested account.

"See Independent Accountant's Compilation Report"

NOTE A - DESCRIPTION OF PLAN - CONTINUED

Vesting

Contributions become vested as follows:

Years of Service	Participant Elective Deferral	Safe Harbor Non-Elective Contribution	Discretionary Matching Contribution	Discretionary Non-Elective Contribution
Less than 2 years	100%	100%	0%	0%
2 years	100%	100%	20%	20%
3 years	100%	100%	40%	40%
4 years	100%	100%	60%	60%
5 years	100%	100%	80%	80%
6 years	100%	100%	100%	100%

Participants become fully vested upon death, total and permanent disability, or attaining normal retirement age while employed with the Company.

Forfeitures

Forfeitures will occur when a former participant incurs five consecutive 1 year breaks in service or there is a distribution of the entire vested portion of the participant's account. The forfeitures may be used to pay Plan administrative expenses or to reduce the Company's contributions.

Notes Receivable from Participants

Participants may borrow from their employee deferral fund accounts a maximum amount equal to the lesser of $50,000 or 50% of their employee deferral account balance. The loans are secured by the balance in the participant's account. Each loan shall bear a reasonable rate of interest determined by the Company in accordance with current appropriate standards. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits

Upon a participant's attainment of the age 59 ½ or termination of employment due to death, disability, termination or retirement, the vested balance in the participant's account may be distributed to the participant or the designated beneficiary. The Plan provides for benefit distributions by a single lump-sum payment, installment payments or partial withdrawals.

In-service distributions may be made to a participant who has attained the age 59 ½ or who qualify for a hardship. Hardship distributions are subject to a $500 minimum amount, may only be distributed from the participant's employee deferral accounts and must be used for expenses incurred or necessary for medical care.

"See Independent Accountant's Compilation Report"

NOTE A - DESCRIPTION OF PLAN - CONTINUED

Payment of Benefits - continued

For terminated participants with account balances less than or equal to $5,000, the plan administrator may make a mandatory distribution in a single lump sum payment. If the mandatory distribution is greater than $1,000 and made to a participant without the participant's consent before normal retirement age, the distribution will be rolled over to an individual retirement plan designated by the Plan Administrator.

Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions 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 employer contributions.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Accounting Basis

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

Investment Valuation and Income Recognition

The Plan's 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 C for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation/(depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year. The net (depreciation) was $939,857 for the year ended December 31, 2016.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred.

Payment of Benefits

Payments of benefits are recorded when paid.

"See Independent Accountant's Compilation Report"

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles 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.

Date of Management's Review

Subsequent events were evaluated through January 12, 2018, which is the date the financial statements were available to be issued.

NOTE C - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. 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 Topic 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.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement 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.

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NOTE C - FAIR VALUE MEASUREMENTS - CONTINUED

The 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 June 30, 2016.

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Participant Contributions Transferred Late to Plan	Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are Included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$ 15.23	$ 15.23	$ -	$ -	$ -

"See Independent Accountant's Compilation Report"