

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 6047(e), 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 2012 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>	
A This return/report is for:	☐ a multiemployer plan; ☒ a multiple-employer plan; or ☐ 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 <u>ADVANTEC RETIREMENT SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>334</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1999</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>334</u>	1c Effective date of plan <u>01/01/1999</u>	
1b Three-digit plan number (PN) ▶	<u>334</u>				
1c Effective date of plan <u>01/01/1999</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>OASIS OUTSOURCING HOLDINGS, INC.</u> <u>2054 VISTA PARKWAY, SUITE 300</u> <u>WEST PALM BEACH, FL 33411</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>65-0731524</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>888-627-4735</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>561300</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>65-0731524</u>	2c Sponsor's telephone number <u>888-627-4735</u>	2d Business code (see instructions) <u>561300</u>	
2b Employer Identification Number (EIN) <u>65-0731524</u>					
2c Sponsor's telephone number <u>888-627-4735</u>					
2d Business code (see instructions) <u>561300</u>					

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. Signature of plan administrator	<u>10/04/2013</u> Date	<u>BARBARA DRAMES</u> 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. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		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: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year		5 5531
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a 2707	
b Retired or separated participants receiving benefits.....	6b 0	
c Other retired or separated participants entitled to future benefits.....	6c 878	
d Subtotal. Add lines 6a , 6b , and 6c	6d 3585	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0	
f Total. Add lines 6d and 6e	6f 3585	
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g 1827	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 13	
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: 2E 2F 2G 2J 2K 2S 2T		
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) ☒ 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) ☒ 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) ☒ 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) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information 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.	OMB No. 1210-0110
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>ADVANTEC RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>334</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>OASIS OUTSOURCING HOLDINGS, INC.</u>	D Employer Identification Number (EIN) <u>65-0731524</u>	

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)

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(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 37 38 50	TPA	513014	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SLAVIC MUTUAL FUND MANAGEMENT CORP

59-2749576

(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?
28 51	PORTFOLIO MGMT	66671	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RIVERO, GORDIMER & COMPANY, P.A.

59-3040705

(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?
10	AUDITOR	15045	Yes ☐ No ☒	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)

HILL WARD HENDERSON ATTORNEYS AT LA

PO BOX 2532
TAMPA, FL 33601

(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?
29	ATTORNEY	7620	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

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) Department of the Treasury 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 2012 This Form is Open to Public Inspection
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012		
A Name of plan ADVANTEC RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	334
C Plan sponsor's name as shown on line 2a of Form 5500 OASIS OUTSOURCING HOLDINGS, INC.	D Employer Identification Number (EIN) 65-0731524	

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)	388912	383097
(2) Participant contributions	1b(2)	170833	120712
(3) Other.....	1b(3)	21978	16474
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)	2121521	1287922
(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)	66470751	49238287
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	69173995	51046492

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	225549	249523
k Total liabilities (add all amounts in lines 1g through 1j)	1k	225549	249523

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	68948446	50796969
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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)	1715105	
(B) Participants	2a(1)(B)	5471950	
(C) Others (including rollovers)	2a(1)(C)	184815	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7371870
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)	54177	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		54177
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1209809	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1209809
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(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)		0
(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)		4974118
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		13609974

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5365057	
(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)		5365057
f Corrective distributions (see instructions)	2f		249523
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	22665	
(2) Contract administrator fees	2i(2)	513014	
(3) Investment advisory and management fees	2i(3)	66671	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		602350
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		6216930

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		7393044
l Transfers of assets:			
(1) To this plan.....	2l(1)		168715
(2) From this plan	2l(2)		25713236

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: RIVERO, GORDIMER & COMPANY, P.A.

(2) EIN: 59-3040705

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:

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.).....

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.).....

	Yes	No	Amount
4a		X	
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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)	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.)		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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	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.	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)

VERITAS EMPLOYER SERVICES RETIREMENT SAVINGS PLAN

MEISEL PROFIT SHARING & SAVINGS PLAN

CUTE SUZIE DBA IDEAL IMAGE LOUISVILLE, KENTUCKY RETIREMENT SAVINGS PLA

IDEAL LIFE DEVELOPMENT GROUP, LLC RETIREMENT SAVINGS PLAN

5b(2) EIN(s)	5b(3) PN(s)
20-0655411	001
75-1567378	001
20-4822268	002
26-1288762	002

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

	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			
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			
e Was this plan covered by a fidelity bond?.....			
4e			
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			
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			
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			
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			
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			
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			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
4m			
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			

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)

CALLMINER 401K PLAN

HESSLER PAINT & DECORATING CENTER

AWARENESS TECHNOLOGY, INC. RETIREMENT SAVINGS PLAN

MODA, LLC INCENTIVE SAVINGS PLAN AND TRUST

5b(2) EIN(s)	5b(3) PN(s)
32-0026627	001
65-0515459	001
59-2498479	003
59-3786041	001

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

	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			
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			
e Was this plan covered by a fidelity bond?.....			
4e			
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			
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			
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?			
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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			
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			
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			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
4m			
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			

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)

AIRPORT CONCESSIONS GROUP, INC. 401K PLAN

	5b(2) EIN(s)	5b(3) PN(s)
	20-3009693	001
BAY COLONY COMMUNITY ASSOCIATION, INC. RETIREMENT SAVINGS PLAN	65-0259394	002
BAY COLONY GOLF CLUB, INC. RETIREMENT SAVINGS PLAN	65-0473088	002
AMCOL SYSTEMS, INC. RETIREMENT SAVINGS PLAN	57-0788848	003

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

		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			
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			
e Was this plan covered by a fidelity bond?.....	4e			
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			
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			
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			
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			
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			
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			
l Has the plan failed to provide any benefit when due under the plan?	4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	4m			
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			

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)

REGNER VETERINARY CLINIC, SC 401K PS

ALITECH CONSULTING, LP 401K PLAN

AMERICAN PLUMBING CONTRACTORS, INC. RETIREMENT SAVINGS PLAN

ENCOMPASS PHARMACEUTICAL SERVICES, INC. RETIREMENT SAVINGS PLAN

	5b(2) EIN(s)	5b(3) PN(s)
	90-0194413	001
	20-2831019	001
	59-2971284	003
	20-0506236	002

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

	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			
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			
e Was this plan covered by a fidelity bond?.....			
4e			
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			
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			
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?			
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i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....			
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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.).....			
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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			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
4m			
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			

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)

WELLNESS WATCHERS GLOBAL, LLC

ISE DATA SYSTEMS, INC. 401K RETIREMENT PLAN

401K ADVANTAGE 401K PLAN

IDEAL IMAGE SPIN-OFF 401K PLAN

5b(2) EIN(s)	5b(3) PN(s)
20-5968354	001
20-3721260	001
20-1826961	002
45-4856515	002

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

	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			
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			
e Was this plan covered by a fidelity bond?.....			
4e			
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			
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			
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?			
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i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....			
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k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....			
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l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
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4n			

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)

GLADES GOLF & COUNTRY CLUB, INC. RETIREMENT SAVINGS PLAN

IZENDA, LLC 401K PLAN

ADP TOTALSOURCE RETIREMENT SAVINGS PLAN

TRINET 401K PLAN

5b(2) EIN(s)	5b(3) PN(s)
59-2310817	003
05-0541962	001
59-2452823	001
65-0735612	334

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

	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			
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			
e Was this plan covered by a fidelity bond?.....			
4e			
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			
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?			
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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			
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			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
4m			
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			

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)

SELF RELIANCE, INC. 401K PLAN

BELIN AND ASSOCIATES 401K PLAN

EEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN

EPY/ COACH REALTY SERVICES, INC. 401K PLAN

5b(2) EIN(s)	5b(3) PN(s)
59-1855782	001
74-1708351	002
74-2884279	333
76-0324837	333

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

	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			
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			
e Was this plan covered by a fidelity bond?.....			
4e			
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			
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			
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			
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			
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			
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			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
4m			
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			

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)

STRATEGIC OUTSOURCING, INC. MULTIPLE EMPLOYER PLAN

ONE SOURCE MANAGEMENT, LTD RETIREMENT AND SAVINGS PLAN

PIPESTREAM RETIREMENT SAVINGS PLAN

FORTUNE BUSINESS SOLUTIONS RETIREMENT SAVINGS PLAN

5b(2) EIN(s)	5b(3) PN(s)
56-1952356	002
04-3710647	001
26-1707775	002
59-3729371	333

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

	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			
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			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
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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?			
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i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
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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.)			
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l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
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			

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)

STRATEGIC OUTSOURCING, INC. MULTIPLE EMPLOYER PLAN

TRINET 401K PLAN

EQUI-TAX, INC. RETIREMENT SAVINGS PLAN

5b(2) EIN(s)	5b(3) PN(s)
56-1952356	002
65-0735612	334
74-2003112	002

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

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 section 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 2012 This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>ADVANTEC RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>334</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>OASIS OUTSOURCING HOLDINGS, INC.</u>	D Employer Identification Number (EIN) <u>65-0731524</u>

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	<u>0</u>
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): <u>65-0708495</u>		
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 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
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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): _____

FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORT

ADVANTEC RETIREMENT SAVINGS PLAN

December 31, 2012 and 2011

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RIVERO, GORDIMER & COMPANY, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

Member
American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants

Cesar J. Rivero	Sam A. Lazzara
Herman V. Lazzara	Stephen G. Douglas
Marc D. Sasser	Michael E. Helton
Richard B. Gordimer, of Counsel	

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Trustees of the
Advantec Retirement Savings Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Advantec Retirement Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan 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 of 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 Plan'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 Plan'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.

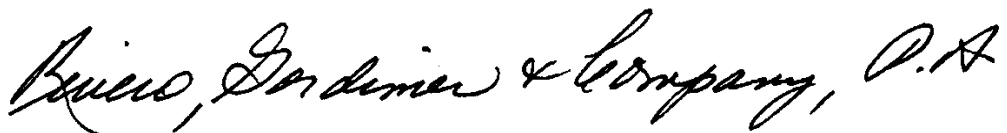
We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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, 2012 and 2011, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedules of Assets Held at End of Year, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental 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 audit 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.

A handwritten signature in black ink that reads "Buero, Gordinier & Company, P.A." The signature is written in a cursive, flowing style.

Tampa, Florida
September 25, 2013

Advantec Retirement Savings Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

	<u>2012</u>	<u>2011</u>
ASSETS		
Investments, at fair value (notes C and D)		
Mutual funds	<u>\$ 49,238,287</u>	<u>\$ 66,470,751</u>
Receivables		
Notes receivable from participants (notes A8 and B7)	1,287,922	2,121,521
Employer contributions	383,097	388,912
Participant contributions	120,712	170,833
Other	<u>16,474</u>	<u>21,978</u>
	<u>1,808,205</u>	<u>2,703,244</u>
Total assets	<u>51,046,492</u>	<u>69,173,995</u>
LIABILITIES		
Total liabilities	<u>249,523</u>	<u>225,549</u>
Net assets available for benefits	<u><u>\$ 50,796,969</u></u>	<u><u>\$ 68,948,446</u></u>

The accompanying notes are an integral part of these statements.

Advantec Retirement Savings Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the year ended December 31,

	2012	2011
ADDITIONS		
Additions to net assets attributed to		
Contributions		
Participants	\$ 5,471,950	\$ 8,144,689
Employers	1,715,105	2,391,403
Rollovers	184,815	929,944
	<u>7,371,870</u>	<u>11,466,036</u>
Interest income on notes receivable from participants	<u>54,177</u>	<u>88,098</u>
Investment income (notes C and D)		
Net appreciation (depreciation) in fair value of investments	4,974,118	(3,286,523)
Dividends	<u>1,209,809</u>	<u>1,957,686</u>
	<u>6,183,927</u>	<u>(1,328,837)</u>
Total additions	<u>13,609,974</u>	<u>10,225,297</u>
DEDUCTIONS		
Deductions from net assets attributed to		
Benefit payment and in-service withdrawals	5,365,057	8,613,178
Corrective distributions	249,523	225,549
Professional fees	22,665	15,200
Contract administrator fees	513,014	668,335
Investment advisory and management fees	<u>66,671</u>	<u>86,489</u>
Total deductions	<u>6,216,930</u>	<u>9,608,751</u>
TRANSFERS		
From plan mergers	168,715	4,603,515
To other plans	<u>(25,713,236)</u>	<u>(14,504,566)</u>
Net transfers	<u>(25,544,521)</u>	<u>(9,901,051)</u>
Net decrease	(18,151,477)	(9,284,505)
Net assets available for benefits at beginning of year	<u>68,948,446</u>	<u>78,232,951</u>
Net assets available for benefits at end of year	<u>\$50,796,969</u>	<u>\$68,948,446</u>

The accompanying notes are an integral part of these statements.

Advantec Retirement Savings Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2012 and 2011

NOTE A - DESCRIPTION OF THE PLAN

The following description of the Advantec Retirement 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.

1. General

The Plan is a defined contribution plan, subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). An employee is eligible to participate in the Plan if he or she is age twenty-one (21) or older and has completed the minimum service requirement as selected by the co-employer under the Plan adoption agreement, up to one year of service (not to exceed 12 months). An employee shall have completed one year of service if during the initial employment year or during any subsequent plan year he or she completes 1,000 hours of service or more. Participation in the Plan is voluntary.

2. Plan Mergers

Certain co-employers' existing plans were merged into the Plan during the years ended December 31, 2012 and 2011, with the Plan being the surviving plan. The value of the assets transferred to the Plan related to these plan mergers was \$168,715 and \$4,603,515 for the years ended December 31, 2012 and 2011, respectively.

Also, during the years ended December 31, 2012 and 2011, certain co-employers elected to transfer their plan assets to plans sponsored by other entities. These transfers totaled \$25,713,236 and \$14,504,566 for the years ended December 31, 2012 and 2011, respectively.

3. Contributions

The employer shall contribute to the Plan on behalf of each participant, an elective contribution as specified in a salary reduction agreement between the participant and employer. Participant contributions are also subject to limitations set forth in the Internal Revenue Code, which change from year to year. Discretionary employer matching contributions may be made to the Plan on behalf of the participants. The matching contributions, if any, are a discretionary percentage of the participants' elective contribution.

Effective January 1, 2009, the Plan was amended to constitute an Eligible Automatic Contribution Agreement (EACA) under Internal Revenue Code Section 414(w). Automatic enrollment applies (1) to employees who first become eligible for the Plan on or after January 1, 2009 and (2) to employees who became eligible for the Plan before January 1, 2009 but who never made an election. The Plan includes the 90-day permissible withdrawal option as part of the eligible automatic contribution arrangement.

Advantec Retirement Savings Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2012 and 2011

NOTE A - DESCRIPTION OF THE PLAN - Continued

4. Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the employer's contribution and (b) Plan earnings or losses, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit, to which a participant is entitled, is the benefit that can be provided from the participant's vested account.

5. Vesting

Participants are immediately vested in both their contributions and earnings or losses thereon. Generally, all participants fully vest in employer contributions and the earnings or losses thereon after six years of service. Variations, if any, to the schedule below may exist in the employer's addendum. There also may be safe-harbor plans with immediate vesting. Further descriptions may be read in the complete formal legal documents. Generally, participants in the Plan vest as follows:

<u>Years of service</u>	<u>Vested interest</u>
Less than 2 years	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

6. Distribution of Participants' Accounts

Pre-tax contributions may be distributed to a participant while still employed only to meet a qualifying financial hardship. Distributions can be made out of the Plan; at retirement or age 59 ½, in the event of long-term disability, death, or upon termination of employment.

7. Corrective Distributions

Corrective distributions must be made when a participant has excess contributions under the Actual Deferral Percentage ("ADP") Test or excess aggregate contributions under the Actual Contribution Percentage ("ACP") Test and the employer does not correct these excesses by making Qualified Non-Elective Contributions or Qualified Matching Contributions. The amount of corrective distributions accrued by the Plan during the years ended December 31, 2012 and 2011 was \$249,523 and \$225,549, respectively.

Advantec Retirement Savings Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2012 and 2011

NOTE A - DESCRIPTION OF THE PLAN - Continued

8. Notes Receivable from Participants

The aggregate amount of any loans to a participant shall not exceed 50 percent of his or her account balance. The minimum and maximum aggregate dollar amount of loans outstanding to any participant must be at least \$1,000, but must not exceed \$50,000.

9. Forfeitures

Forfeitures of non-vested employer contributions by terminated participants are used to reduce employer matching contributions for the Plan year for which the forfeitures arise.

10. Administration

Administration of the Plan is the responsibility of the Plan administrator and the Board of Oasis Outsourcing (the "Company"). The Company is the Plan sponsor and administrator, and has designated an individual employee as its contact. Any amendments to the Plan regarding terminations, materially adding or deleting benefits, or modifying the funding obligations require approval by the Board of Directors.

11. Participant Distributions

Benefit payments to participants are recorded upon distribution. There were no amounts allocated to accounts of persons who have elected to withdraw from the Plan, but have not yet been paid at December 31, 2012 and 2011, respectively.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of the Plan's significant accounting policies applied in the preparation of the accompanying financial statements follows:

1. Basis of Accounting

The accounts of the Plan are maintained on the accrual basis, except for benefit payments, which are recorded when paid.

2. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, as well as the related disclosures. Actual results could differ from those estimates and such differences could be material.

Advantec Retirement Savings Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2012 and 2011

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

3. Valuation of Investments and Income Recognition

Investments are stated at fair value. Shares of registered investment companies are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year end. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

The Plan presents the net appreciation or depreciation in the fair value of its investments in the Statements of Changes in Net Assets Available for Benefits, which consists of the realized gains or losses and the unrealized appreciation or depreciation on those investments.

4. Concentration of Credit Risk

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 and the level of uncertainty related to changes in the value of investment securities, it is 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.

5. Expenses

Certain administrative expenses of the Plan are paid by the Plan and are reflected in the Plan's financial statements. However, certain legal and other expenses of the Plan are paid by the Company and, therefore, are not included in the accompanying financial statements.

6. Payment of Benefits

Benefits are recorded when paid.

7. Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Advantec Retirement Savings Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2012 and 2011

NOTE C - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board *Accounting Standards Codification* (FASB ASC) 820-10 establishes a framework for using fair value to measure assets and liabilities and defines fair value as the price that would be received to sell an asset or paid to transfer a liability (an exit price) as opposed to the price that would be paid to acquire the asset or received to assume the liability (an entry price).

Under FASB ASC 820-10, a fair value measure should reflect the assumptions that market participants would use in pricing the asset or liability, including the assumptions about the risk inherent in a particular valuation technique, the effect of a restriction on the sale or use of an asset and the risk of nonperformance. FASB ASC 820-10 requires disclosures that stratify statement of net assets available for benefits amounts measured at fair value based on inputs the Plan used to derive fair value measurements.

These strata include:

- Level 1 inputs, where the valuation is based on quoted market prices for identical assets or liabilities traded in active markets (which include exchanges and over-the counter markets with sufficient volume),
- Level 2 inputs, where the valuation is based on quoted market prices for similar instruments traded in active markets, quoted prices for identical or similar instruments in markets that are not active and model-based valuation techniques for which all significant assumptions are observable in the market, and
- Level 3 inputs, where the valuation is generated from model-based techniques that use significant assumptions not observable in the market, but observable based on fund-specific data. These unobservable assumptions reflect estimates or assumptions that market participants would use in pricing the asset or liability. Valuation techniques typically include option pricing models, discounted cash flow models and similar techniques, but may also include the use of market prices of assets or liabilities that are not directly comparable to the subject asset or liability.

Following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2012 and 2011:

Mutual funds: Valued at the net asset value ("NAV") of shares held by the Plan at year end. Investments in certain restricted mutual funds are valued at quoted market prices of the issuer.

Advantec Retirement Savings Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2012 and 2011

NOTE C - FAIR VALUE MEASUREMENTS - Continued

The following tables present financial assets measured at fair value on a recurring basis as of December 31,:

<u>December 31, 2012</u>	<u>Fair Value</u>	<u>Level 1 Inputs</u>	<u>Level 2 Inputs</u>	<u>Level 3 Inputs</u>
Mutual funds				
Money market	\$ 7,129,020	\$ 7,129,020	\$ -	\$ -
Specialty investment	10,117,765	10,117,765	-	-
International	5,716,117	5,716,117	-	-
Fixed income	10,558,798	10,558,798	-	-
Small/medium company domestic	4,148,563	-	-	-
Large company domestic	11,568,024	4,148,563	-	-
		11,568,024	-	-
Total mutual funds	<u>\$ 49,238,287</u>	<u>\$ 49,238,287</u>	<u>\$ -</u>	<u>\$ -</u>

<u>December 31, 2011</u>	<u>Fair Value</u>	<u>Level 1 Inputs</u>	<u>Level 2 Inputs</u>	<u>Level 3 Inputs</u>
Mutual funds				
Money market	\$ 8,337,122	\$ 8,337,122	\$ -	\$ -
Specialty investment	10,466,071	10,466,071	-	-
International	10,825,779	10,825,779	-	-
Fixed income	17,577,965	17,577,965	-	-
Small/medium company domestic	5,402,441	-	-	-
Large company domestic	13,861,373	5,402,441	-	-
		13,861,373	-	-
Total mutual funds	<u>\$ 66,470,751</u>	<u>\$ 66,470,751</u>	<u>\$ -</u>	<u>\$ -</u>

Advantec Retirement Savings Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2012 and 2011

NOTE D - INVESTMENTS

The following table presents the fair values of those investments that represent five percent or more of the Plan's net assets available for benefits at December 31,:

	<u>2012</u>	<u>2011</u>
Vanguard Short-Term Federal Admiral	\$ 5,902,897	\$ 13,755,221
Vanguard Total Stock Market Index Signal	\$ 7,376,359	\$ 9,088,610
Vanguard REIT Index Signal	\$ 2,565,029	\$ 4,737,448
Vanguard Money Market Prime	\$ 5,192,618	\$ 5,230,885
MFS Utilities A*	\$ 4,192,601	\$ 369,521

*Value was below 5% at December 31, 2011

Investment income consisted of the following at December 31,:

	<u>2012</u>	<u>2011</u>
Net appreciation (depreciation) in fair value of investments	\$ 4,974,118	\$ (3,286,523)
Dividends	<u>1,209,809</u>	<u>1,957,686</u>
Total investment income (loss)	<u>\$ 6,183,927</u>	<u>\$ (1,328,837)</u>

NOTE E - PLAN 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 will become 100% vested in their accounts.

NOTE F - TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated September 23, 2002 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC) and, accordingly, are exempt from federal income taxes.

Advantec Retirement Savings Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2012 and 2011

NOTE F - TAX STATUS - Continued

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 by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as December 31, 2012 and 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by 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 2009.

NOTE G - PARTY-IN-INTEREST

Administrative and record keeping fees are paid to Slavic Integrated Administration, Inc., a party-in-interest. Total administrative fees and other expenses paid by the Plan to this party for the years ended December 31, 2012 and 2011 were \$579,685 and \$754,824, respectively.

NOTE H - SUBSEQUENT EVENTS

Domestic equity and debt markets have continued to experience volatility subsequent to the Statement of Net Assets Available for Benefits date of December 31, 2012. As such, the fair value of investments may experience subsequent changes from the values presented at December 31, 2012.

The Plan has evaluated events and transactions occurring subsequent to December 31, 2012 as of September 25, 2013 which is the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

Advantec Retirement Savings Plan

SCHEDULE OF ASSETS HELD AT END OF YEAR

December 31, 2012

Supplemental Schedule for IRS Form 5500 – Schedule H, Part IV, Item 4i
Plan EIN 65-0731524, Plan Number 334

(a)	(b)	(c)	(d)	(e)
Party of Interest	Identity of Issue, Borrower Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	American Century Funds	ACMVX - American Century Mid Cap Value	\$	150,812
	Dreyfus Funds	DPOAX - Dreyfus Premier S&P Stars Opportunity A		14
	Dreyfus Funds	PGROX - Dreyfus Worldwide Growth		7
	Fidelity Funds	FAIDX - Fidelity Int'l Discovery A		581,997
	Fidelity Funds	FDAXX - Fidelity Daily Money Market		1,936,402
	Fidelity Funds	FANAX - Fidelity Advisor Natural Resources A		6
	Fidelity Funds	FMCDX - Fidelity Advisor Midcap		286
	Franklin Funds	FKRCX - Franklin Gold and Precious Metals		234,187
	Gabelli Funds	GABAX - Gabelli Asset Fund		37,621
	DFA Funds	DFCEX - DFA Emerging Markets Core Equity		388,749
	DWS Funds	KTCAX - DWS Technology A		8,904
	MFS Funds	MMUFX - MFS Utilities A		4,192,601
	Neuberger & Berman Funds	NBPBX - Neuberger Berman Large Cap Value		189,212
	Oppenheimer Funds	OPGSX - Oppenheimer Gold & Special Minerals		50,158
	Oppenheimer Funds	OPMSX - Oppenheimer MainStreet Small Cap A		11,266
	Oppenheimer Funds	OPPAX - Oppenheimer Global Fund A		5,356
	North Track Funds	PPTIX - NYSE Arca Tech 100 Index A		408,250
	T Rowe Price Funds	PRASX - T Rowe Price New Asia		1,013
	T Rowe Price Funds	PRNEX - T Rowe Price New Era		1,086,595
	American Funds	REGRX - American Funds EuroPacific R6		1,201,987
	American Funds	RFNGX - American Funds Fundamental Investors R6		1,584,732
	American Funds	RGAGX - American Funds Growth Fund of America R6		1,246,502
	American Funds	RNPGX - American Funds New Perspective R6		230,076
	American Funds	RWIGX - American Funds Capital World G & I R6		1,430,733
	American Funds	RWMGX - American Funds Washington Mutual R6		26,241
	T Rowe Price Funds	RPMGX - T Rowe Price Mid Cap Growth		1,701,500
	American Funds	RWIEX - American Funds Capital World G & I R4		6
	American Funds	RWMEX - American Funds Washington Mutual Fund R4		11
	DWS Funds	SERAX - DWS Europe Equity		6
	BlackRock Funds	SHISX - BlackRock Health Sciences Service		568,883
	Wells Fargo Funds	STADX - Wells Fargo Ultra Short-Term Income Fund		6
	DWS Funds	SUHAX - DWS Health Care		10,834
	Ssga Funds	SVSPX - SSga S&P Index 500		1,107,346
	Third Avenue Funds	TAVFX - Third Avenue Value		520,219
	Columbia Management Funds	CSCZX - Columbia Small Cap Value I Fund Class Z		126,842
	Vanguard Funds	VAIPX - Vanguard Inflation Protected Securities		1,974,169
	Vanguard Funds	VESSX - Vanguard European Stock Index Signal		48,518
	Vanguard Funds	VBSSX - Vanguard Short-Term Bond Index Signal		621,430

Advantec Retirement Savings Plan

SCHEDULE OF ASSETS HELD AT END OF YEAR - CONTINUED

December 31, 2012

Supplemental Schedule for IRS Form 5500 – Schedule H, Part IV, Item 4i
Plan EIN 65-0731524, Plan Number 334

(a)	(b)	(c)	(d)	(e)
Party of Interest	Identity of Issue, Borrower Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Vanguard Funds	VBTSX - Vanguard Total Bond Market Index Signal		929,151
	Vanguard Funds	VSISX - Vanguard Small Cap Index Signal		362,323
	Vanguard Funds	VTSGX - Vanguard Total int'l Stock Index Signal		1,307,451
	Vanguard Funds	VGRSX - Vanguard REIT Index Signal		2,565,029
	Vanguard Funds	VIBSX - Vanguard Int-Term Bond Index Signal		914,020
	Vanguard Funds	VISGX - Vanguard Small Cap Growth Index		1,221,398
	Vanguard Funds	VMISX - Vanguard Mid Cap Index Signal		574,122
	Vanguard Funds	VMMXX - Vanguard Money Market Prime		5,192,618
	Vanguard Funds	VSGDX - Vanguard Short-Term Federal Admiral		5,902,897
	Vanguard Funds	VTSSX - Vanguard Total Stock Market Index Signal		7,376,359
	Vanguard Funds	VGEXX-Vanguard Energy		992,318
	Vanguard Funds	VWEHX - Vanguard High Yield Corporate Bond		217,124
*	Notes receivable from participants 1.25% to 10.25%			1,287,922
				<u>\$ 50,526,209</u>

Department of Labor Regulation 2520.130-11(d) allows the exclusion of participant directed transactions from the historical cost entry on the Schedule of Assets Held at End of Year.

Advantec Retirement Savings Plan

SCHEDULE OF ASSETS HELD AT END OF YEAR

December 31, 2011

Supplemental Schedule for IRS Form 5500 – Schedule H, Part IV, Item 4i
Plan EIN 65-0731524, Plan Number 334

(a)	(b)	(c)	(d)	(e)
Party of Interest	Identity of Issue, Borrower Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	AIM Funds	BRSIX - Bridgeway Ultra-Small Company Market	\$	148
	American Century Funds	ACMVX - American Century Mid Cap Value		143,541
	Dreyfus Funds	DPOAX - Dreyfus Premier S&P Stars Opportunity A		11
	Dreyfus Funds	PGROX - Dreyfus Worldwide Growth		6
	Fidelity Funds	FAIDX - Fidelity Int'l Discovery A		712,143
	Fidelity Funds	FDAXX - Fidelity Daily Money Market		3,106,237
	Fidelity Funds	FANAX - Fidelity Advisor Natural Resources A		6
	Fidelity Funds	FMCDX - Fidelity Advisor Midcap		638
	Franklin Funds	FKRCX - Franklin Gold and Precious Metals		299,916
	Gabelli Funds	GABAX - Gabelli Asset Fund		59,703
	DFA Funds	DFCEX - DFA Emerging Markets Core Equity		372,406
	DWS Funds	KTCAX - DWS Technology A		7,858
	MFS Funds	MMUFX - MFS Utilities A		369,521
	Neuberger & Berman Funds	NBPBX - Neuberger Berman Partners Adv		298,085
	Oppenheimer Funds	OPGSX - Oppenheimer Gold & Special Minerals		29,916
	Oppenheimer Funds	OPMSX - Oppenheimer MainStreet Small Cap A		15,882
	Oppenheimer Funds	OPPAX - Oppenheimer Global Fund A		4,457
	North Track Funds	PPTIX - NYSE Arca Tech 100 Index A		614,846
	T Rowe Price Funds	PRASX - T Rowe Price New Asia		2,132,844
	T Rowe Price Funds	PRNEX - T Rowe Price New Era		3,684,626
	American Funds	RFNEX - American Funds Fundamental Invs R4		3,216
	American Funds	RGAX - American Funds Growth Fund of America CI R4		19,617
	American Funds	RNPEX - American Funds New Perspective		10,501
	American Funds	REGX - American Funds EuroPacific R6		3,316,967
	American Funds	RFNGX - American Funds Fundamental Investors R6		1,745,333
	American Funds	RGAGX - American Funds Growth Fund of America R6		1,553,387
	American Funds	RNPGX - American Funds New Perspective R6		274,230
	American Funds	RWIGX - American Funds Capital World G & I R6		1,693,666
	American Funds	RWMGX - American Funds Washington Mutual R6		20,409
	T Rowe Price Funds	RPMGX - T Rowe Price Mid Cap Growth		2,428,795
	American Funds	RWIEX - American Funds Capital World G & I R4		40,755
	American Funds	RWMEX - American Funds Washington Mutual Fund R4		80
	DWS Funds	SCEMX - DWS Emerging Markets Income		2,482
	DWS Funds	SERAX - DWS Europe Equity		6
	BlackRock Funds	SHISX - BlackRock Health Sciences Service		682,837
	Wells Fargo Funds	STADX - Wells Fargo Ultra Short-Term Income Fund		7
	DWS Funds	SUHAX - DWS Health Care		9,275
	Ssga Funds	SSREX - SSga REIT		27,340
	Ssga Funds	SVSPX - SSga S&P Index 500		1,072,843

Advantec Retirement Savings Plan

SCHEDULE OF ASSETS HELD AT END OF YEAR - CONTINUED

December 31, 2011

Supplemental Schedule for IRS Form 5500 – Schedule H, Part IV, Item 4i
Plan EIN 65-0731524, Plan Number 334

(a)	(b)	(c)	(d)	(e)
Party of Interest	Identity of Issue, Borrower Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Third Avenue Funds	TAVFX - Third Avenue Value		651,159
	Columbia Management Funds	CSCZX - Columbia Small Cap Value I Fund Class Z		201,846
	Vanguard Funds	VAIPX - Vanguard Inflation Protected Securities		911,407
	Vanguard Funds	VESSX - Vanguard European Stock Index Signal		47,897
	Vanguard Funds	VBSSX - Vanguard Short-Term Bond Index Signal		785,632
	Vanguard Funds	VBTSX - Vanguard Total Bond Market Index Signal		1,122,082
	Vanguard Funds	NAESX - Vanguard Small Cap Index		2,768
	Vanguard Funds	VSISX - Vanguard Small Cap Index Signal		365,837
	Vanguard Funds	VTSGX - Vanguard Total int'l Stock Index Signal		1,568,561
	Vanguard Funds	VGRSX - Vanguard REIT Index Signal		4,737,448
	Vanguard Funds	VGTSX - Vanguard Total International Stock Index		181
	Vanguard Funds	VIBSX - Vanguard Int-Term Bond Index Signal		800,028
	Vanguard Funds	VISGX - Vanguard Small Cap Growth Index		1,435,855
	Vanguard Funds	VMISX - Vanguard Mid Cap Index Signal		807,120
	Vanguard Funds	VMMXX - Vanguard Money Market Prime		5,230,885
	Vanguard Funds	VSGDX - Vanguard Short-Term Federal Admiral		13,755,221
	Vanguard Funds	VTSMX - Vanguard Total Stock Market Index		90
	Vanguard Funds	VTSSX - Vanguard Total Stock Market Index Signal		9,088,610
	Vanguard Funds	VWEHX - Vanguard High Yield Corporate Bond		203,588
*	Notes receivable from participants 1.25% to 10.25%			2,121,521
				\$ 68,592,272

Department of Labor Regulation 2520.130-11(d) allows the exclusion of participant directed transactions from the historical cost entry on the Schedule of Assets Held at End of Year.

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR).

ADVANTEC RETIREMENT SAVINGS PLAN

PLAN # 334

EIN #: 65-0731524

(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
	American Century Funds	ACMVX - American Century Mid Cap Value		150,812
	American Funds	RERGX - American Funds EuroPacific R6		1,201,987
	American Funds	RFNEX - American Funds Fundamental Invs R4		-
	American Funds	RFNGX - American Funds Fundamental Investors R6		1,584,732
	American Funds	RGAEX - American Growth Fund Of America CI R4		-
	American Funds	RGAGX - American Funds Growth Fund of America R6		1,246,502
	American Funds	RNPEX - American Funds New Perspective		-
	American Funds	RNPGX - American Funds New Perspective R6		230,076
	American Funds	RWIEX - American Capital World Growth & Inc R4		6
	American Funds	RWIGX - American Funds Capital World G & I R6		1,430,733
	American Funds	RWMEX - American Funds Washington Mutual Fund R4		11
	American Funds	RWMGX - American Funds Washington Mutual R6		26,241
	BlackRock Funds	SHISX - BlackRock Health Sciences Svc		568,883
	Bridgeway Funds	BRSIX - Bridgeway Ultra-Small Company Mkt		-
	Columbia Funds	CSCZX - Columbia Small Cap Value		126,842
	DFA Funds	DFCEX - DFA Emerging Markets Core Equity		388,749
	Dreyfus Funds	DPOAX - Dreyfus Premier S&P Stars Opportunity A		14
	Dreyfus Funds	PGROX - Dreyfus Worldwide Growth		7
	DWS Funds	KTCAX - DWS Technology A		8,904
	DWS Funds	SCEMX - DWS Emerging Mkts Income		-
	DWS Funds	SERAX - DWS Europe Equity		7
	DWS Funds	SUHAX - DWS Health Care		10,834
	Fidelity Funds	FAIDX - Fidelity Advisor Int'l Discovery A		581,997
	Fidelity Funds	FANAX - Fidelity Advisor Natural Resources A		6
	Fidelity Funds	FDAXX - Fidelity Daily Money Mkt		1,936,402
	Fidelity Funds	FDVAX - Fidelity Advisor Diversified Int'l A		-
	Fidelity Funds	FMCDX - Fidelity Advisor Midcap		286
	Franklin Funds	FKRCX - Franklin Gold and Precious Metals		234,187
	Gabelli Funds	GABAX - Gabelli Asset Fund		37,621
	MFS Funds	MMUFX - MFS Utilities A		4,192,601
	Neuberger & Berman Funds	NBPBX - Neuberger Berman Large Cap Value		189,212
	North Track Funds	PPTIX - Highmark NYSE Arca Tech 100 Index A		408,250
	Oppenheimer Funds	OPGSX - Oppenheimer Gold & Special Minerals		50,158
	Oppenheimer Funds	OPMSX - Oppenheimer MainStreet Small Cap A		11,266
	Oppenheimer Funds	OPPAX - Oppenheimer Global Fund A		5,356
	Ssga Funds	SSREX - SSgA REIT		-
	Ssga Funds	SVSPX - SSgA S&P Index 500		1,107,346
	T Rowe Price Funds	PRASX - T Rowe Price New Asia		1,013
	T Rowe Price Funds	PRNEX - T Rowe Price New Era		1,086,595
	T Rowe Price Funds	RPMGX - T Rowe Price Mid Cap Growth		1,701,500
	Third Avenue Funds	TAVFX - Third Avenue Value		520,219

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR).

ADVANTEC RETIREMENT SAVINGS PLAN

PLAN # 334

EIN #: 65-0731524

(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
	Vanguard Funds	NAESX - Vanguard Small Cap Index		-
	Vanguard Funds	VAIPX - Vanguard Inflation Protected Securities		1,974,169
	Vanguard Funds	VBSSX - Vanguard Short-Term Bond Index Signal		621,430
	Vanguard Funds	VBTSX - Vanguard Total Bond Market Index Signal		929,151
	Vanguard Funds	VESSX - Vanguard European Stock Index Signal		48,518
	Vanguard Funds	VGEXX - Vanguard Energy		992,318
	Vanguard Funds	VGRSX - Vanguard REIT Index Signal		2,565,029
	Vanguard Funds	VGSIX - Vanguard REIT Index		-
	Vanguard Funds	VGTSX - Vanguard Total Intl Stock Index Fund		-
	Vanguard Funds	VIBSX - Vanguard Int-Term Bond Index Signal		914,020
	Vanguard Funds	VIMSX - Vanguard Mid Cap Index		-
	Vanguard Funds	VISGX - Vanguard Small Cap Growth Index		1,221,398
	Vanguard Funds	VMISX - Vanguard Mid Cap Index Signal		574,122
	Vanguard Funds	VMMXX - Vanguard Money Market Prime		5,192,618
	Vanguard Funds	VSGDX - Vanguard Short-Term Federal Admiral		5,902,897
	Vanguard Funds	VSISX - Vanguard Small Cap Index Signal		362,323
	Vanguard Funds	VTSGX - Vanguard Total Int'l Stock Index Signal		1,307,451
	Vanguard Funds	VTSMX - Vanguard Total Stock Market Index		-
	Vanguard Funds	VTSSX - Vanguard Total Stock Market Index Signal		7,376,359
	Vanguard Funds	VWEHX - Vanguard High Yield Corporate Bond		217,124
	Wells Fargo Funds	STADX - Wells Fargo Ultra Short-Term Income Fund		7
	Participant Loan	1.25% to 10.25%		1,287,922