

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 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</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>ACCORD HUMAN RESOURCES 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>335</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1998</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>335</u>	1c Effective date of plan <u>01/01/1998</u>					
1b Three-digit plan number (PN) ▶	<u>335</u>								
1c Effective date of plan <u>01/01/1998</u>									
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>TRINET HR CORPORATION</u> <u>1100 SAN LEANDRO BLVD.</u> <u>SAN LEANDRO, CA 94577</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>43-1304650</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>510-352-5000</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>561300</u></td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>43-1304650</u>		2c Sponsor's telephone number <u>510-352-5000</u>		2d Business code (see instructions) <u>561300</u>			
2b Employer Identification Number (EIN) <u>43-1304650</u>									
2c Sponsor's telephone number <u>510-352-5000</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.	09/05/2014	GREGORY L. HAMMOND
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (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 TRINET HR CORPORATION		4b EIN 48-1304650 4c PN 335	
5 Total number of participants at the beginning of the plan year		5	5939
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	4374
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits		6c	931
d Subtotal. Add lines 6a , 6b , and 6c		6d	5305
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	0
f Total. Add lines 6d and 6e		6f	5305
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	2337
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	27
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 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
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 335
C Plan sponsor's name as shown on line 2a of Form 5500 TRINET HR CORPORATION	D Employer Identification Number (EIN) 43-1304650

Part I	Service Provider Information (see instructions)
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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	560544	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	95432	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TRINET HR

43-1304650

(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?
14 25	PLAN ADMINISTRATOR	56715	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)

(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 ☐

(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 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶	<u>335</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRINET HR CORPORATION</u>	D Employer Identification Number (EIN) <u>43-1304650</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	342868	129115
	(2) Participant contributions.....	1b(2)	268024	180456
	(3) Other.....	1b(3)	36148	19764
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)	2107235	2029133
	(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)	62811923	71342483
	(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	65566198	73700951

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	65566198	73700951
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2230909	
(B) Participants	2a(1)(B)	6240495	
(C) Others (including rollovers)	2a(1)(C)	521126	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		8992530

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)	79350	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		79350

(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)	2051811	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2051811

(3) Rents	2b(3)		
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(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)		7631772
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		18755463

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7496364	
(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)		7496364
f Corrective distributions (see instructions)	2f		116926
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	617259	
(3) Investment advisory and management fees	2i(3)	95432	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		712691
j Total expenses. Add all expense amounts in column (b) and enter total	2j		8325981

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		10429482
l Transfers of assets:			
(1) To this plan	2l(1)		5802288
(2) From this plan	2l(2)		8097017

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: **MAYER HOFFMAN MCCANN P.C.**

(2) EIN: **43-1947695**

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		10000000
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)	5b(2) EIN(s)	5b(3) PN(s)
AMERICAN FIRST CHOICE 401K PROFIT SHARING PLAN	46-1495511	001
TOM HOCH INTERIOR DESIGNS INC RETIREMENT SAVINGS PLAN	73-0730395	002
LAMAR MANAGEMENT, INC. 401(K) PLAN	58-1414009	001
TRIDENT TECHNOLOGIES 401K PLAN	20-5465766	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

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)	5b(2) EIN(s)	5b(3) PN(s)
T.M SERVICE COMPANY, INC.	84-0645835	001
E STAR ELECTRIC, INC. 401(K) PLAN	20-2187638	001
NEXTEP, INC. 401(K) RETIREMENT SAVINGS PLAN	73-1543198	333
QUALITY MOWERS RETIREMENT SAVINGS PLAN	59-3646020	002

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

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)	5b(2) EIN(s)	5b(3) PN(s)
GAILLARDIA COUNTRY CLUB, LLC RETIREMENT SAVINGS PLAN	42-1565513	002
TRINET 401K PLAN	43-1304650	334

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

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 2013 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>335</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRINET HR CORPORATION</u>	D Employer Identification Number (EIN) <u>43-1304650</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
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): _____

ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN

**Financial Statements
and
Supplemental Schedule**

**December 31, 2013 and 2012
(With Independent Auditor's Report Thereon)**

ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN

Table of Contents

	<u>Page</u>
Independent Auditor's Report	1 - 2
Statements of Net Assets Available for Benefits as of December 31, 2013 and 2012	3
Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2013	4
Notes to Financial Statements	5 - 13
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	14



Independent Auditor's Report

To the Plan Trustees
Accord Human Resources Retirement Savings Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Accord Human Resources Retirement Savings Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Mid Atlantic Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2013 and 2012 and for the year ended December 31, 2013, that the information provided to the plan administrator by the trustee is complete and accurate.



Disclaimer of Opinion

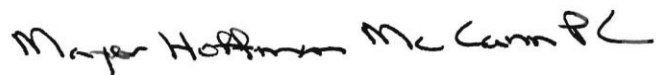
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental Schedule of Assets (Held at Year End) as of December 31, 2013, which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America, and in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in black ink that reads "Mayer Hoffman McCann P.C.".

August 12, 2014
Clearwater, Florida

ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN**Statements of Net Assets Available for Benefits****December 31, 2013 and 2012**

Assets	2013	2012
Investments (at fair value)	\$ 71,342,483	62,811,923
Receivables:		
Participant contributions	180,456	342,868
Employer contributions	129,115	268,024
Other receivable	19,764	36,148
Notes receivable from participants	2,029,133	2,107,235
Total receivables	2,358,468	2,754,275
Total assets	73,700,951	65,566,198
Liabilities		
Excess contributions payable:		
Due to participants	139,226	152,120
Total liabilities	139,226	152,120
Net assets available for benefits	\$ 73,561,725	65,414,078

ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2013

Additions to net assets:	
Net appreciation in fair value of investments	\$ 7,631,772
Interest and dividend income - investments	2,051,811
Interest income - notes receivable from participants	<u>79,350</u>
Net investment income	9,762,933
Contributions:	
Employer	2,230,909
Participant	6,101,269
Rollovers	<u>521,126</u>
Total contributions	<u>8,853,304</u>
Total additions	18,616,237
Deductions from net assets:	
Benefits paid to participants	7,461,172
Administrative expenses	<u>712,689</u>
Total deductions	<u>8,173,861</u>
Net increase	10,442,376
Transfers in	5,802,288
Transfers out	(8,097,017)
Net assets available for benefits:	
Beginning of year	<u>65,414,078</u>
End of year	<u><u>\$ 73,561,725</u></u>

ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN

Notes to Financial Statements

December 31, 2013 and 2012

(1) **Description of Plan**

The following description of Accord Human Resources Retirement Savings Plan (Plan) is provided for general information purposes only. Participants should refer to the Plan documents for more complete information.

(a) **General**

The Accord Human Resources Retirement Savings Plan (Plan) was established January 1, 1998 and is sponsored by TriNet HR Corporation (the Company). The Plan is a defined contribution, multiple employer plan that is designed to provide an opportunity for worksite employees covered under the Plan to participate in a deferral of compensation arrangement pursuant to section 401(k) of the Internal Revenue Code.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

(b) **Contributions**

An employee is eligible to participate in the Plan after the employee has completed 1,000 hours of service per year and are age 21 or older. Each worksite employee may have varying eligibility requirements.

Each year, participants may elect to contribute up to 100% of their compensation, as defined by the Plan, not to exceed \$17,500 in 2013. As allowed by the IRS, the limit on catch-up elective deferrals for participants age 50 and over was an additional \$5,500 for the 2013 plan year.

The employers provide matching contributions and additional profit sharing contributions which are at the discretion of the employers.

(c) **Participant Accounts**

Each participant's account is credited with the participant's contributions, the matching contribution, an allocation of worksite employer's additional discretionary profit sharing contribution, if any, and Plan earnings. Each participant's account is charged with Plan earnings and administrative expenses, if any. 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.

ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(1) Description of Plan - Continued

(d) Vesting

Participants are immediately vested in their contributions and the earnings thereon. Participants are 100% vested in employer contributions and the actual allocated earnings thereon when the participant attains normal retirement age as defined by the Plan. Although vesting may vary by worksite employer, prior to normal retirement age, vesting for all participants generally occurs under the following schedule:

<u>Year of Service</u>	<u>Vested Percentage</u>
Less than 2 years	0%
2 years, but less than 3 years	20%
3 years, but less than 4 years	40%
4 years, but less than 5 years	60%
5 years, but less than 6 years	80%
6 years or more	100%

Vesting in worksite employer's discretionary matching and discretionary profit sharing contributions plus actual earnings are 100% vested upon normal retirement age (59 ½), death, or disability.

(e) Investment Options

The Plan permits participants to direct the investment of their elective deferrals and contributions from worksite employers into various investments offered by the Plan.

(f) Notes Receivable from Participants

Participants may borrow from their accounts an amount not less than \$1,000 and a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at a current rate of interest when made (2.25% - 9.25%) for the period ending December 31, 2013. Loan terms typically require repayment within five years; however, longer repayment terms can be approved if the loan is for the purpose of a primary residence. Principal and interest are paid through payroll deductions.

(g) Payment of Benefits

Distribution of a participant's account in an amount equal to the participant's vested interest in their own account may be made upon termination of service, death, disability or retirement. Benefits attributable to the deferral contribution account may also be distribution upon hardship, as defined by the Plan. If the vested account balance does not exceed \$5,000, the Plan will automatically distribute that portion to the participant balance in a lump sum as soon as administratively feasible after termination of employment.

ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(1) Description of Plan - Continued

(g) Payment of Benefits - Continued

In the event of a mandatory distribution greater than \$1,000, in accordance with provisions of the Plan, if the participant does not elect to have such distribution paid directly to an eligible retirement plan specified by the participant in a direct rollover or to receive the distribution directly in accordance with the provisions of the Plan, then the plan administrator will pay the distribution in a direct rollover to an individual retirement plan designated by the plan administrator. In all other circumstances, the Plan will commence distribution to the participant at the time the participant elected to commence distribution. The distribution may be delayed until the end of the plan year in which the latest of these three events occurs: (1) attainment of normal retirement age; (2) attainment of age 62; or (3) termination of employment, but in no case shall distribution be later than April 1st following the year in which the participant attains age 70 ½ or retires, whichever is later.

(h) Forfeitures

Upon termination of a participant's employment, the non-vested portion of their employer's contributions may be used to reduce future employer contributions or pay plan expenses. Forfeited non-vested accounts available totaled approximately \$124,000 and \$90,000 as of December 31, 2013 and 2012, respectively. Forfeited non-vested accounts used to reduce employer matching contributions were approximately \$52,000 for the year ended December 31, 2013.

(2) Summary of Significant Accounting Policies

(a) Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting and present the net assets available for benefits and changes in net assets available for benefits in accordance with accounting principles generally accepted in the United States of America.

(b) 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 the related changes therein. Actual results could differ from those estimates.

(c) Investment Valuation and Income Recognition

Investments in mutual funds are stated at fair value as determined by quoted market prices from active markets, which represents the net asset value of shares held by the Plan at year end.

ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(2) **Summary of Significant Accounting Policies - Continued**

(c) **Investment Valuation and Income Recognition - Continued**

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. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held, during the year.

(d) **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 agreement.

(e) **Administrative Expense**

Certain administrative expenses not paid by the Plan are paid by the Plan Sponsor. Management fees and account administrative expenses are paid by the participants. Administrative expenses incurred for the year ended December 31, 2013 were \$712,689 including \$56,715 paid to the plan sponsor for administration duties.

(f) **Risks and Uncertainties**

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

(3) **Certification of Plan Investments (Unaudited)**

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Mid Atlantic Trust Company, the trustee of the Plan, has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments at fair value as shown in the Statements of Net Assets Available for Benefits as of December 31, 2013 and 2012;
- Net investment income, excluding interest income on notes receivable from participants, as shown in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2013;
- The Schedule of Assets (Held at End of Year), excluding participant loans, as shown in the supplemental schedule.

ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(3) **Certification of Plan Investments (Unaudited) - Continued**

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

(4) **Investments**

Investments which individually comprise greater than 5% of net assets available for Plan benefits are as follows at December 31, 2013 and 2012:

	<u>2013</u>	<u>2012</u>
MFS Utilities Fund Class A	\$ 10,060,178	7,053,078
Vanguard Money Market Prime	8,551,920	7,609,993
Vanguard Total Stock Market Index Signal	14,545,871	12,274,442
Vanguard Short-Term Federal Admiral	7,722,049	6,056,845

(5) **Plan Administration**

Pursuant to agreements with Accord, Slavic Integrated Administration, Inc. (Slavic) provides administrative and record keeping services to the Plan, and Mid Atlantic Trust Company is the trustee and provides investment management services to the Plan.

(6) **Plan Termination**

Although it has not expressed any intent to do so, the Plan Sponsor 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.

(7) **Income Tax Status**

The Plan obtained its latest determination letter dated January 7, 2009, in which the Internal Revenue Service stated that the plan, as then designed, was qualified under Section 401(a) of the Code, and therefore, the related trust is exempt from taxation under Section 501(a) of the Code. The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(7) **Income 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 (or asset) if the Plan has taken an uncertain tax 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 of December 31, 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2010.

(8) **Parties-in-Interest**

Certain plan investments are executed by SMFMC, which is related to Slavic, the record keeper and contract administrator, as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions as defined in Section 3(14) of ERISA; they are, however, expressly exempted from the prohibited transaction rules. Participant loan transactions are also considered to be party-in-interest transactions, because they are transacted with Plan participants.

(9) **Fair Value Measurements**

FASB Accounting Standards Codification Topic 820, *Fair Value Measurements and Disclosures* (ASC Topic 820), establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC Topic 820 are described below:

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

Level 2: Inputs to the valuation methodology include:

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

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(9) Fair Value Measurements - Continued

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

The following is a description of the valuation methodologies used for assets measured at fair value.

Mutual Funds and Money Markets

These investments are valued at the net asset value (NAV) of shares held by the Plan.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013:

Description	Assets Measured at Fair Value at December 31, 2013	Fair Value Measurements at Reporting Date Using		
		Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money market fund	\$ 8,555,218	8,555,218	-	-
Mutual funds:				
Foreign Large Blend	3,862,218	3,862,218	-	-
High Yield Bond	779,167	779,167	-	-
Intermediate Term Bond	1,418,067	1,418,067	-	-
Large Blend	20,163,396	20,163,396	-	-
Large Growth	3,837,183	3,837,183	-	-
Large Value	13,500,554	13,500,554	-	-
Mid Cap Growth	2,037,354	2,037,354	-	-
Small Blend	232,593	232,593	-	-
Small Growth	1,268,954	1,268,954	-	-
Small Value	193,057	193,057	-	-
Mid Blend	4,462,255	4,462,255	-	-
Inflation Protected Bond	2,936,484	2,936,484	-	-
Mid Cap Value	373,934	373,934	-	-
Short-Term Bond	7,722,049	7,722,049	-	-
	<u>\$ 71,342,483</u>	<u>71,342,483</u>	<u>-</u>	<u>-</u>

ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(9) Fair Value Measurements - Continued

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2012:

<u>Description</u>	<u>Assets Measured at Fair Value at December 31, 2012</u>	<u>Fair Value Measurements at Reporting Date Using</u>		
		<u>Quoted Prices in Active Markets (Level 1)</u>	<u>Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
Money market fund	\$ 7,657,592	7,657,592	-	-
Mutual funds:				
Foreign Large Blend	3,756,460	3,756,460	-	-
High Yield Bond	686,765	686,765	-	-
Intermediate Term Bond	1,676,397	1,676,397	-	-
Large Blend	16,806,275	16,806,275	-	-
Large Growth	2,883,102	2,883,102	-	-
Large Value	9,676,873	9,676,873	-	-
Mid Cap Growth	1,758,386	1,758,386	-	-
Small Blend	74,951	74,951	-	-
Small Growth	984,845	984,845	-	-
Small Value	119,526	119,526	-	-
Mid Blend	4,327,348	4,327,348	-	-
Inflation Protected Bond	3,255,543	3,255,543	-	-
Mid Cap Value	114,267	114,267	-	-
Short-Term Bond	9,033,593	9,033,593	-	-
	<u>\$ 62,811,923</u>	<u>62,811,923</u>	<u>-</u>	<u>-</u>

(10) Reconciliation to Form 5500

The following is a reconciliation of net assets available for benefits per the accompanying financial statements to Form 5500 as of December 31, 2013:

	<u>2013</u>	<u>2012</u>
Net assets available for benefits per the financial statements	\$ 73,561,725	65,414,078
Plus: excess participant contributions not reported on Form 5500	<u>139,226</u>	<u>152,120</u>
Net assets available for benefits per Schedule H of Form 5500	<u>\$ 73,700,951</u>	<u>65,566,198</u>

ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(10) Reconciliation to Form 5500 - Continued

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements for the year ended December 31, 2013 to net income on Form 5500:

Net increase in net assets available for benefits per the financial statements	\$ 10,442,376
Plus: excess participant contributions payable at December 31, 2013	139,226
Less: excess participant contributions payable at December 31, 2012	<u>(152,120)</u>
Net income per Schedule H of Form 5500	\$ <u><u>10,429,482</u></u>

(11) Subsequent Events

The Plan's management has evaluated events and transactions for potential recognition or disclosure in the financial statements through August 12, 2014, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN

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

Employer Identification Number (EIN): 43-1304650
Plan Number: 335

December 31, 2013

(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		(e) Current Value
*	Vanguard Money Market Prime	Money Market Fund	\$	8,551,920
	Federated Prime Obligation Fund	Money Market Fund		3,298
	American Century Mid Cap Value	Mutual Fund		369,049
	American Funds Capital World G & I R6	Mutual Fund		1,148,892
	American Funds EuroPacific R6	Mutual Fund		3,141,080
	American Funds High Income Fund R4	Mutual Fund		84,528
	American Funds Income Fund of America R4	Mutual Fund		58,754
	American Funds New Perspective R6	Mutual Fund		764,306
	American Funds Small Cap World R4	Mutual Fund		11,934
	American Funds Washington Mutual Fund R6	Mutual Fund		119,981
	BlackRock Health Sciences Svc	Mutual Fund		981,555
	DFA Emerging Markets Core Equity	Mutual Fund		224,456
	Dreyfus Appreciation	Mutual Fund		99,432
	Dreyfus MidCap Fund Class I	Mutual Fund		68,798
	DWS Technology Fund Class A	Mutual Fund		119,995
	Federated Mid-Cap Index Fund Service	Mutual Fund		91,850
	Franklin Gold and Precious Metals	Mutual Fund		359,217
*	MFS Utilities Fund Class A	Mutual Fund		10,060,178
	MFS Value Fund Class A	Mutual Fund		1,027,694
	Nationwide Ziegler NYSE Arca Tech 100 Index Fund Class A	Mutual Fund		366,609
	Oppenheimer Small & Mid Cap Value	Mutual Fund		4,885
	SSgA S&P Fund Institutional Class Index 500	Mutual Fund		1,931,361
	T Rowe Price Mid Cap Growth	Mutual Fund		1,597,406
	T. Rowe Price Dividend Growth	Mutual Fund		1,061,677
	T. Rowe Price New American Growth	Mutual Fund		1,604,718
	T. Rowe Price New Era	Mutual Fund		743,795
	Vanguard Energy Fund Admiral Shares	Mutual Fund		2,159,979
	Vanguard European Stock Index Signal	Mutual Fund		378,831
	Vanguard High Yield Corporate Fund	Mutual Fund		694,639
	Vanguard Fund Investor Share Index 500	Mutual Fund		29,081
	Vanguard Inflation Protected Secs	Mutual Fund		2,936,484
	Vanguard Int-Term Bond Index Signal	Mutual Fund		771,667
	Vanguard REIT Index Signal Shares	Mutual Fund		2,786,863
*	Vanguard Short-Term Federal Fund Admiral Shares	Mutual Fund		7,722,049
	Vanguard Small Capitalization Growth Index Fund Investor Shares	Mutual Fund		1,268,954
	Vanguard Small Capitalization Value Index Fund Investor Shares	Mutual Fund		193,057
	Vanguard Small Cap Index Fund Signal Shares	Mutual Fund		222,720
	Vanguard Mid-Cap Index Fund Signal Shares	Mutual Fund		1,583,542
	Vanguard Total Bond Market Index Signal	Mutual Fund		646,400
	Vanguard Total Int'l Stock Index Signal	Mutual Fund		721,137
*	Vanguard Total Stock Market Index Signal Shares	Mutual Fund		14,545,871
	Vanguard Wellington Fund Investor	Mutual Fund		24,454
	Vanguard Windsor II	Mutual Fund		49,514
	Wells Fargo Advantage Intrinsic Small Cap Value	Mutual Fund		9,873
	Total investments			71,342,483
*	Participant loans	2.25% - 9.25%		2,029,133
	Total Assets (Held at End of Year)		\$	73,371,616

* Party-in-interest

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

ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN:

PLAN NO: 335

EIN #: 48-1304650

(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	ACMVX - American Century Mid Cap Value		369,046
	American Funds	RERGX - American Funds EuroPacific R6		3,140,837
	American Funds	RGAEX - American Growth Fund Of America CI R4		-
	American Funds	RGAGX - American Funds Growth Fund of America R6		-
	American Funds	RIDEX - American Funds Income Fund of America R4		58,754
	American Funds	RITEX - American Funds High Income Fund R4		84,528
	American Funds	RNPGX - American Funds New Perspective R6		764,306
	American Funds	RSLEX - American Funds Small Cap World R4		11,933
	American Funds	RWIEX - American Captial World Growth & Inc R4		-
	American Funds	RWIGX - American Funds Capital World G & I R6		1,148,890
	American Funds	RWMEX - American Funds Washington Mutual Fund R4		-
	American Funds	RWMGX - American Funds Washington Mutual R6		119,981
	BlackRock	SHISX - BlackRock Health Sciences Svc		981,555
	Bridgeway	BRSIX - Bridgeway Ultra-Small Company Mkt		-
	DFA	DFCEX - DFA Emerging Markets Core Equity		224,456
	Dreyfus	DGAGX - Dreyfus Appreciation		99,431
	Dreyfus	DPSRX - Dreyfus Structured Mid Cap Fund CI I		68,797
	Dreyfus	DSORX - Dreyfus Premier S&P Stars Opportunity		-
	Federated	FMDCX - Federated Mid Cap		91,850
	Federated	POIXX - Federated Prime Obligation Fund		3,298
	Fidelity	FAIDX - Fidelity Advisor Int'l Discovery A		-
	Fidelity	FDAXX - Fidelity Daily Money Mkt		-
	Fidelity	FDVAX - Fidelity Advisor Diversified Int'l A		0
	Fidelity	FMCDX - Fidelity Advisor Midcap		-
	Franklin/Templeton	FKRCX - Franklin Gold and Precious Metals		359,217
	Gabelli Funds/SSga	SVSPX - SSga S&P Index 500		1,931,361
	John Hancock	PZFBX - Hancock Classic Value A		-
	Kemper Multi-Fund	KTCAX - DWS Technology A		119,996
	Kemper Multi-Fund	SUHAX - DWS Health Care		0
	MFS	MEIAX - MFS Value		1,027,694
	MFS	MMUFX - MFS Utilities A		10,060,177
	Nationwide	NWJCX - Nationwide Ziegler NYSE Arca Tech 100 In		366,608
	Neuberger & Berman	NBPBX - Neuberger Berman Large Cap Value		-
	Oppenheimer Funds	OPGVX - Oppenheimer Limited-Term Govt A		-
	Oppenheimer Funds	OPPAX - Oppenheimer Global Fund A		-
	Oppenheimer Funds	QVSCX - Oppenheimer Small & Mid Cap Value		4,886
	T Rowe Price	PRASX - T_ Rowe Price New Asia		-
	T Rowe Price	PRDGX - T_ Rowe Price Dividend Growth		1,061,675
	T Rowe Price	PRNEX - T_ Rowe Price New Era		743,795
	T Rowe Price	PRWAX - T_ Rowe Price New American Growth		1,604,718

(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
	T Rowe Price	RPMGX - T Rowe Price Mid Cap Growth		1,597,406
	TCW Galileo	TGVOX - TCW Galileo Value Opportunities I		-
	Third Avenue	TAVFX - Third Avenue Value		-
	Vanguard	VAIPX - Vanguard Inflation Protected Securities		2,936,425
	Vanguard	VBIIIX - Vanguard Intermediate-Term Bond Index		0
	Vanguard	VBMTX - Vanguard Total Bond Index		-
	Vanguard	VBSSX - Vanguard Short-Term Bond Index Signal		-
	Vanguard	VBTSX - Vanguard Total Bond Market Index Signal		646,400
	Vanguard	VESSX - Vanguard European Stock Index Signal		378,832
	Vanguard	VEURX - Vanguard European Index		0
	Vanguard	VFINX - Vanguard Index 500		29,082
	Vanguard	VGELX - Vanguard Energy Admiral		2,159,979
	Vanguard	VGEXX - Vanguard Energy		-
	Vanguard	VGHCX - Vanguard Health Care		-
	Vanguard	VGRSX - Vanguard REIT Index Signal		2,786,863
	Vanguard	VGSIX - Vanguard REIT Index		-
	Vanguard	VGTSX - Vanguard Total Intl Stock Index Fund		0
	Vanguard	VIBSX - Vanguard Int-Term Bond Index Signal		771,667
	Vanguard	VIMSX - Vanguard Mid Cap Index		-
	Vanguard	VIPSX - Vanguard Inflation Protected Secs		-
	Vanguard	VISGX - Vanguard Small Cap Growth Index		1,268,802
	Vanguard	VISVX - Vanguard Small Cap Value Index		193,057
	Vanguard	VMISX - Vanguard Mid Cap Index Signal		1,583,418
	Vanguard	VMMXX - Vanguard Money Market Prime		8,551,921
	Vanguard	VSEQX - Vanguard Strategic Equity		-
	Vanguard	VSGBX - Vanguard Short-Term Fed		-
	Vanguard	VSGDX - Vanguard Short-Term Federal Admiral		7,722,049
	Vanguard	VSISX - Vanguard Small Cap Index Signal		222,720
	Vanguard	VTSGX - Vanguard Total Int'l Stock Index Signal		720,996
	Vanguard	VTSMX - Vanguard Total Stock Market Index		-
	Vanguard	VTSSX - Vanguard Total Stock Market Index Signal		14,546,651
	Vanguard	VWEHX - Vanguard High Yield Corporate Bond		694,582
	Vanguard	VWELX - Vanguard Wellington		24,454
	Vanguard	VWNFX - Vanguard Windsor II		49,514
	Wells Fargo	SCOVX - Wells Fargo Intrinsic Small Cap Value		9,873
	Participant Loan	2.25% to 6.00%		2,029,133

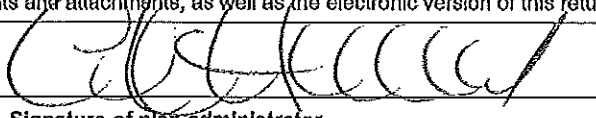
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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 2013 This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2013 or fiscal plan year beginning		01/01/2013	and ending
		12/31/2013	
A This return/report is for:	☐ a multiemployer plan; ☐ a single-employer plan;	☒ a multiple-employer plan; or ☐ a DFE (specify) _____	
B This return/report is:	☐ the first return/report; ☐ an amended return/report;	☐ the final 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; ☐ special extension (enter description)	☐ automatic extension;	☐ the DFVC program;

Part II Basic Plan Information—enter all requested information			
1a Name of plan	Accord Human Resources Retirement Savings Plan		
	1b Three-digit plan number (PN) ▶	335	
	1c Effective date of plan	01/01/1998	
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)	2b Employer Identification Number (EIN)		
Trinet HR Corporation	43-1304650		
	2c Sponsor's telephone number	(510) 352-5000	
1100 San Leandro Blvd.	2d Business code (see instructions)	561300	
San Leandro	CA 94577		

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		9/4/2014	
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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