

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>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.	10/15/2014	BARBARA DRAMES
	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	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 3583
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 2300
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 655
d Subtotal. Add lines 6a , 6b , and 6c	6d 2955
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 0
f Total. Add lines 6d and 6e	6f 2955
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 1471
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 7
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
		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 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	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	383807	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	54502	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	15890	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	8040	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name: RIVERO, GORDIMER & COMPANY, P.A.	b EIN: 59-3040705
c Position: AUDITOR	
d Address: ONE TAMPA CITY CENTER SUITE 2600 201 N. FRANKLIN STREET TAMPA, FL 33602-5185	e Telephone: 813-875-7774

Explanation: TO UTILIZE PLAN SPONSOR'S 401(K) AUDITOR.

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
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>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	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)	383097	261239
	(2) Participant contributions	1b(2)	120712	106901
	(3) Other	1b(3)	16474	34663
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)	1287922	1090063
	(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)	49238287	49061636
	(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	51046492	50554502

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	249523	278478
k Total liabilities (add all amounts in lines 1g through 1j)	1k	249523	278478

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	50796969	50276024
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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)	1327067	
(B) Participants	2a(1)(B)	4792829	
(C) Others (including rollovers)	2a(1)(C)	295061	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		6414957

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)	39252	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		39252

(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)	1499724	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1499724

(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)		5597597
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		13551530

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	5198656	
(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)		5198656
f Corrective distributions (see instructions).....	2f		286883
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	23930	
(2) Contract administrator fees.....	2i(2)	386307	
(3) Investment advisory and management fees.....	2i(3)	54502	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		464739
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5950278

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		7601252
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		8122197

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 PC**

(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		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)	5b(2) EIN(s)	5b(3) PN(s)
CLARIS LAW LLC 401(K) P/S PLAN	20-3764530	001
SWBC PROFESSIONAL EMPLOYER SERVICES PREMIER SYSTEMS, INC. PLAN	27-3708085	333
PREMIER SYSTEMS, INC. PLAN	75-2593460	001
TRINET 401(K) PLAN	33-0326596	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
-------------------------	-----------------------

	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)
INSPIRITY 401K PLAN	76-0178498	001
NORTHSIDE SELI PROVISIONS, INC. SAFE HARBOR	20-4986662	001
KYRIBA 401(K) PLAN	46-0899474	001
TRINET 401(K) 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

	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)
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001
UNITED LANDMARK ASSOCIATES, INC. PROFIT SHARING PLAN	59-3159293	002
STRATEGIC OUTSOURCING, INC. MULTIPLE EMPLOYER 401 (K) PLAN	56-1952356	002
RAINCROSS MEDICAL GROUP, INC. RETIREMENT SAVINGS PLAN	33-0653594	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)
EEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN	74-2884279	333

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

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
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
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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.
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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): _____

ADVANTEC RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS

Years Ended December 31, 2013 and 2012



Mayer Hoffman McCann P.C.

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Trustees
Advantec Retirement Savings Plan

Report on the Financial Statements

We have audited the accompanying financial statements of the Advantec Retirement Savings Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2013 and the related statement of changes in net assets available for benefits for the year then ended, 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.

Auditors' Responsibility

Our responsibility is to express an opinion on the 2013 financial statements based on our audit. We conducted our audit 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, 2013 and the changes in net assets available for benefits for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter

The financial statements of the Plan as of December 31, 2012 were audited by other auditors whose report dated September 25, 2013 expressed an unmodified opinion on those statements.

Report on Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the 2013 financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2013 is presented for the purpose of additional analysis and is not a required part of the financial statements, but is 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 2013 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2013 financial statements or to the 2013 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.

Mayer Hoffman McCann P.C.

Boca Raton, Florida
October 15, 2014

ADVANTEC RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
<u>ASSETS</u>		
Investments at fair value	\$ 49,061,636	\$ 49,238,287
Receivables:		
Employer contributions	261,239	383,097
Participant contributions	106,901	120,712
Notes receivable from participants	1,090,063	1,287,922
Other	34,663	16,474
	<u>1,492,866</u>	<u>1,808,205</u>
 TOTAL ASSETS	 50,554,502	 51,046,492
<u>LIABILITIES</u>		
Excess contributions refundable	<u>278,478</u>	<u>249,523</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 50,276,024</u>	 <u>\$ 50,796,969</u>

See Notes to Financial Statements

ADVANTEC RETIREMENT SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
ADDITIONS		
Investment income:		
Net appreciation in fair value of investments	\$ 5,597,597	\$ 4,974,118
Dividends	1,499,724	1,209,809
	<u>7,097,321</u>	<u>6,183,927</u>
Interest income on notes receivable from participants	<u>39,252</u>	<u>54,177</u>
Contributions:		
Employer	1,327,067	1,715,105
Participant	4,792,829	5,471,950
Rollover	295,061	184,815
	<u>6,414,957</u>	<u>7,371,870</u>
TOTAL ADDITIONS	<u>13,551,530</u>	<u>13,609,974</u>
DEDUCTIONS		
Benefits paid to participants	5,485,539	5,614,580
Administrative expenses	464,739	602,350
TOTAL DEDUCTIONS	<u>5,950,278</u>	<u>6,216,930</u>
NET INCREASE BEFORE PLAN TRANSFERS	7,601,252	7,393,044
Transfers in from other plans	-	168,715
Transfers out to other plans	<u>(8,122,197)</u>	<u>(25,713,236)</u>
NET (DECREASE) AFTER PLAN TRANSFERS	(520,945)	(18,151,477)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>50,796,969</u>	<u>68,948,446</u>
End of year	<u>\$ 50,276,024</u>	<u>\$ 50,796,969</u>

See Notes to Financial Statements

ADVANTEC RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(1) Description of plan

The following description of the Advantec Retirement Savings Plan (the "Plan") provides only general information. Participants should refer to the plan document or summary plan description, both of which are available from the plan administrator, for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan sponsored by Advantec, an Oasis Outsource Holdings, Inc. company (collectively, the "Company"), a professional employer organization ("PEO"). A PEO provides a comprehensive, bundled outsourcing solution, including payroll, human resources, benefits, and workers' compensation to its clients. To reflect the co-employment relationship among the Company, its adopting affiliated companies, if any, and the other employers and employees, the Company deemed it advisable and in the best interests of the employees that the Plan qualify as a multiple employer plan. Employers in a multiple employer plan may have different benefit formulas for their participating employees. Accordingly, each adopting employer executes an adoption agreement with terms and conditions specific to such employer. Eligible employees of the Company and its adopting affiliated companies and other employers may enter the Plan on the next entry date coinciding with or following the date on which those employees meet the eligibility requirements as outlined within their respective employer adoption agreements. Entry dates are the first day of each quarter of the calendar year.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The plan administrator has overall responsibility for the operation and administration of the Plan.

Plan administration - Effective January 1, 2013, the plan document was amended and restated to comply with Internal Revenue Code (the "Code") requirements. There were no significant changes to participant benefits under the Plan as a result of this process.

Contributions - Participants may make contributions from their pretax annual compensation, as defined in the plan document, and/or Roth 401(k) deferrals to the Plan. If elected by the participating employer, the Plan allows for automatic deferrals of employees' eligible compensation upon reaching eligibility for participation in the Plan, unless the employee affirmatively elects not to contribute or to contribute a different percentage of his or her compensation. Participant contributions may not exceed annual limitations specified in the Code. Participant contributions are recorded in the year in which the employer makes payroll deductions from the participants' earnings. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Additionally, participants age 50 or older, who are making contributions to the Plan, are allowed to make catch-up contributions, as defined in the plan document. Participants direct the investment of all contributions into various investment options offered by the Plan.

ADVANTEC RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(1) Description of plan (continued)

Contributions (continued)

Each participating employer may elect whether or not to make discretionary matching contributions and/or safe harbor or other non-elective contributions to the Plan, and the manner in which such contributions are to be made. Employer contributions aggregated \$1,327,067 and \$1,715,105 applicable to the years ended December 31, 2013 and 2012, respectively. Employer contributions are invested in funds in accordance with the participant's direction and the Plan's provisions, and are subject to certain limitations prescribed by the Code.

Participant investment account options - The Plan currently offers various mutual funds and money market funds as investment options for participants.

Participant accounts - Each participant's account is credited with the participant's contributions, and allocations of (a) the respective employer's contributions, if any, and, (b) plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined in the plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are immediately vested in their own contributions, plus actual earnings thereon. Participants may also immediately vest in certain non-elective and safe harbor contributions made by their employer, plus actual earnings thereon, if specified in the employer's adoption agreement with the Plan. Participants become vested in their employer's discretionary matching contributions in accordance with the vesting schedule specified in each employer's adoption agreement. Participants must be fully vested in all employer contributions after six years of service.

Forfeited accounts - Forfeited nonvested accounts may be used to reduce future employer contributions and/or to pay the Plan's expenses. Forfeited nonvested accounts at December 31, 2013 and 2012, and forfeitures applied for these purposes during the years then ended were not significant.

Notes receivable from participants - Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The notes are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the plan administrator. Principal and interest are paid ratably through payroll deductions. All notes have a definite repayment period not to exceed five years, unless the note is for the purchase of a primary residence, in which case the repayment period may extend to fifteen years. Participants may not have more than one note outstanding at any time.

ADVANTEC RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(1) Description of plan (continued)

Payment of benefits - On termination of service due to death, disability, or retirement, severance of employment, or qualifying under certain "hardship" rules, as prescribed by the Internal Revenue Service ("IRS"), a participant may elect to receive a distribution from the Plan in an amount equal to the value of the participant's vested interest in his or her account. Distributions are made in the form of one lump sum payment. Participants may elect to have their benefit payment distributed as a rollover into another qualified retirement plan. Additionally, there are provisions in the plan document to allow for in-service withdrawals in compliance with the Code.

(2) Summary of significant accounting policies

Basis of accounting - The financial statements of the Plan are prepared under the accrual method of accounting.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statements of net assets available for benefits presents fair value of the investment contracts as well as the adjustment of fully benefit-responsive investment contracts from fair value to contract value, if applicable. The statements of changes in net assets available for benefits are prepared on the contract value basis.

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 certain reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment valuation and income recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussions of fair value measurements.

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

Notes receivable from participants - Notes receivable from participants are measured at their unpaid principal balance plus accrued but unpaid interest. Interest income on notes receivable from participants is recorded on the accrual basis. If a participant ceases to make note repayments and the plan administrator deems the note to be in default, the remaining note balance is reduced and a benefit payment is recorded. No allowance for credit losses have been recorded as of December 31, 2013 and 2012.

ADVANTEC RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(2) Summary of significant accounting policies (continued)

Payment of benefits - Benefits are recorded when paid.

Administrative expenses - Certain expenses of the Plan are paid by the Company and are not included on the statements of changes in net assets available for benefits. Other Plan related expenses consisting primarily of professional fees, contract administration fees, and investment advisory and management fees, have been recorded as administrative expenses on the statements of changes in net assets available for benefits. Additionally, certain investment related expenses are included in net appreciation in fair value of investments.

Reclassifications - Certain items from the 2012 financial statements have been reclassified to conform to the 2013 presentation.

(3) Investments

The following investments represent 5% or more of the Plan's net assets:

	December 31,	
	2013	2012
Vanguard Total Stock Market Index Signal	\$ 8,225,417	\$ 7,376,359
MFS Utilities A	5,355,005	4,192,601
Vanguard Money Market Prime	5,232,100	5,192,618
Vanguard Short-Term Federal Admiral	4,570,698	5,902,897
Vanguard REIT Index Signal	*	2,565,029

* Not applicable, investment amount is below 5%.

During 2013 and 2012, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows:

	Years Ended December 31,	
	2013	2012
Mutual funds	\$ 5,597,597	\$ 4,974,118

(4) Fair value measurements

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

ADVANTEC RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(4) **Fair value measurements (continued)**

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 FASB ASC 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 quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted market prices that are observable for the asset or liability; and 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.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques 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. There have been no changes in the methodologies used at December 31, 2013 and 2012.

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

Money market funds: Represents the value at which shares of the fund may be purchased or redeemed.

The preceding methods described may produce a fair value calculation that may not be indicative of the net realizable value or reflective of future fair values. Furthermore, although the Plan's management believes that these valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

ADVANTEC RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(4) Fair value measurements (continued)

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

	Investments at Fair Value as of December 31, 2013			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Large company domestic stock	\$ 12,616,334	\$ -	\$ -	\$ 12,616,334
Speciality investment	9,499,431	-	-	9,499,431
Bond	8,132,594	-	-	8,132,594
Foreign/global company stock	4,871,606	-	-	4,871,606
Small/medium company domestic stock	4,433,782	-	-	4,433,782
Large cap blend	1,775,513	-	-	1,775,513
Large cap value	270,866	-	-	270,866
Mid cap blend	222,984	-	-	222,984
Intermediate	192,893	-	-	192,893
Large cap growth	22,872	-	-	22,872
Total mutual funds	42,038,875	-	-	42,038,875
Money market funds	7,022,761	-	-	7,022,761
Total investments at fair value	<u>\$ 49,061,636</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 49,061,636</u>

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

	Investments at Fair Value as of December 31, 2012			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Large company domestic stock	\$ 11,314,939	\$ -	\$ -	\$ 11,314,939
Bond	10,341,667	-	-	10,341,667
Speciality investment	8,822,371	-	-	8,822,371
Foreign/global company stock	5,189,537	-	-	5,189,537
Small/medium company domestic stock	4,136,997	-	-	4,136,997
Large cap blend	1,550,158	-	-	1,550,158
Mid cap blend	295,611	-	-	295,611
Intermediate	217,124	-	-	217,124
Large cap value	215,464	-	-	215,464
Large cap growth	25,399	-	-	25,399
Total mutual funds	42,109,267	-	-	42,109,267
Money market funds	7,129,020	-	-	7,129,020
Total investments at fair value	<u>\$ 49,238,287</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 49,238,287</u>

ADVANTEC RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(5) **Plan termination**

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

(6) **Tax status**

The IRS has determined and informed the Company by a letter dated September 8, 2013, that the Plan and related trust are designed in accordance with applicable sections of the Code.

Accounting principles generally accepted in the United States of America requires the Plan's 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 IRS. 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 tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods. The plan administrator believes that the Plan is no longer subject to income tax examinations for years prior to 2010.

(7) **Plan transfers**

In the normal course of business, as the Company adds employers, assets from the individual qualified plans that the added employers previously sponsored are transferred to the Plan, when administratively feasible to do so, after the new employers adopt the Plan. Likewise, as employers leave the Company and adopt different qualified plans, assets attributable to these outgoing employers are transferred out of the Plan.

During 2013 and 2012, transfers into the Plan totaled \$0 and \$168,715, respectively, and transfers out of the Plan totaled \$8,122,197 and \$25,713,236, respectively.

(8) **Risks and uncertainties**

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

ADVANTEC RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(9) **Parties-in-interest transactions**

Administrative and recordkeeping fees paid by the Plan to Slavic Integrated Administration, Inc. ("Slavic"), the Plan's third party administrator, amounted to \$383,807 and \$513,014 for the years ended December 31, 2013 and 2012, respectively. The Plan has also entered into an investment management agreement with Slavic Mutual Funds Management Corporation ("SMF") to perform investment advisory services for the Plan. Fees paid by the Plan to SMF for the years ended December 31, 2013 and 2012, amounted to \$54,502 and \$66,671, respectively. Certain other Plan related expenses, such as legal, audit, and other miscellaneous expenses are paid for by the Plan and amounted to \$26,430 and \$22,665 for the years ended December 31, 2013 and 2012, respectively. All of these expenses have been recorded as administrative expenses on the statements of changes in net assets available for benefits. Additionally, Mid Atlantic Trust Company ("Mid Atlantic") serves as the custodian of the Plan's investment assets, and therefore, Mid Atlantic is a party-in-interest to the Plan.

(10) **Plan fees**

ERISA and the Department of Labor's regulations authorize the payment from the Plan's assets for Plan related expenses including but not limited to investment management or trustee fees, recordkeeping fees, and reporting and disclosure expenses. Fees paid to Slavic from the assets of the Plan include an administration fee which is billed quarterly at a fixed amount, and an asset-based fee, which is charged pro-rata to participant accounts based upon the quantification of assets in the Plan associated with the participant's employer. Additionally, participants who select certain Slavic pre-allocated portfolios are charged an additional pro-rata administrative fee. Other fees such as account closing fee, transfer fee, loan fee, etc. are charged to participants as applicable.

(11) **Excess contributions refundable**

Certain adopting employers within the Plan failed limitation and discrimination tests in connection with participant contributions applicable to the years ended December 31, 2013 and 2012. Accordingly, the Plan has recorded excess contributions refundable in the amounts of \$278,478 and \$249,523 on the statements of net assets available for benefits at December 31, 2013 and 2012, respectively.

(12) **Subsequent events**

The Plan has evaluated subsequent events through October 15, 2014, which is the date the financial statements were available to be issued. No significant matters were identified for disclosure during this evaluation.

SUPPLEMENTAL SCHEDULE

ADVANTEC RETIREMENT SAVINGS PLAN

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

December 31, 2013

EIN: 65-0731524

Plan number: 334

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
		Mutual funds:		
Vanguard		Vanguard Total Stock Market Index Signal	(1)	\$ 8,225,417
MFS		MFS Utilities A		5,355,005
Vanguard		Vanguard Short-Term Federal Admiral		4,570,698
Vanguard		Vanguard REIT Index Signal		2,062,292
T. Rowe Price		T. Rowe Price Mid Cap Growth		1,717,540
American		American Funds Fundamental Investors R6		1,549,570
Vanguard		Vanguard Inflation Protected Services		1,499,982
American		American Funds Growth Fund of America R6		1,470,893
American		American Funds Capital World G & I R6		1,373,128
Ssga		SSgA S&P Index 500		1,370,460
American		American Funds EuroPacific R6		1,276,652
Vanguard		Vanguard Small Cap Growth Index		1,240,163
Vanguard		Vanguard Energy Admiral		1,159,349
Vanguard		Vanguard Total International Stock Index Signal		982,970
BlackRock		BlackRock Health Sciences Service		850,971
T. Rowe Price		T. Rowe Price New Era		781,261
Vanguard		Vanguard Total Bond Market Index Signal		780,884
Vanguard		Vanguard Intermediate-Term Bond Index Signal		671,602
Vanguard		Vanguard Short-Term Bond Index Signal		609,427
Fidelity		Fidelity International Discovery		591,572
Vanguard		Vanguard Mid Cap Index Signal		577,590
Third Avenue		Third Avenue Value		568,372
Vanguard		Vanguard Small Cap Index Signal		452,534
Nationwide		Nationwide Ziegler NYSE Arca Tech 100 In		446,290
American		American Funds New Perspective R6		311,534
DFA		DFA Emerging Markets Core Equity		280,861
Neuberger & Berman		Neuberger Berman Partners Adv		257,985
American Century		American Century Mid Cap Value		223,270
Columbia Management		Columbia Small Cap Value		222,684
Vanguard		Vanguard High Yield Corporate Bond		192,893
Franklin		Franklin Gold and Precious Metals		183,110
Vanguard		Vanguard European Stock Index Signal	↓	54,888

ADVANTEC RETIREMENT SAVINGS PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

December 31, 2013

EIN: 65-0731524

Plan number: 334

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
		Mutual funds (continued):		
	Gabelli	Gabelli Asset Fund	(1)	47,792
	Oppenheimer	Oppenheimer Gold & Special Minerals		24,986
	Oppenheimer	Oppenheimer MainStreet Small Cap A		14,887
	American	American Funds Washington Mutual R6		12,881
	DWS	DWS Healthcare		9,859
	Oppenheimer	Oppenheimer Global Fund A		6,728
	DWS	DWS Technology A		6,110
	T. Rowe Price	T. Rowe Price New Asia		3,611
	Fidelity	Fidelity Advisor Mid Cap		174
		Total mutual funds		42,038,875
		Money market funds:		
	Vanguard	Vanguard Money Market Prime		5,232,100
	Fidelity	Fidelity Daily Money Market		1,790,661
		Total money market funds		7,022,761
				<u>\$ 49,061,636</u>
*	Notes receivable from participants with interest rates ranging from 1.25% to 9.25% per annum with maturities through November 2028.		-	<u>\$ 1,090,063</u>

* Party-in-interest as defined by ERISA.

(1) Cost information may be omitted for Plan assets which are participant-directed.

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	ACMVX - American Century Mid Cap Value		223,270
	American Funds	REGX - American Funds EuroPacific R6		1,276,650
	American Funds	RFNEX - American Funds Fundamental Invs R4		-
	American Funds	RFNGX - American Funds Fundamental Investors R6		1,549,569
	American Funds	RGAEX - American Growth Fund Of America CI R4		-
	American Funds	RGAGX - American Funds Growth Fund of America R6		1,470,893
	American Funds	RNPEX - American Funds New Perspective		-
	American Funds	RNPGX - American Funds New Perspective R6		311,534
	American Funds	RWIEX - American Capital World Growth & Inc R4		0
	American Funds	RWIGX - American Funds Capital World G & I R6		1,373,126
	American Funds	RWMEX - American Funds Washington Mutual Fund R4		-
	American Funds	RWMGX - American Funds Washington Mutual R6		12,881
	BlackRock	SHISX - BlackRock Health Sciences Svc		850,972
	Columbia	CSCZX - Columbia Small Cap Value		222,683
	DFA	DFCEX - DFA Emerging Markets Core Equity		280,861
	Dreyfus	PGROX - Dreyfus Worldwide Growth		-
	Dreyfus	DPOAX - Dreyfus Premier S&P Stars Opportunity A		-
	Fidelity	FAIDX - Fidelity Advisor Int'l Discovery A		591,572
	Fidelity	FANAX - Fidelity Advisor Natural Resources A		0
	Fidelity	FDAXX - Fidelity Daily Money Mkt		1,790,660
	Fidelity	FMCDX - Fidelity Advisor Midcap		174
	Franklin/Templeton	FKRCX - Franklin Gold and Precious Metals		183,110
	Gabelli Funds/SSga	GABAX - Gabelli Asset Fund		47,792
	Gabelli Funds/SSga	SVSPX - SSga S&P Index 500		1,370,461
	Kemper Multi-Fund	KTCAX - DWS Technology A		6,110
	Kemper Multi-Fund	SERAX - DWS Europe Equity		-
	Kemper Multi-Fund	SUHAX - DWS Health Care		9,859
	MFS	MMUFX - MFS Utilities A		5,355,005
	Nationwide	NWJCX - Nationwide Ziegler NYSE Arca Tech 100 In		446,290
	Neuberger & Berman	NBPBX - Neuberger Berman Large Cap Value		257,985
	Oppenheimer Funds	OPGSX - Oppenheimer Gold & Special Minerals		24,986
	Oppenheimer Funds	OPMSX - Oppenheimer MainStreet Small & Mid Cap A		14,887
	Oppenheimer Funds	OPPAX - Oppenheimer Global Fund A		6,728
	T Rowe Price	PRASX - T Rowe Price New Asia		3,611
	T Rowe Price	PRNEX - T Rowe Price New Era		781,260
	T Rowe Price	RPMGX - T Rowe Price Mid Cap Growth		1,717,540
	Third Avenue	TAVFX - Third Avenue Value		568,372
	Vanguard	NAESX - Vanguard Small Cap Index		-
	Vanguard	VAIPX - Vanguard Inflation Protected Securities		1,499,983
	Vanguard	VBSSX - Vanguard Short-Term Bond Index Signal		609,427
	Vanguard	VBTSX - Vanguard Total Bond Market Index Signal		780,884
	Vanguard	VESSX - Vanguard European Stock Index Signal		54,887
	Vanguard	VEURX - Vanguard European Index		-
	Vanguard	VGELX - Vanguard Energy Admiral		1,159,348
	Vanguard	GENX - Vanguard Energy		-
	Vanguard	VGRSX - Vanguard REIT Index Signal		2,062,292
	Vanguard	VGTSX - Vanguard Total Intl Stock Index Fund		-
	Vanguard	VIBSX - Vanguard Int-Term Bond Index Signal		671,602
	Vanguard	VISGX - Vanguard Small Cap Growth Index		1,240,163
	Vanguard	VMISX - Vanguard Mid Cap Index Signal		577,590
	Vanguard	VMMXX - Vanguard Money Market Prime		5,232,104
	Vanguard	VSGDX - Vanguard Short-Term Federal Admiral		4,570,699
	Vanguard	VSISX - Vanguard Small Cap Index Signal		452,534
	Vanguard	VTSGX - Vanguard Total Int'l Stock Index Signal		982,971
	Vanguard	VTSSX - Vanguard Total Stock Market Index Signal		8,225,417
	Vanguard	VWEHX - Vanguard High Yield Corporate Bond		192,893
	Wells Fargo	STADX - Wells Fargo Ultra Short-Term Income Fund		-
	Participant Loan	4.25% to 6%		1,090,063