

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 2014 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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>2b Employer Identification Number (EIN) <u>48-1304650</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>510-352-5000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>561300</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>48-1304650</u>	2c Plan Sponsor's telephone number <u>510-352-5000</u>	2d Business code (see instructions) <u>561300</u>	
2b Employer Identification Number (EIN) <u>48-1304650</u>					
2c Plan 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.	<u>09/02/2015</u>	<u>WILLIAM PORTER</u>
	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	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 43-1304650 4c PN 335
5 Total number of participants at the beginning of the plan year	5 6190
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 5300 6a(2) 3419 6b 0 6c 990 6d 4409 6e 0 6f 4409 6g 2153 6h 1
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)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) 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
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014	
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) 48-1304650

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	554583	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	27215	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	56254	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 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</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>48-1304650</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	<u>129115</u>	<u>396557</u>
(2) Participant contributions.....	1b(2)	<u>180456</u>	<u>121891</u>
(3) Other.....	1b(3)	<u>19764</u>	<u>16151</u>
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)	<u>2029133</u>	<u>1614039</u>
(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)	<u>71342483</u>	<u>69495058</u>
(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	73700951	71643696

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	73700951	71643696
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2712844	
(B) Participants	2a(1)(B)	5902824	
(C) Others (including rollovers)	2a(1)(C)	384740	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		9000408
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)	67137	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		67137
(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)	2158742	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2158742
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		3143787
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		14370074

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	8720875	
(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)		8720875
f Corrective distributions (see instructions).....	2f		146317
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)	610837	
(3) Investment advisory and management fees.....	2i(3)	27215	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		638052
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		9505244

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		4864830
l Transfers of assets:			
(1) To this plan.....	2l(1)		2407176
(2) From this plan.....	2l(2)		9329261

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.			

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)
ALKAMI TECHNOLOGY, INC. 401(K) PLAN	45-3060776	001
CITY RESCUE MISSION RETIREMENT SAVINGS PLAN	73-0713883	002
FIRST CAPITAL GROUP 401(K) RETIREMENT SAVINGS PLAN	35-1847436	001
STRATEGIC OUTSOURCING INC. MULIPLE EMPLOYER 401(K) PLAN	56-1952356	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)
NXT, INC. RETIREMENT SAVINGS PLAN	73-1597136	001
NEXTEP 401(K) RETIREMENT SAVINGS PLAN	73-1543198	333
CENTURY EMPLOYER ORGANIZATION RETIREMENT SAVINGS PLAN	57-1186960	002
TEXOMA VETERINARY HOSPITAL 401(K) PLAN	61-1636264	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)
STAFF ONE, INC. 401(K) PLAN	73-1332214	002
ADP TOTALSOURCE RETIREMENT SAVINGS	59-2452823	001
WATERFALL MOBILE, INC. RETIREMENT TRUST	20-3351395	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

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 2014 This Form is Open to Public Inspection.
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
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) 48-1304650
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): 65-0708495		
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		
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		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2014 v. 140124		

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, 2014 and 2013
(With Independent Auditor's Report Thereon)**

ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN

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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, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, 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 audits 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, 2014 and 2013 and for the year ended December 31, 2014, that the information provided to the plan administrator by the trustee is complete and accurate.



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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, 2014, 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, appearing to read "Mary Hoffman McConn".

August 28, 2015
Clearwater, Florida

ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN**Statements of Net Assets Available for Benefits****December 31, 2014 and 2013**

Assets	2014	2013
Investments (at fair value)	\$ 69,495,058	71,342,483
Receivables:		
Participant contributions	121,891	180,456
Employer contributions	396,557	129,115
Other receivable	16,151	19,764
Notes receivable from participants	1,614,039	2,029,133
Total receivables	2,148,638	2,358,468
Total assets	71,643,696	73,700,951
Liabilities		
Excess contributions payable:		
Due to participants	103,525	139,226
Total liabilities	103,525	139,226
Net assets available for benefits	\$ 71,540,171	73,561,725

ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2014

Additions to net assets:	
Net appreciation in fair value of investments	\$ 3,143,787
Interest and dividend income - investments	2,158,742
Interest income - notes receivable from participants	<u>67,137</u>
Net investment income	5,369,666
Contributions:	
Employer	2,712,844
Participant	5,799,299
Rollovers	<u>384,740</u>
Total contributions	<u>8,896,883</u>
Total additions	14,266,549
Deductions from net assets:	
Benefits paid to participants	8,727,967
Administrative expenses	<u>638,051</u>
Total deductions	<u>9,366,018</u>
Net increase	4,900,531
Net transfers in and out of plan	(6,922,085)
Net assets available for benefits:	
Beginning of year	<u>73,561,725</u>
End of year	<u><u>\$ 71,540,171</u></u>

ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN

Notes to Financial Statements

December 31, 2014 and 2013

(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 2014. 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 2014 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 (3.25% - 6.00%) for the period ending December 31, 2014. 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 \$241,000 and \$124,000 as of December 31, 2014 and 2013, respectively. Forfeited non-vested accounts used to reduce employer matching contributions were approximately \$15,000 for the year ended December 31, 2014.

(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, 2014 were \$638,051 including \$56,254 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, 2014 and 2013;
- 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, 2014;
- The Schedule of Assets (Held at End of Year), excluding participant loans, as shown in the supplemental schedule as of December 31, 2014.

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, 2014 and 2013:

	<u>2014</u>	<u>2013</u>
MFS Utilities Fund Class A	\$ *	10,060,178
SSgA S&P 500 Index Fund Institutional Class	3,793,271	*
Vanguard Money Market Prime	*	8,551,920
Vanguard Short-Term Federal Admiral	*	7,722,049
Vanguard Target Retirement 2015 Fund	4,432,093	*
Vanguard Target Retirement 2020 Fund	7,402,531	*
Vanguard Target Retirement 2025 Fund	8,483,968	*
Vanguard Target Retirement 2030 Fund	8,784,176	*
Vanguard Target Retirement 2035 Fund	7,681,458	*
Vanguard Target Retirement 2040 Fund	4,916,689	*
Vanguard Total Stock Market Index Signal	*	14,545,871

** Investment did not represent 5% or more of the Plan's net assets available for benefits.*

(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 September 27, 2013, 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, 2014, 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 2011.

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

Participant loan transactions are considered party-in-interest transactions as defined in Section 3(14) of ERISA because they are transacted with Plan participants; they are, however, expressly exempted from the prohibited transaction rules.

(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, 2014:

<u>Description</u>	<u>Assets Measured at Fair Value at December 31, 2014</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	\$ 2,506,894	2,506,894	-	-
Mutual funds:				
Foreign Large Blend	639,731	639,731	-	-
Foreign Large Growth	79,002	79,002	-	-
High Yield Bond	789,031	789,031	-	-
Intermediate Term Bond	1,811,062	1,811,062	-	-
Large Blend	4,084,730	4,084,730	-	-
Large Growth	3,619,864	3,619,864	-	-
Large Value	1,604,496	1,604,496	-	-
Mid Cap Growth	1,545,637	1,545,637	-	-
Small Growth	381,478	381,478	-	-
Small Value	48,488	48,488	-	-
Mid Blend	1,462,657	1,462,657	-	-
Life Cycle	49,020,334	49,020,334	-	-
Mid Cap Value	408,929	408,929	-	-
Retirement Income	423,202	423,202	-	-
Real Estate	1,069,523	1,069,523	-	-
	<u>\$ 69,495,058</u>	<u>69,495,058</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, 2013:

<u>Description</u>	<u>Fair Value Measurements at Reporting Date Using</u>			
	<u>Assets Measured at Fair Value at December 31, 2013</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	\$ 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>

(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, 2014 and 2013:

	<u>2014</u>	<u>2013</u>
Net assets available for benefits per the financial statements	\$ 71,540,171	73,561,725
Plus: excess participant contributions not reported on Form 5500	<u>103,525</u>	<u>139,226</u>
Net assets available for benefits per Schedule H of Form 5500	<u>\$ 71,643,696</u>	<u>73,700,951</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 increase in net assets available for benefits per the financial statements for the year ended December 31, 2014 to net income on Form 5500:

Net increase in net assets available for benefits per the financial statements	\$ 4,900,531
Plus: excess participant contributions payable at December 31, 2014	103,525
Less: excess participant contributions payable at December 31, 2013	<u>(139,226)</u>
Net income per Schedule H of Form 5500	<u>\$ 4,864,830</u>

(11) Subsequent Events

The Plan's management has evaluated events and transactions for potential recognition or disclosure in the financial statements through August 28, 2015, 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, 2014

(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
	American Century Mid Cap Value	Mutual Fund	\$ 408,929
	American Funds New Perspective R6	Mutual Fund	1,801,770
	DFA Emerging Markets Core Equity	Mutual Fund	291,459
	Federated Prime Obligation Fund	Money Market Fund	3,298
	Fidelity Spartan International Index	Mutual Fund	639,438
	Franklin Small Cap Value	Mutual Fund	48,488
	Invesco International Growth	Mutual Fund	56,075
	Janus Triton N	Mutual Fund	67,407
	Oakmark International I	Mutual Fund	293
	PIMCO Total Return Institution	Mutual Fund	186,469
	SSgA S&P Index 500	Mutual Fund	3,793,271
	T. Rowe Price Mid Cap Growth	Mutual Fund	1,545,637
	T. Rowe Price New American Growth	Mutual Fund	1,818,094
	Thornburg International Value R5	Mutual Fund	22,927
	Vanguard High Yield Corporate Bond	Mutual Fund	789,031
	Vanguard Mid Cap Index Admiral	Mutual Fund	1,462,657
	Vanguard Money Market Prime	Money Market Fund	2,503,596
	Vanguard REIT Index Admiral	Mutual Fund	1,069,523
	Vanguard Retirement Income	Mutual Fund	423,202
	Vanguard Small Cap Index Admiral	Mutual Fund	314,071
	Vanguard Target Retirement 2010	Mutual Fund	2,192,479
	Vanguard Target Retirement 2015	Mutual Fund	4,432,093
	Vanguard Target Retirement 2020	Mutual Fund	7,402,531
	Vanguard Target Retirement 2025	Mutual Fund	8,483,968
	Vanguard Target Retirement 2030	Mutual Fund	8,784,176
	Vanguard Target Retirement 2035	Mutual Fund	7,681,458
	Vanguard Target Retirement 2040	Mutual Fund	4,916,689
	Vanguard Target Retirement 2045	Mutual Fund	2,921,194
	Vanguard Target Retirement 2050	Mutual Fund	1,760,528
	Vanguard Target Retirement 2055	Mutual Fund	445,218
	Vanguard Total Bond Market Index Admiral	Mutual Fund	1,624,593
	Vanguard Wellington Fund Investor	Mutual Fund	325,125
	Vanguard Windsor II	Mutual Fund	<u>1,279,371</u>
	Total investments		69,495,058
*	Participant loans	3.25% - 6.00%	<u>1,614,039</u>
	Total assets (Held at End of Year)		\$ <u><u>71,109,097</u></u>

* Party-in-interest

Multiple-Employer Plan Participating Employer Information

ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN: PLAN NO: 335 EIN #: 48-1304650		
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
4 Corners Construction, LLC	20-2858923	1.74%
455 Hospitality, LLC dba Doubletree Hotel	20-2060969	0.79%
A Family Loan Company's	73-1273004	0.43%
Abraham's Bonding Co.	73-1139140	0.03%
Accessories of Tampa Bay / CRS, Inc. dba ATB Industries	59-3108438	0.18%
Alkami Technologies, Inc.	45-3060776	0.03%
All American Storage of Bloomington, LLC	35-1970794	0.00%
Alternative Employer Solutions, Inc.	58-2254178	0.05%
American Business Finance, LLC	20-0406412	0.14%
Anderson & Associates Law Firm, PLLC	45-2272060	0.06%
Archer Printing	20-0693536	0.00%
Asset Plus Corporation	76-0181050	3.54%
ATB Carpet & Restoration Services, Inc.	27-4280045	0.15%
ATB Furnished Housing of South Florida	20-3545927	0.30%
Beam's Industries, Inc./The Ark Group Inc./Central Refill of	73-0743358	0.32%
Bilingual Pediatric Therapies, Inc.	27-4542289	0.03%
Biomet New York Inc. & New York Fracture & Spine Sales Consu	45-1558136	5.61%
Bright Horizon Resources LLC	35-2457934	2.61%
Broward Teachers Union AFT #1975	23-7105238	1.38%
Capitol Lift Truck, Inc.	73-1175075	0.46%
Catamount Companies, Inc. dba Benefit Plan Strategies	20-0321439	0.19%
Cemecon, Inc.	16-1559976	0.83%
Collision Clinic	73-1619773	0.21%
Connie Wolfe & Associates	47-3734633	0.19%
Contemporary Cabinets, Inc.	73-1394529	2.45%
Critical Technologies, Inc.	73-1584657	0.58%
Crossroads Roofing & Supply, Inc.	73-1575382	1.56%
Custom Closets And Cabinets	02-0533367	0.10%
Custom Components & Logistics	75-0759395	0.35%
Dealer Resources Group	59-3612732	0.79%
Disconnect, Inc	45-0661904	0.57%
Dixon Construction	73-1382260	1.16%
Downtown Oklahoma City Incorporated	73-1593759	0.88%
EMSM Holdings Inc	46-1654664	0.01%
Extensys, Inc.	61-1406539	1.34%
Ferreri Search, LLC	26-1420102	0.96%
First Capital Investment Group/River City Storage/Sentry Bio	35-1847436	0.02%
Florida Eye Associates, Inc.	59-3545202	2.61%
Flynn Construction, Inc.	74-2425422	0.28%
Garcia Tire Service, Inc.	73-0943455	0.77%
Gateway Land Services	73-1518826	0.17%
Gatski Commercial Real Estate Service/Gatski Building & Land	88-0295424	0.55%
Geier's Choice Meats, Inc.	59-2130086	0.07%
Giant Partners, LLC	26-2406913	0.20%
Graff DNZ dba City Wide Plumbing	57-2647014	0.05%
Hafif & Associates PLLC	20-3886021	0.01%
Harris-Courage & Grady, PLLC	30-0599940	0.13%
Hart's Home Services, Inc.	26-4390825	0.11%
Hayes Vending Co., Inc./Hayes Distributing Co.,Inc.	73-1057641	0.02%
Hercules Tire Sales, Inc.	07-3108009	1.50%
High Road Capital Partners	20-5960098	0.46%
Hubbell, Inc.	14-1724476	0.09%
Infotech Solutions FB, Inc.	90-0138041	0.09%
Institute for Corporate Productivity	20-8182050	1.34%
Inteck, Inc.	84-1587285	0.05%
Integrity Gaming, Inc./Integrity Gaming of Kansas/Intec/Auro	73-1530198	0.24%
Jim Rinaldo's Cabinetry Corporation	59-3073587	0.06%
Jones Brown PLLC	46-3602544	0.02%
Joseph J. Schifini MD, LTD	88-0424633	1.12%
K&P Holdings, LC	01-0777016	0.81%
Kenney & Medina, PC	58-2158686	0.14%
Kent R Corral, M.D. PL	59-3140290	0.02%
King Tires of Muskogee, Inc.	73-1309531	0.37%
Kronish Associates, Inc.	20-5040848	0.09%
Landscape Maintenance Professionals, Inc.	59-3613665	1.00%
LeaseFerret LLC	45-4232520	1.30%
Legacy Vacation Club Services, LLC	27-0296930	0.53%
Maguire-O'Hara Const. Inc.	20-4974545	0.55%
Maschino Hudelson & Associates	82-0557866	1.28%
Masterpiece Painting, Inc.	73-1369656	0.15%
McCallum Group Enterprises, Inc. dba Advantage Delivery	65-0934581	1.68%
MCO Health Plan, Inc. dba HMC of Oklahoma	73-1576368	0.03%
Metro Tulsa Foot & Ankle Specialists, PLLC	73-1510851	1.31%
Michelle L. Abrams LTD dba Abrams Probate and Planning Group	27-0047171	0.07%
Mile High Employment Solutions	36-4464379	0.07%
Miles Thomas Millwork, Inc.	73-1100795	0.34%

Multiple-Employer Plan Participating Employer Information

ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN:	PLAN NO: 335	EIN #: 48-1304650
NXT, Inc.	73-1597136	0.04%
Objectstream, Inc.	20-1242316	1.17%
Oklahoma City Metropolitan Association of Realtors, Inc.	73-0381435	0.27%
Ophthalmology Center of Brevard dba ASC of Brevard	62-1546274	0.38%
Optim Oncology Oklahoma, LLC/St Joseph's Cancer Center	20-8256168	1.08%
Overload Services, Inc.	76-0582088	0.17%
Premio Foods, Inc.	22-2237487	0.00%
Progressive Community Management, Inc.	72-1530596	0.05%
Proximo Consulting Services, Inc.	11-3391116	0.49%
Quality Appliance Service, Inc.	59-2600106	0.31%
Raster Masters, LLC	20-0068137	0.01%
Revenue Management Solutions, LLC.	20-5021739	0.07%
RIA in a Box LLC	45-3858207	1.06%
RoadRunner Drilling, LLC	26-2172399	1.02%
Roserock Well Servicing, LLC	46-3675422	0.65%
SAI Medical Center, LLC	59-3649278	0.60%
Schneider & Associates Insurance Agencies, Inc.	57-1186960	0.03%
Scout Capital Management, L.L.C.	13-4069905	3.48%
Seatbelt Planet.com, LLC	26-4299716	0.04%
Sebotek Hearing Systems, LLC / Clear-Tone Hearing Aids Labs,	73-1225760	2.52%
Service Master Clean In A Wink	48-1139883	0.21%
Service Master Lakeshore	38-3045980	0.02%
SGH Macro Advisors, LLC	45-3538110	0.62%
Shamrock Tire & Auto Service, Inc.	48-1108592	0.62%
Southern Fidelity Mortgage	88-0505956	2.53%
Stanley's Rent To Own	73-1515180	0.19%
Statewide Electric, Inc.	73-1121590	0.16%
Steiner Communities, LLC	59-1715207	0.23%
Steljes Cardiology	20-0654573	0.15%
Steve White's Texaco Services, Inc.	59-2615289	0.08%
Sun Bulb Company, Inc.	59-1677460	1.88%
Sun Labs USA, Inc.	20-5821668	0.51%
Sun Labs USA, Inc./Florida Medical Associates, LLC	59-3551516	0.46%
SureCrete Design Products, Inc.	59-3504097	0.27%
Synergy Solutions	86-0965745	0.04%
Target Graphics	65-0064589	0.16%
Telus International (U.S.) Corp.	98-0226610	8.27%
Texoma Veterinary Hospital	75-1971345	0.04%
The Brentwood Company, Inc.	59-1035928	0.78%
The Florida Marketplace of Brevard, Inc.	59-3415390	0.08%
The Foundation for Oklahoma City Public Schools	73-1222182	0.42%
The Johnston Trust	95-6941549	0.42%
The Prescription Shop	59-0574709	0.30%
The Roskamp Institute, Inc.	27-1397124	1.96%
Thomas & Mack Co.	88-0292043	2.28%
Timbuktu Management, Inc.	11-3712065	0.14%
Timothy F. Krous dba Edmond Pediatrics	45-5145518	0.83%
TRMG	02-0753657	5.47%
Troy Wesnidge, Inc.	73-0975627	0.02%
TSA Communications	61-1470945	0.38%
USA Digital Communication, LLC	73-1545784	0.05%
Vacuworx Global, LLC	45-4100788	2.18%
Versateq, LLC	73-1611590	0.92%
Vitec Service Company	22-3008797	0.88%
Waterfall Mobile, Inc.	20-3351395	0.82%
Westwind Management Group, Inc.	84-1024674	0.65%
Wilkins Media, LLC	45-5597939	0.26%
Wood Residential Services, LLC	27-1754288	1.43%
Zephyrhills Veterinary Services, Inc. dba Zephyrhills Veteri	02-0599487	0.13%

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		408,929
	American Funds	RERGX - American Funds EuroPacific R6		-
	American Funds	RIDEX - American Funds Income Fund of America R4		-
	American Funds	RITEX - American Funds High Income Fund R4		-
	American Funds	RNPGX - American Funds New Perspective R6		1,801,770
	American Funds	RSLEX - American Funds Small Cap World R4		-
	American Funds	RWIGX - American Funds Capital World G & I R6		-
	American Funds	RWMGX - American Funds Washington Mutual R6		-
	BlackRock	SHISX - BlackRock Health Sciences Svc		-
	DFA	DFCEX - DFA Emerging Markets Core Equity		291,459
	Dreyfus	DGAGX - Dreyfus Appreciation		-
	Dreyfus	DPOAX - Dreyfus Premier S&P Stars Opportunity A		-
	Dreyfus	DPSRX - Dreyfus Structured Mid Cap Fund Cl I		-
	Federated	FMDCX - Federated Mid Cap		-
	Federated	POIXX - Federated Prime Obligation Fund		3,298
	Fidelity	FDAXX - Fidelity Daily Money Mkt		-
	Fidelity	FDVAX - Fidelity Advisor Diversified Int'l A		-
	Fidelity	FSIVX - Fidelity Spartan Int'l Index		639,438
	Franklin/Templeton	FKRCX - Franklin Gold and Precious Metals		-
	Franklin/Templeton	FVADX - Franklin Small Cap Value		48,488
	Gabelli Funds/SSga	SVSPX - SSgA S&P Index 500		3,793,271
	Invesco	AIIXX - Invesco Int'l Growth		56,075
	Janus	JGMNX - Janus Triton N		67,407
	Kemper Multi-Fund	KTCAX - DEUTSCHE SCIENCE ANDTECHNOLOGY FUND-A		-
	Kemper Multi-Fund	SUHAX - DEUTSCHE HEALTH AND WELLNESS FUND-A		0
	MFS	MEIAX - MFS Value		-
	MFS	MMUFX - MFS Utilities A		-
	Nationwide	NWJCX - Nationwide Ziegler NYSE Arca Tech 100 In		-
	Oakmark	OAKIX - Oakmark Int'l I		293
	Oppenheimer Funds	OPGVX - Oppenheimer Limited-Term Govt A		-
	Oppenheimer Funds	OPPAX - Oppenheimer Global Fund A		-
	Oppenheimer Funds	QVSCX - Oppenheimer Small & Mid Cap Value		-
	PIMCO	PTTRX - PIMCO Total Return Inst		186,469
	T Rowe Price	PRDGX - T Rowe Price Dividend Growth		-
	T Rowe Price	PRNEX - T Rowe Price New Era		-
	T Rowe Price	PRWAX - T Rowe Price New American Growth		1,818,094
	T Rowe Price	RPMGX - T Rowe Price Mid Cap Growth		1,545,637
	Third Avenue	TAVFX - Third Avenue Value		-
	Thornburg	TIVRX - Thornburg Int'l Value R5		22,927
	Vanguard	VAIPX - Vanguard Inflation Protected Securities		-
	Vanguard	VBILX - Vanguard Intermediate-Term Bond Index		-
	Vanguard	VBILX - Vanguard Intermediate-Term Bond Index Ad		-
	Vanguard	VBTLX - Vanguard Total Bond Market Index Admiral		1,624,593
	Vanguard	VBTSX - Vanguard Total Bond Market Index Signal		-
	Vanguard	VESSX - Vanguard European Stock Index Signal		-
	Vanguard	VEURX - Vanguard European Index		0
	Vanguard	VEUSX - Vanguard European Stock Index Admiral		-
	Vanguard	VFFVX - Vanguard Target Retirement 2055		445,218
	Vanguard	VFIFX - Vanguard Target Retirement 2050		1,760,528
	Vanguard	VFINX - Vanguard Index 500		-
	Vanguard	VFORX - Vanguard Target Retirement 2040		4,916,689

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date rate of interest, collateral, par, or maturity value	(d) cost	(e) Current value
	Vanguard	VGELX - Vanguard Energy Admiral		-
	Vanguard	VGRSX - Vanguard REIT Index Signal		-
	Vanguard	VGSLX - Vanguard REIT Index Admiral		1,069,523
	Vanguard	VGTSX - Vanguard Total Intl Stock Index Fund		0
	Vanguard	VIBSX - Vanguard Int-Term Bond Index Signal		-
	Vanguard	VIMAX - Vanguard Mid Cap Index Admiral		1,462,657
	Vanguard	VIMSX - Vanguard Mid Cap Index		-
	Vanguard	VINAX - Vanguard Industrial Index Admiral		-
	Vanguard	VISGX - Vanguard Small Cap Growth Index		-
	Vanguard	VISVX - Vanguard Small Cap Value Index		-
	Vanguard	VMISX - Vanguard Mid Cap Index Signal		-
	Vanguard	VMMXX - Vanguard Money Market Prime		2,503,595
	Vanguard	VSEQX - Vanguard Strategic Equity		-
	Vanguard	VSGDX - Vanguard Short-Term Federal Admiral		-
	Vanguard	VSISX - Vanguard Small Cap Index Signal		-
	Vanguard	VSMAX - Vanguard Small Cap Index Admiral		314,071
	Vanguard	VTENX - Vanguard Target Retirement 2010		2,192,479
	Vanguard	VTHRX - Vanguard Target Retirement 2030		8,784,176
	Vanguard	VTIAX - Vanguard Total Int'l Stock Index Admiral		-
	Vanguard	VTINX - Vanguard Target Retirement Income		423,202
	Vanguard	VTIVX - Vanguard Target Retirement 2045		2,921,194
	Vanguard	VTSEX - Vanguard Total Stock Market Index Admiral		-
	Vanguard	VTSGX - Vanguard Total Int'l Stock Index Signal		-
	Vanguard	VTSMX - Vanguard Total Stock Market Index		-
	Vanguard	VTSSX - Vanguard Total Stock Market Index Signal		-
	Vanguard	VTTHX - Vanguard Target Retirement 2035		7,681,458
	Vanguard	VTTVX - Vanguard Target Retirement 2025		8,483,968
	Vanguard	VTWXX - Vanguard Target Retirement 2020		7,402,531
	Vanguard	VTXVX - Vanguard Target Retirement 2015		4,432,093
	Vanguard	VWEHX - Vanguard High Yield Corporate Bond		789,031
	Vanguard	VWELX - Vanguard Wellington		325,125
	Vanguard	VWNFX - Vanguard Windsor II		1,279,371
	Wells Fargo	SCOVX - Wells Fargo Intrinsic Small Cap Value		-
	Participant Loan	3.25% to 6.00%		1,614,039

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 2014 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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 Accord Human Resources Retirement Savings Plan	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) TriNet HR Corporation 1100 San Leandro Blvd. San Leandro CA 94577	2b Employer Identification Number (EIN) <u>48-1304650</u> 2c Plan 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	<u>W Porter</u>	Date	<u>9-1-15</u>	SIGN HERE	William Porter
	Signature of plan administrator				Enter name of individual signing as plan administrator
SIGN HERE		Date		SIGN HERE	
	Signature of employer/plan sponsor				Enter name of individual signing as employer or plan sponsor
SIGN HERE		Date		SIGN HERE	
	Signature of DFE				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		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 <u>Trinet HR Corporation</u>		4b EIN <u>43-1304650</u> 4c PN <u>335</u>	
5 Total number of participants at the beginning of the plan year		5	6,190
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	5,300
a(2) Total number of active participants at the end of the plan year		6a(2)	3,419
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits.....		6c	990
d Subtotal. Add lines 6a(2), 6b, and 6c.		6d	4,409
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....		6e	0
f Total. Add lines 6d and 6e.		6f	4,409
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	2,153
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	1
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)	