

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>STRATEGIC OUTSOURCING, INC. MULTIPLE EMPLOYER 401(K) 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>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2003</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/2003</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>01/01/2003</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>STRATEGIC OUTSOURCING INC</u> <u>3023 HSBC WAY</u> <u>FORT MILL, SC 29707</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>56-1952356</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>800-572-2412</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>56-1952356</u>	2c Plan Sponsor's telephone number <u>800-572-2412</u>	2d Business code (see instructions) <u>561300</u>	
2b Employer Identification Number (EIN) <u>56-1952356</u>					
2c Plan Sponsor's telephone number <u>800-572-2412</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>Filed with authorized/valid electronic signature.</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 GREGORY L. HAMMOND & WILLIAM PORTER 3023 HSBC WAY FORT MILL, SC 29707	3b Administrator's EIN 43-1304650 3c Administrator's telephone number 800-243-8489
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 23612
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) 18793 6a(2) 22816 6b 6c 3375 6d 26191 6e 6f 26191 6g 9938 6h 315
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 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) ☒ <u>1</u> 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 STRATEGIC OUTSOURCING, INC. MULTIPLE EMPLOYER 401(K) PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 STRATEGIC OUTSOURCING INC	D Employer Identification Number (EIN) 56-1952356	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

TRANSAMERICA LIFE INSURANCE CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0989781	86231	931007	9938	01/01/2014	12/31/2014

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule A (Form 5500) 2014
v. 140124

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end.....	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	244717551
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier.....	6b	
c	Premiums due but unpaid at the end of the year.....	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ STABLE VALUE OPTION		
b	Balance at the end of the previous year.....	7b	25878956
c	Additions: (1) Contributions deposited during the year.....	7c(1)	3118572
	(2) Dividends and credits	7c(2)	948
	(3) Interest credited during the year	7c(3)	340718
	(4) Transferred from separate account.....	7c(4)	6977122
	(5) Other (specify below)	7c(5)	1055343
	▶ CONV ASSETS 462167 FORF CRE 55845 LN INT 31523 LN PRIN 329759 UNALL LN REPAY 515 EBA CR 175534		
	(6) Total additions.....	7c(6)	11492703
d	Total of balance and additions (add lines 7b and 7c(6))	7d	37371659
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	7863229
	(2) Administration charge made by carrier	7e(2)	107142
	(3) Transferred to separate account.....	7e(3)	2861010
	(4) Other (specify below)	7e(4)	922349
	▶ LN ISSUED 310537 CONV ASSET OUT 85075 FORF CRD 273270 FORF W/D 109662 EBA W/D 126027		
	(5) Total deductions.....	7e(5)	11753730
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	25617929

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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 <u>STRATEGIC OUTSOURCING, INC. MULTIPLE EMPLOYER 401(K) PLAN</u>	B Three-digit plan number (PN) <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>STRATEGIC OUTSOURCING INC</u>	D Employer Identification Number (EIN) <u>56-1952356</u>

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

(b) Enter name and EIN or address of person who provided you disclosure 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)

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

(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 52 62 64 67	RECORDKEEPER	526999	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

STRATEGIC OUTSOURCING

56-1952356

(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	PLAN ADMINISTRATION	15000	Yes ☒ No ☐	Yes ☐ No ☒	395	Yes ☐ No ☐

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

MAYER HOFFMAN MCCANN

43-1947695

(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	AUDIT	26500	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)

NFP RETIREMENT INC

33-0905143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISORY- PLAN	21600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIRST CLASS PRESORT

68-0500004

(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?
99	OTHER FEES	7758	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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan 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.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>STRATEGIC OUTSOURCING, INC. MULTIPLE EMPLOYER 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>STRATEGIC OUTSOURCING INC</u>	D Employer Identification Number (EIN) <u>56-1952356</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: AEGON BALANCED RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN <u>39-0989781-119</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY HERITAGE INV

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN <u>39-0989781-040</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY INFLATION-ADJ

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN <u>39-0989781-042</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY MID CAP VALUE

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN <u>39-0989781-280</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10257478</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS FUNDAMENTAL INV

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN <u>39-0989781-009</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW PERSPECTIVE

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN <u>39-0989781-259</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6119278</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS SMALLCAP WORLD

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN <u>39-0989781-069</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: ARTISAN SMALL CAP RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-151	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EQUITY DIVIDEND RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-240	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA INTERMEDIATE BOND INV		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-398	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: DREYFUS INTERNATIONAL VALUE IN		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-446	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: EATON VANCE LARGE-CAP GROWTH R		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-374	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR EQUITY INCOME		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-185	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR SMALL CAP INV		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-445	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALL CAP VALUE RET O		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-078	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1612305
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN UTILITIES INV OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-045	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS MID-CAP OPPORTUN		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-147	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8186639

a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS TECHNOLOGY TOLLK		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-058	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO INTERNATIONAL GROWTH R		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-195	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3786873

a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS CAPITAL APPRECIATION RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-199	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS OVERSEAS RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-083	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS TRITON RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-583	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8090528

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN GOVERNMENT SECURITIES		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-158	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES BOND RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-150	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS GROWTH WITH INCOME INV OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-184	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: MORGAN STANLEY GROWTH RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-166	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11807354

a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN REAL ESTATE SECURITIES		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-075	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN SMALL CAP SELECT RET OP		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-076	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER GLOBAL RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-216	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: PERKINS SMALL CAP VALUE RET OP		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO TOTAL RETURN RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-312	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7173529
a Name of MTIA, CCT, PSA, or 103-12 IE: RIDGEWORTH LARGE CAP VALUE EQU		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-477	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12051891
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA EMERGING MARKETS INDEX RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-117	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1246467
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA INTERNATIONAL INDEX RET O		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-035	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1259376
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL SMALL CAP VALUE I		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-046	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P 500 INDEX RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-102	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8038338
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P MID CAP INDEX RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-036	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3624652

a Name of MTIA, CCT, PSA, or 103-12 IE: [SSGA U.S. BOND INDEX RET OPT](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-037	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 691609
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TEMPLETON FOREIGN RET OPT](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-143	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [THORNBURG INTERNATIONAL VALUE](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-131	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2634991
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA ASSET ALLOCATION](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-431	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA ASSET ALLOCATION](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-432	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA ASSET ALLOCATION](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-433	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA ASSET ALLOCATION](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-429	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA ASSET ALLOCATION](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-430	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA PARTNERS HIGH YIE](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-434	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA PARTNERS MID VALU](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-427	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD REIT INDEX RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-099	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1707560
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL-CAP INDEX RET O		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-107	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4443002
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 201		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-109	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4726260
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 201		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-048	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11177480
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 202		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-110	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24495876
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 202		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-049	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27205768
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 203		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-111	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26288865
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 203		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-050	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22321309
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 204		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-112	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13766419
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 204		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-051	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10099716

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 205**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-113	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4799990
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 205**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-505	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2330433
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT INC**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-047	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4773565
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a Name of MTIA, CCT, PSA, or 103-12 IE: VICTORY MUNDER MID-CAP CORE GR**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-088	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO ADVANTAGE PRECIOUS**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-276	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: WMC CORE EQUITY RET OPT**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-168	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: WMC QUALITY GROWTH EQUITY RET**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-101	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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>STRATEGIC OUTSOURCING, INC. MULTIPLE EMPLOYER 401(K) PLAN</u>		B Three-digit plan number (PN) ► <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>STRATEGIC OUTSOURCING INC</u>		D Employer Identification Number (EIN) <u>56-1952356</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)	1708390	1986296
	(2) Participant contributions.....	1b(2)	235823	327534
	(3) Other.....	1b(3)		
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)	6258999	6819941
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)	197097575	244717551
	(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)	939390	
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	28062848	25617929
	(15) Other.....	1c(15)	0	

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	234303025	279469251

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		465596
k Total liabilities (add all amounts in lines 1g through 1j)	1k		465596

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	234303025	279003655
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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)	7891948	
(B) Participants	2a(1)(B)	26195852	
(C) Others (including rollovers)	2a(1)(C)	4131566	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		38219366

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)	272530	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		272530

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

		(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)		14936885
(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)		1897
c Other income.....	2c		276560
d Total income. Add all income amounts in column (b) and enter total.....	2d		53707238

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	33070884	
(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)		33070884
f Corrective distributions (see instructions).....	2f		
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)	490916	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		490916
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		33561800

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		20145438
l Transfers of assets:			
(1) To this plan.....	2l(1)		48856150
(2) From this plan.....	2l(2)		24300958

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		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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)
SPRING FOOWEAR CORP 401K PLAN	13-3599214	002
AAAURED & ASSOCIATES 401K PLAN	20-1362431	001
DELIVER MEDIA 401K PLAN	46-2149625	001
VESTA PROPERTY SERVICES LLC 401K PL	59-3353294	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)
RESOURCE MOSAIC, INC	20-3382195	001
POPE PROPERTIES INC EMPLOYEES SAVINGS PLAN	20-8348115	001
AKANDALE EMPLOYEE SAVINGS PLAN	27-3513229	001
FUTUREPATH TRADING, LLC 401(K) PLAN	36-4419389	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.)			
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k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?.....			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☐ No Amount:

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SYCAMORE COMPANIES PLAN	45-3616332	001
MCARTHUR FARMS INC	59-0711120	001
EJG INC SAFE HARBOR 401(K) PLAN	59-3607476	001
MANGO BOTTLING INC	59-3132873	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.).....			
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4e			
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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)
LINGO INC	59-3233818	001
OASIS RETIREMENT SAVINGS PLAN	65-0731524	333
G&A PARTNERS, INC. MULTIPLE EMPLOYER 401K PLAN	76-0461926	001
EMPLOYEE BENEFIT PLAN OF NATIONAL COUNCIL ON ALCOHOLISM	86-0208873	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?.....			
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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)
TRUSTEES OF TITAN POWER INC 401K PS PLAN	86-0654622	002
ADVANCED IMAGING AND INTERVENTIONAL INSTITUTE	59-3727166	001
ARTS COUNCIL OF FORTH WORTH AND TARRANT COUNTY	75-1158515	001
BAY HARBOR HOTEL AND CONVENTION CENTER LLC	45-4783724	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			
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4e			
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4f			
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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			

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 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)
BAYPOINTE OF NAPLES CAY CONDO ASSN INC	65-0633754	001
BBI TECHNOLOGIES INC	06-1467444	001
BECARRO INTERNATIONAL COPR DBA SONDRRA ROBERTS	20-0462685	001
BEST BUY CARS LTD	84-0825656	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			
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4e			
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4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
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4n			

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 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)
CARGO DATA MANAGEMENT CORPORATION	75-2353067	001
CARR LAWSON & CANTRELL ASSOC	58-2475486	001
HYDROFARM INC	68-0044952	001
JONATHAN PENCHADBD PA	71-1953486	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?			
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g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
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j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)			
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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)
LEARNING EXPRESS LLC	13-3831435	001
MIA CONSULTING	01-0743737	001
MIAMI MAR INC.	65-1093286	333
NAMSUNG AMERICA	32-0050001	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)
ORAL SURGICAL INSTITUTE INC	62-0815783	001
RICHMARK PROPERTIES 401K PLAN	75-2278823	001
STANDING DOG LLC	01-0503561	001
SUPERIOR GLASS SERVICES INC DBA GLASS DOCTOR	58-2481003	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)
THE LAW OFFICES OF JOHN E MOORE	46-4594203	002
THE MONROE GROUP, LTD	84-0877219	001
THE VALLEY ECONOMIC ALLIANCE	95-4524503	002
USA CONSULTING INC 401K PLAN	75-2425449	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)
VITA MED MD LLC	26-2704476	333
ZEITGEIST EXPRESSIONS INC 401K PLAN	20-1275838	001
WELLNESS WATCHERS GLOBAL LLC	20-5968354	001
SCHMECHTIG LANDSCAPE COMPANY	36-2776310	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
-------------------------	-----------------------

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 STRATEGIC OUTSOURCING, INC. MULTIPLE EMPLOYER 401(K) PLAN				B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 STRATEGIC OUTSOURCING INC				D Employer Identification Number (EIN) 56-1952356	
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	0
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): 42-6362604					
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): _____

**STRATEGIC OUTSOURCING, INC.
MULTIPLE EMPLOYER 401(K) PLAN**

**Financial Statements
and
Supplemental Schedule**

**December 31, 2014 and 2013
(With Independent Auditor's Report Thereon)**

**STRATEGIC OUTSOURCING, INC.
MULTIPLE EMPLOYER 401(K) PLAN**

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Mayer Hoffman McCann P.C.
An Independent CPA Firm

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Independent Auditor's Report

To the Trustees of
Strategic Outsourcing, Inc. Multiple Employer 401(k) Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Strategic Outsourcing, Inc. Multiple Employer 401(k) 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 the 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 ("DOL") 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 Transamerica Financial Life Insurance Company, the custodian 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 custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian 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 custodian is complete and accurate.



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Disclaimer of Opinion

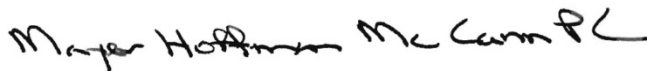
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on the financial statements.

Other Matter - Supplemental Schedule

The supplemental Schedule of Assets (Held at End of Year) 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 DOL'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 custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America, and in our opinion, is presented in compliance with the DOL'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 "Mayer Hoffman McCann P.C.", is written across the page.

October 6, 2015
Clearwater, Florida

**STRATEGIC OUTSOURCING, INC.
MULTIPLE EMPLOYER 401(K) PLAN**

Statements of Net Assets Available for Benefits

December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Assets:		
Investments at fair value:		
Pooled separate accounts	\$ 244,717,551	197,097,576
General account obligation	25,617,929	28,062,848
Managed portfolio	<u>-</u>	<u>939,390</u>
Total investments, at fair value	270,335,480	226,099,814
Receivables:		
Employers' contributions	1,986,296	1,726,689
Participants' contributions	327,534	235,823
Notes receivable from participants	<u>6,819,941</u>	<u>6,092,101</u>
Total receivables	<u>9,133,771</u>	<u>8,054,613</u>
Total assets	279,469,251	234,154,427
Liabilities:		
Excess contributions payable:		
Due to participants	<u>465,596</u>	<u>341,528</u>
Total liabilities	<u>465,596</u>	<u>341,528</u>
Net assets available for benefits	<u>\$ 279,003,655</u>	<u>233,812,899</u>

**STRATEGIC OUTSOURCING, INC.
MULTIPLE EMPLOYER 401(K) PLAN**

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2014

Additions to net assets attributed to:	
Contributions:	
Employers	\$ 7,891,948
Participants	26,195,582
Rollovers	<u>4,131,566</u>
Total contributions	38,219,096
Investment income:	
Interest on general account obligation	276,560
Interest on notes receivable from participants	272,530
Net appreciation in fair value of pooled separate accounts	15,427,281
Net appreciation on managed portfolio	<u>1,897</u>
Total investment income	<u>15,978,268</u>
Total additions	54,197,364
Deductions from net assets attributed to:	
Benefits paid to participants	33,070,884
Administrative expenses	<u>490,916</u>
Total deductions	<u>33,561,800</u>
Net increase	20,635,564
Net assets transferred in	<u>24,555,192</u>
Net assets available for benefits: beginning of year	<u>233,812,899</u>
Net assets available for benefits: end of year	<u><u>\$ 279,003,655</u></u>

**STRATEGIC OUTSOURCING, INC.
MULTIPLE EMPLOYER 401(K) PLAN**

Notes to Financial Statements

December 31, 2014 and 2013

(1) Description of the Plan

The following description of the Strategic Outsourcing, Inc. Multiple Employer 401(k) Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

(a) General

The Plan was established effective January 1, 2003 with the adoption of the Transamerica Financial Life Insurance Company Volume Submitter Multiple Employer Tax-Favored Savings and Discretionary Contribution Plan and Trust Agreement (Transamerica Agreement) and is sponsored by Strategic Outsourcing, Inc. (the Company or Sponsor).

The Plan is a multiple employer defined contribution plan which is offered to the employees of the associated employers of the Sponsor (collectively, the Employers). An associated employer is a company that leases its worksite employees from the Company.

A trust agreement with Massachusetts Fidelity Trust Company (the Trustee), was entered into effective June 13, 2013 relating to the managed income portfolio of the Plan. This investment was liquidated during 2014 and transferred to investments managed under the agreement with Transamerica.

The Plan operates in compliance with the regulations under the Internal Revenue Code of 1986 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Employees of associated employers are eligible for participation on the first day of the calendar month following 90 days, six months or one year of employment, or as selected by adopting employers. There is no minimum age for participation.

(b) Contributions

Participants may elect to contribute between 1% and 50% of eligible compensation for the plan year, up to limits allowed by the Internal Revenue Service (IRS) as pre-tax or Roth contributions. Participants who have attained age 50 before the end of their taxable year are eligible to make catch-up contributions. The Employers may, at their discretion, elect to match up to 100% of their employees' contributions. Employers may also make an additional discretionary contribution to the Plan, regardless of whether or not a deferral contribution was made during the year. Participants must be employed on the last day of the plan year in order to receive an employer discretionary matching or non-elective contribution other than corrective contributions.

Participants may also transfer money from other qualified plans and annuity contracts into the Plan as rollover contributions or direct transfers.

**STRATEGIC OUTSOURCING, INC.
MULTIPLE EMPLOYER 401(K) PLAN**

Notes to Financial Statements - Continued

(1) Description of the Plan - Continued

(c) Investment Options

Plan assets are invested in pooled separate accounts and a general account obligation. Contributions made by the Employers are allocated based on the funds selected by the participants for the employee contributions. Upon enrollment in the Plan, a participant may direct employee contributions in any of the available investments. Participants are allowed to execute investment transfers between the Plan's investment options on a daily basis.

(d) Participant Accounts

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

(e) Vesting

Participants are immediately vested in their rollover and voluntary contributions plus actual earnings thereon. Participants are vested in employer contributions under a five-year graduated (20% each year) schedule unless one of three additional options is selected by the participant's employer: immediate vesting, three-year cliff or six-year graduated (0% in the first year and 20% thereafter). If a safe harbor contribution option is elected by the participant's employer, vesting occurs immediately.

All accounts fully vest upon termination of the Plan or upon permanent disability or death.

(f) Notes Receivable from Participants

Participants may borrow money from their vested account balance for any reason. The maximum amount available for loans is the lesser of \$50,000 reduced by the participant's highest loan balance outstanding in the 12 months prior to the date of the loan or 50% of the participant's vested account balance. The minimum amount for a loan is \$1,000. The participant shall be charged with any costs associated with processing of the loan.

Loan repayments must have a definite repayment period not to exceed five (5) years unless the loan is for the purchase of a principal residence, in which case the repayment period can exceed the 5 years. A participant shall have only one loan outstanding at a time. Participant loans, including interest thereon, are taxable to the participant upon default, as well as subject to applicable excise penalties. Loans are collateralized by the balance in the participant's account and bear interest at any reasonable rate (prime plus 1% in 2014 for loans taken by participants through TFLIC). The Plan honors rates on notes receivables from participants transferred in from other plans. At December 31, 2014, rates ranged from 3.25% to 9.30%.

**STRATEGIC OUTSOURCING, INC.
MULTIPLE EMPLOYER 401(K) PLAN**

Notes to Financial Statements - Continued

(1) Description of the Plan - Continued

(g) Payment of Benefits

Retirement benefits are normally payable at age 65 and are based on the vested accumulated value in the participant's account at that time. Upon termination, retirement, death, or disability, participants or their beneficiaries may elect to receive a lump sum amount equal to the value of the vested interest in their account. Any nonvested balances are forfeited. If the value of a terminated participant's vested benefit does not exceed \$1,000, the entire amount shall be paid to the participant in a single lump sum.

(h) Forfeitures

Any nonvested amounts in a terminated participant's account are forfeited by the participant and transferred to a forfeiture account at the time of distribution or after five consecutive one-year breaks in service. Forfeitures shall be used to pay Plan expenses or to reduce the Employers' future matching contributions. Forfeitures available at December 31, 2014 and 2013 totaled approximately \$477,000 and \$497,000, respectively. Forfeitures used in 2014 to reduce employer contributions were approximately \$297,000.

(i) Mergers and Transfers

The Plan permits mergers and transfers of assets into and out of the Plan, providing that affected participants would receive a benefit immediately after the merger or transfer equal to or greater than the benefit the affected participants would have received immediately before the merger or transfer.

(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) Contracts with Insurance Company

As described in Financial Accounting Standards Board (FASB) Accounting Standards Codification Topic 962, *Plan Accounting - Defined Contribution Pension Plans* (ASC Topic 962), 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.

**STRATEGIC OUTSOURCING, INC.
MULTIPLE EMPLOYER 401(K) PLAN**

Notes to Financial Statements - Continued

(2) Summary of Significant Accounting Policies - Continued

(b) Contracts with Insurance Company - Continued

As required by ASC Topic 962, the statements of net assets available for benefits presents the fair value of the investment contracts, as well as the adjustment (if any) of the fully benefit-responsive investment contracts from fair value to contract value. No adjustment of the fully benefit-responsive investment contracts from fair value to contract value is needed in the Plan's financial statements, as the contract value approximates fair value at December 31, 2014 and 2013.

(c) 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.

(d) 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 and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

(e) Investment Valuation and Income Recognition

Funds are invested in an unallocated group annuity insurance contract which is funded through pooled separate accounts and a general account obligation managed by TFLIC.

Investments in pooled separate accounts are stated at fair value as determined by TFLIC. Such fair values are based on quotations from active markets, such as national security exchanges or brokerage firms, on yields currently available on comparable securities and the Plan's participation units in the account.

The pooled separate accounts are credited with earnings in the underlying investments, net of investment management expenses.

Investment in the general account obligation is considered fully benefit-responsive and is presented at fair value, which approximates contract value at December 31, 2014 and 2013.

**STRATEGIC OUTSOURCING, INC.
MULTIPLE EMPLOYER 401(K) PLAN**

Notes to Financial Statements - Continued

(2) Summary of Significant Accounting Policies - Continued

(e) Investment Valuation and Income Recognition - Continued

Funds in the general account obligation are commingled with TFLIC's other assets and TFLIC assumes the risk of principal and accrued interest. An effective annual rate of interest is established before the first day of each month. Interest is credited to the general account obligation daily based on its daily balance, at a rate of interest that is the daily equivalent of the effective annual rate of interest applicable for each month.

The minimum interest rate was 1.35% in 2014 and 1.45% in 2013. Average yield for 2014 and 2013 was 1.35% and 1.45%, respectively. Because contract value approximates fair value as of December 31, 2014 and 2013, the average yield earned by the Plan is equal to actual interest rate credited to Plan participants. Determination of credited interest rates reflects a number of factors, including mortality and expense risks, interest rate guarantees, the investment income earned on invested assets and the amortization of any capital gains and, or losses realized on the sale of invested assets.

Certain events limit the ability of the Plan to transact at contract value with TFLIC. Such events include the following: 1) amendments to the plan documents (including complete or partial termination), 2) bankruptcy of the Company or Employers, 3) other Company or Employers' events that cause a significant withdrawal from the Plan, or 4) the failure of the Plan to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Company does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable.

Changes in the fair value of investments in pooled separate accounts and gains or losses on disposal of these investments are reported in the statement of changes in net assets available for benefits as net appreciation or depreciation in fair value of pooled separate accounts.

Purchases and sales of securities are reflected on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

(f) Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid balance plus any accrued but unpaid interest and are secured by the participant's vested account balance. Delinquent loans are reclassified as distributions. Based on the terms of the Plan document, a loan shall be in default of any of the following occurs: the participant or beneficiary fails to make a payment by the due date or the participant or beneficiary's leave of absence, as determined by provisions of the Plan, extends beyond 12 months and the participant or beneficiary fails to make the loan payment by the earlier of the due date following the suspension period or the due date of the last installment.

**STRATEGIC OUTSOURCING, INC.
MULTIPLE EMPLOYER 401(K) PLAN**

Notes to Financial Statements - Continued

(2) Summary of Significant Accounting Policies - Continued

(g) Payment of Benefits

Benefits are recorded when paid.

(h) Administrative Expenses

As part of the he Plan's contract with TFLIC, participants are charged fees in the form of a record keeping fee and contract asset charge which is deposited into an expense budget account (EBA) and is used to pay administrative expenses of the Plan. The annual record keeping fee is \$33 per participant. During 2014, the Plan's administrative expenses totaled approximately \$491,000, including \$15,000 paid to the plan sponsor for services provided to the Plan, approximately \$420,000 paid to TFLIC for services provided, and approximately \$56,000 for other expenses such as legal and audit fees. All administrative expenses paid during the year were paid out of the EBA.

(3) Information Certified by the Custodian

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, the custodian has certified 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 Plan Benefits as of December 31, 2014 and 2013, respectively, excluding \$939,390 as of December 31, 2013 relating to the managed income portfolio;
- Interest on general account obligation, net appreciation in fair value of pooled separate accounts, and related investment activity, excluding interest earned on managed income portfolio, as included 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), as of December 31, 2014 included in the supplemental schedule.

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

**STRATEGIC OUTSOURCING, INC.
MULTIPLE EMPLOYER 401(K) PLAN**

Notes to Financial Statements - Continued

(4) Investments

Investments which individually comprise greater than 5% of net assets available for benefits are as follows at December 31, 2014 and 2013:

	<u>2014</u>	<u>2013</u>
Pooled separate accounts:		
Vanguard Target Retirement 2020 Ret Opt	\$ 24,495,877	13,848,680
Vanguard Target Retirement 2025 Ret Opt	27,205,768	16,822,584
Vanguard Target Retirement 2030 Ret Opt	26,288,865	15,186,045
Vanguard Target Retirement 2035 Ret Opt	22,321,309	12,992,963
General account obligation:		
Transamerica Stable Value Option Ret Opt	25,617,929	28,062,846

(5) 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.

**STRATEGIC OUTSOURCING, INC.
MULTIPLE EMPLOYER 401(K) PLAN**

Notes to Financial Statements - Continued

(5) 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 valuation methodologies used for assets recorded at fair value. The determination of where an asset falls in the hierarchy requires significant judgment. The Plan evaluates its hierarchy disclosures each year, and based on various factors, it is possible that an asset may be classified differently from year-to-year.

Pooled Separate Accounts

The Plan's separate accounts that invest exclusively in mutual funds are classified as either Level 1 investments, and are valued at the net asset value of the underlying mutual fund at year end, or as Level 2 investments, and are valued by outside valuation services at the mean of bid and ask prices or alternative pricing inputs.

General Account Obligation

The Plan's general account obligation is valued at contract value which approximates fair value and is classified as a Level 2 investment.

During the year ended December 31, 2013, certain pooled separate accounts transferred from Level 2 to Level 1, as a result of using observable market data inputs in 2013. The general account obligation transferred from Level 3 to Level 2 as a result of using inputs that are derived principally from or corroborated by observable market data by correlation or other means. There were no changes to the assessment of investment levels from December 31, 2013 to December 31, 2014.

Managed Portfolio

The Plan's investment in the Fidelity managed portfolio consist of mostly US Treasury and other agency bonds, corporate bonds, asset and mortgage backed securities. The portfolio was liquidated in 2014 and the value was transferred to other investment options within the Plan.

**STRATEGIC OUTSOURCING, INC.
MULTIPLE EMPLOYER 401(K) PLAN**

Notes to Financial Statements - Continued

(5) Fair Value Measurements - Continued

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014 and 2013:

Description	Assets Measured at Fair Value at December 31, 2014	Fair Value Measurements at Reporting Date Using		
		Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Pooled separate accounts:				
Bond funds	\$ 7,865,138	7,173,529	691,609	-
Multi-asset/other funds	151,985,681	151,985,681	-	-
International stock funds	15,046,985	8,754,269	6,292,716	-
Large-cap stock funds	31,897,583	12,051,891	19,845,692	-
Small/mid-cap stock funds	37,922,164	26,110,873	11,811,291	-
Total pooled separate accounts	244,717,551	206,076,243	38,641,308	-
General account obligation	25,617,929	-	25,617,929	-
Total investments at fair value	\$ 270,335,480	206,076,243	64,259,237	-

Description	Assets Measured at Fair Value at December 31, 2013	Fair Value Measurements at Reporting Date Using		
		Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Pooled separate accounts:				
Bond funds	\$ 15,803,122	3,324,445	12,478,677	-
Hybrid funds	101,381,692	90,926,939	10,454,753	-
Large/mid value equity funds	16,581,855	10,869,817	5,712,038	-
Large/mid blend equity	15,834,064	7,884,181	7,949,883	-
Large/mid growth equity	12,056,310	7,935,196	4,121,114	-
Small company equity	12,851,260	8,679,875	4,171,385	-
Global equity	4,647,791	1,561,630	3,086,161	-
International equity	6,510,907	3,284,975	3,225,932	-
Specialty	11,430,575	10,695,976	734,599	-
Total pooled separate accounts	197,097,576	145,163,034	51,934,542	-
Managed portfolio:				
US Treasury and other agency and government bonds	489,422	-	489,422	-
Corporate bonds	185,999	-	185,999	-
Asset and mortgage backed securities	208,545	-	208,545	-
Other	55,424	-	55,424	-
Total managed portfolio	939,390	-	939,390	-
General account obligation	28,062,848	-	28,062,848	-
Total investments at fair value	\$ 226,099,814	145,163,034	80,936,780	-

**STRATEGIC OUTSOURCING, INC.
MULTIPLE EMPLOYER 401(K) PLAN**

Notes to Financial Statements - Continued

(6) Asset Transfers and Mergers

Qualified plans sponsored by certain Employers may be merged into the Plan in conjunction with such Employers' adoption of the Plan. New participant accounts are then created for such participants in the Plan.

In addition, the account balances of participants employed by certain Employers who terminate their leasing arrangements with the Company during the year may be transferred out of the Plan through mergers with, or creation of, other qualified plans.

Total assets transferred into the Plan from Employers for 2014 totaled \$48,856,150. Assets transferred out of the Plan from Employers for 2014 totaled \$24,300,958.

(7) Excess Contributions Payable

Excess contributions payable of \$456,596 and \$341,528 as of December 31, 2014 and 2013, respectively, represent payments made in 2015 and 2014 to participants to return to them excess contributions as required to satisfy the relevant nondiscrimination provisions of the Plan.

(8) Plan Termination

Although it has not expressed any intent to do so, the 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. In the event of termination, the general obligation account is subject to a market valuation adjustment.

(9) Income Tax Status

The Plan obtained its latest determination letter on May 6, 2011, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRS. The Plan has been amended since receiving the determination letter. However, the Company and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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 the years prior to 2011.

**STRATEGIC OUTSOURCING, INC.
MULTIPLE EMPLOYER 401(K) PLAN**

Notes to Financial Statements - Continued

(10) Party-in-Interest Transactions

The Plan's investments are managed by TFLIC. While this activity qualifies as party-in-interest activity as defined in Section 3(14) of ERISA, it is expressly exempted from the prohibited transaction rules. Participant loan transactions are considered to be party-in-interest transactions, because they are transacted with Plan participants.

Certain administrative expenses are paid to TFLIC and the plan sponsor and administrator (Note 2(g)) and as such are considered party-in-interest transactions.

(11) Reconciliation to Form 5500

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

Net assets available for benefits per the financial statements	\$ 233,812,899
Plus excess contributions payable not reported on Form 5500	341,528
Plus deemed participant loans not reported on Form 5500	166,897
Less contribution receivables not reported on Form 5500	<u>(18,299)</u>
 Net assets available for benefits per Schedule H of Form 5500, Line 1(l)	 \$ <u>234,303,025</u>

The following is a reconciliation of the net increase in net assets available for benefits, including transfers, per the financial statements for the year ended December 31, 2014 to the net income on Schedule H of Form 5500:

Net increase in net assets available for benefits and net assets transferred in per the financial statements	\$ 45,190,756
Less 2013 contributions payable reported on the financial statements	(341,528)
Plus 2013 contribution receivables not reported on Form 5500	18,299
Less 2013 contribution receivables not reported on Form 5500	<u>(166,897)</u>
 Net income and transfers per Schedule H of Form 5500	 \$ <u>44,700,630</u>

(12) Subsequent Events

The Plan's management has evaluated events and transactions for potential recognition or disclosure in the financial statements through October 6, 2015, the date the financial statements were available to be issued.

**STRATEGIC OUTSOURCING, INC.
MULTIPLE EMPLOYER 401(K) PLAN**

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

**Employer Identification Number (EIN): 56-1952356
Plan Number: 002**

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 (if applicable)	(e) Current Value
	American Century Mid Cap Value Ret Opt	Pooled Separate Account	\$ 10,257,478
	American Funds New Perspective Ret Opt	Pooled Separate Account	6,119,278
	Franklin Small Cap Value Ret Opt	Pooled Separate Account	1,612,305
	Goldman Sachs Mid-Cap Opportunities Ret Opt	Pooled Separate Account	8,186,639
	Invesco International Growth Ret Opt	Pooled Separate Account	3,786,873
	Janus Triton Ret Opt	Pooled Separate Account	8,090,528
	Morgan Stanley Growth Ret Opt	Pooled Separate Account	11,807,354
	PIMCO Total Return Ret Opt	Pooled Separate Account	7,173,529
	RidgeWorth Large Cap Value Equity Ret Opt	Pooled Separate Account	12,051,891
	SSgA Emerging Markets Index Ret Opt	Pooled Separate Account	1,246,467
	SSgA International Index Ret Opt	Pooled Separate Account	1,259,376
	SSgA S&P 500 Index Ret Opt	Pooled Separate Account	8,038,338
	SSgA S&P Mid-Cap Index Ret Opt	Pooled Separate Account	3,624,652
	SSgA U.S. Bond Index Ret Opt	Pooled Separate Account	691,609
	Thornburg International Value Ret Opt	Pooled Separate Account	2,634,991
	Vanguard REIT Index Ret Opt	Pooled Separate Account	1,707,560
	Vanguard Small-Cap Index Ret Opt	Pooled Separate Account	4,443,002
	Vanguard Target Retirement 2010 Ret Opt	Pooled Separate Account	4,726,260
	Vanguard Target Retirement 2015 Ret Opt	Pooled Separate Account	11,177,480
	Vanguard Target Retirement 2020 Ret Opt	Pooled Separate Account	24,495,876
	Vanguard Target Retirement 2025 Ret Opt	Pooled Separate Account	27,205,768
	Vanguard Target Retirement 2030 Ret Opt	Pooled Separate Account	26,288,865
	Vanguard Target Retirement 2035 Ret Opt	Pooled Separate Account	22,321,309
	Vanguard Target Retirement 2040 Ret Opt	Pooled Separate Account	13,766,419
	Vanguard Target Retirement 2045 Ret Opt	Pooled Separate Account	10,099,716
	Vanguard Target Retirement 2050 Ret Opt	Pooled Separate Account	4,799,990
	Vanguard Target Retirement 2055 Ret Opt	Pooled Separate Account	2,330,433
	Vanguard Target Retirement Income Ret Opt	Pooled Separate Account	4,773,565
			244,717,551
*	Transamerica Stable Value Option Ret Opt	General account obligation	25,617,929
*	Participant Loans	(3.25% to 9.30%)	6,819,941
			<u>\$ 277,155,421</u>

* Party-in-interest

MULTIPLE-EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION

Plan Name: Strategic Outsourcing Inc.
Contract Number: 931007
Employer Identification Number: xx-xxx5687
Plan Identification Number: 002
Plan Year End: December 31, 2014

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx2357	0.00%
	xx-xxx2351	0.00%
	xx-xxx2968	0.02%
	xx-xxx8843	0.00%
	xx-xxx5988	0.00%
	xx-xxx6291	0.02%
	xx-xxx5787	0.00%
	xx-xxx6282	0.00%
	xx-xxx2086	0.04%
	xx-xxx9536	0.00%
	xx-xxx4808	0.00%
	xx-xxx3818	0.02%
	xx-xxx3481	0.00%
	xx-xxx4243	0.00%
	xx-xxx2404	0.02%
	xx-xxx0850	0.00%
	xx-xxx9736	0.00%
	xx-xxx7216	0.02%
	xx-xxx1554	0.00%
	xx-xxx6894	0.00%
	xx-xxx9318	0.12%
	xx-xxx2793	0.00%
	xx-xxx1581	0.00%
	xx-xxx3673	0.00%
	xx-xxx6976	0.00%
	xx-xxx8831	0.00%
	xx-xxx7456	0.00%
	xx-xxx6159	0.00%
	xx-xxx0254	0.00%
	xx-xxx1988	0.01%
	xx-xxx9871	0.00%
	xx-xxx7404	0.00%
	xx-xxx1424	0.00%
	xx-xxx7055	0.17%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx1668	0.00%
	xx-xxx5125	0.00%
	xx-xxx1845	0.00%
	xx-xxx8577	0.00%
	xx-xxx3066	0.00%
	xx-xxx2616	0.00%
	xx-xxx9792	0.00%
	xx-xxx8994	0.00%
	xx-xxx8399	0.00%
	xx-xxx3238	0.00%
	xx-xxx1618	0.00%
	xx-xxx3558	0.00%
	xx-xxx5847	0.00%
	xx-xxx2131	0.00%
	xx-xxx2108	0.00%
	xx-xxx1187	0.00%
	xx-xxx0907	0.00%
	xx-xxx1073	0.00%
	xx-xxx0718	0.00%
	xx-xxx0901	0.00%
	xx-xxx6092	0.00%
	xx-xxx2630	0.00%
	xx-xxx7245	0.04%
	xx-xxx9624	0.00%
	xx-xxx5330	0.00%
	xx-xxx6178	0.10%
	xx-xxx0049	0.19%
	xx-xxx8403	0.22%
	xx-xxx6237	0.00%
	xx-xxx4310	0.03%
	xx-xxx8409	0.00%
	xx-xxx2051	0.00%
	xx-xxx2353	0.00%
	xx-xxx4881	0.00%
	xx-xxx6999	0.02%
	xx-xxx4097	0.00%
	xx-xxx3647	0.00%
	xx-xxx1018	0.00%
	xx-xxx0293	0.00%
	xx-xxx7824	0.00%
	xx-xxx3760	0.00%
	xx-xxx8513	0.14%
	xx-xxx6586	0.00%
	xx-xxx3457	0.00%
	xx-xxx3054	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx4654	0.00%
	xx-xxx8324	0.00%
	xx-xxx0560	0.00%
	xx-xxx9198	0.00%
	xx-xxx7028	0.00%
	xx-xxx6955	0.00%
	xx-xxx3467	0.00%
	xx-xxx8567	0.00%
	xx-xxx8532	0.00%
	xx-xxx1191	0.00%
	xx-xxx8396	0.00%
	xx-xxx5076	0.00%
	xx-xxx8539	0.00%
	xx-xxx4870	0.00%
	xx-xxx9957	0.00%
	xx-xxx8014	0.00%
	xx-xxx9454	0.00%
	xx-xxx3803	0.00%
	xx-xxx5606	0.00%
	xx-xxx2860	0.00%
	xx-xxx3055	0.00%
	xx-xxx9231	0.00%
	xx-xxx7579	0.00%
	xx-xxx0241	0.00%
	xx-xxx8487	0.00%
	xx-xxx8509	0.00%
	xx-xxx0200	0.00%
	xx-xxx6040	0.00%
	xx-xxx4310	0.01%
	xx-xxx5353	0.00%
	xx-xxx0808	0.00%
	xx-xxx6014	0.00%
	xx-xxx9869	0.00%
	xx-xxx0035	0.00%
	xx-xxx4923	0.03%
	xx-xxx1581	0.00%
	xx-xxx4410	0.00%
	xx-xxx7417	0.00%
	xx-xxx8455	0.00%
	xx-xxx9957	0.00%
	xx-xxx3091	0.00%
	xx-xxx3284	0.00%
	xx-xxx7821	0.00%
	xx-xxx6084	0.08%
	xx-xxx8635	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx1222	0.00%
	xx-xxx0657	0.27%
	xx-xxx0784	0.00%
	xx-xxx7837	0.00%
	xx-xxx6326	0.00%
	xx-xxx8659	0.00%
	xx-xxx4949	0.00%
	xx-xxx6019	0.00%
	xx-xxx5924	0.00%
	xx-xxx5695	0.00%
	xx-xxx6389	0.00%
	xx-xxx6847	0.00%
	xx-xxx3779	0.02%
	xx-xxx4981	0.00%
	xx-xxx9880	0.00%
	xx-xxx6914	0.00%
	xx-xxx4091	0.03%
	xx-xxx7082	0.05%
	xx-xxx5799	0.15%
	xx-xxx3159	0.00%
	xx-xxx0060	0.00%
	xx-xxx4462	0.01%
	xx-xxx3234	0.03%
	xx-xxx4806	0.00%
	xx-xxx1614	0.00%
	xx-xxx1688	0.00%
	xx-xxx3065	0.00%
	xx-xxx2536	0.01%
	xx-xxx8871	0.00%
	xx-xxx3850	0.00%
	xx-xxx2017	0.01%
	xx-xxx8540	0.00%
	xx-xxx2993	0.00%
	xx-xxx8983	0.00%
	xx-xxx0542	0.00%
	xx-xxx7850	0.00%
	xx-xxx4684	0.00%
	xx-xxx4294	0.00%
	xx-xxx8456	0.00%
	xx-xxx4766	0.00%
	xx-xxx7801	0.00%
	xx-xxx1355	0.01%
	xx-xxx9632	0.00%
	xx-xxx4049	0.01%
	xx-xxx0722	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx2944	0.00%
	xx-xxx7671	0.00%
	xx-xxx0208	0.45%
	xx-xxx1696	0.00%
	xx-xxx4392	0.00%
	xx-xxx1120	0.06%
	xx-xxx8410	0.06%
	xx-xxx5653	0.00%
	xx-xxx4399	0.00%
	xx-xxx0142	0.00%
	xx-xxx6624	0.00%
	xx-xxx8873	0.00%
	xx-xxx7302	0.00%
	xx-xxx7546	0.00%
	xx-xxx9357	0.00%
	xx-xxx8592	0.00%
	xx-xxx0090	0.00%
	xx-xxx7218	0.29%
	xx-xxx4183	0.00%
	xx-xxx4383	0.03%
	xx-xxx1059	0.00%
	xx-xxx4253	0.00%
	xx-xxx2272	0.00%
	xx-xxx6812	0.00%
	xx-xxx8136	0.00%
	xx-xxx1742	0.00%
	xx-xxx4994	0.00%
	xx-xxx8204	0.00%
	xx-xxx5477	0.00%
	xx-xxx9823	0.00%
	xx-xxx6825	0.00%
	xx-xxx5165	0.00%
	xx-xxx6087	0.00%
	xx-xxx0218	0.00%
	xx-xxx5101	0.00%
	xx-xxx7712	0.01%
	xx-xxx9011	0.00%
	xx-xxx0697	0.06%
	xx-xxx5868	0.00%
	xx-xxx0429	0.06%
	xx-xxx1310	0.00%
	xx-xxx3005	0.00%
	xx-xxx3886	0.00%
	xx-xxx1108	0.00%
	xx-xxx0299	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx0446	0.00%
	xx-xxx4341	0.15%
	xx-xxx4290	0.00%
	xx-xxx8557	0.00%
	xx-xxx1872	0.00%
	xx-xxx7123	0.00%
	xx-xxx7401	0.00%
	xx-xxx1980	0.01%
	xx-xxx3082	0.00%
	xx-xxx8464	0.00%
	xx-xxx7041	0.00%
	xx-xxx4267	0.00%
	xx-xxx9865	0.00%
	xx-xxx7010	0.00%
	xx-xxx8795	0.00%
	xx-xxx4218	0.00%
	xx-xxx1825	0.00%
	xx-xxx0651	0.00%
	xx-xxx2395	0.00%
	xx-xxx1575	0.00%
	xx-xxx2236	0.00%
	xx-xxx3355	0.00%
	xx-xxx9033	0.00%
	xx-xxx6549	0.00%
	xx-xxx1630	0.00%
	xx-xxx1616	0.00%
	xx-xxx4135	0.00%
	xx-xxx7856	0.00%
	xx-xxx6586	0.00%
	xx-xxx6292	0.00%
	xx-xxx6169	0.00%
	xx-xxx0132	0.00%
	xx-xxx0034	0.19%
	xx-xxx0430	0.00%
	xx-xxx2770	0.00%
	xx-xxx6976	0.00%
	xx-xxx0644	0.00%
	xx-xxx1407	0.00%
	xx-xxx9030	0.00%
	xx-xxx2722	0.00%
	xx-xxx8252	0.00%
	xx-xxx6659	0.00%
	xx-xxx9225	0.00%
	xx-xxx5470	0.00%
	xx-xxx6996	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx3724	0.00%
	xx-xxx8078	0.00%
	xx-xxx0306	0.02%
	xx-xxx7869	0.00%
	xx-xxx3759	0.00%
	xx-xxx5198	0.00%
	xx-xxx7964	0.00%
	xx-xxx4065	0.00%
	xx-xxx1139	0.00%
	xx-xxx1604	0.00%
	xx-xxx3588	0.00%
	xx-xxx1570	0.00%
	xx-xxx6973	0.02%
	xx-xxx2873	0.02%
	xx-xxx6716	0.20%
	xx-xxx5512	0.00%
	xx-xxx4253	0.00%
	xx-xxx7493	0.00%
	xx-xxx6739	0.00%
	xx-xxx9479	0.00%
	xx-xxx6707	0.13%
	xx-xxx6368	0.00%
	xx-xxx5978	0.00%
	xx-xxx8119	0.00%
	xx-xxx7940	0.00%
	xx-xxx2585	0.00%
	xx-xxx4470	0.00%
	xx-xxx4800	0.00%
	xx-xxx4754	0.00%
	xx-xxx7089	0.00%
	xx-xxx5851	0.00%
	xx-xxx7955	0.00%
	xx-xxx9672	0.00%
	xx-xxx4387	0.00%
	xx-xxx6156	0.00%
	xx-xxx5896	0.00%
	xx-xxx9943	0.00%
	xx-xxx3879	0.00%
	xx-xxx1725	0.00%
	xx-xxx0986	0.08%
	xx-xxx8412	0.00%
	xx-xxx8399	0.03%
	xx-xxx6495	0.00%
	xx-xxx1539	0.00%
	xx-xxx5186	0.07%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx2823	0.01%
	xx-xxx5094	0.00%
	xx-xxx5950	0.00%
	xx-xxx8781	0.00%
	xx-xxx4244	0.00%
	xx-xxx4644	0.00%
	xx-xxx1046	0.00%
	xx-xxx3375	0.00%
	xx-xxx3017	0.00%
	xx-xxx0774	0.00%
	xx-xxx6009	0.00%
	xx-xxx8068	0.00%
	xx-xxx1588	0.00%
	xx-xxx8791	0.00%
	xx-xxx1578	0.00%
	xx-xxx4927	0.05%
	xx-xxx4495	0.00%
	xx-xxx4287	0.00%
	xx-xxx0664	0.00%
	xx-xxx7766	0.00%
	xx-xxx4676	0.00%
	xx-xxx2676	0.00%
	xx-xxx0055	0.00%
	xx-xxx4383	0.00%
	xx-xxx3541	0.00%
	xx-xxx3067	0.03%
	xx-xxx3319	0.00%
	xx-xxx8297	0.00%
	xx-xxx2953	0.00%
	xx-xxx1408	0.00%
	xx-xxx3247	0.00%
	xx-xxx0960	0.00%
	xx-xxx3380	0.00%
	xx-xxx3132	0.00%
	xx-xxx4523	0.24%
	xx-xxx0995	0.00%
	xx-xxx9679	0.00%
	xx-xxx7367	0.00%
	xx-xxx7606	0.00%
	xx-xxx2307	0.01%
	xx-xxx7814	0.00%
	xx-xxx8700	0.00%
	xx-xxx3541	0.00%
	xx-xxx1973	0.00%
	xx-xxx9648	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx5416	0.00%
	xx-xxx6231	0.00%
	xx-xxx7431	0.00%
	xx-xxx2368	0.01%
	xx-xxx1222	0.65%
	xx-xxx8065	0.03%
	xx-xxx7000	0.00%
	xx-xxx0804	0.00%
	xx-xxx6700	0.00%
	xx-xxx0687	0.00%
	xx-xxx0218	0.00%
	xx-xxx0630	0.00%
	xx-xxx1904	0.09%
	xx-xxx7936	0.00%
	xx-xxx9672	0.00%
	xx-xxx9462	0.00%
	xx-xxx1710	0.00%
	xx-xxx1008	0.00%
	xx-xxx2240	0.09%
	xx-xxx4481	0.00%
	xx-xxx0425	0.00%
	xx-xxx0798	0.00%
	xx-xxx5822	0.00%
	xx-xxx6322	0.00%
	xx-xxx2467	0.00%
	xx-xxx4234	0.00%
	xx-xxx6504	0.06%
	xx-xxx2662	0.00%
	xx-xxx7577	0.00%
	xx-xxx4364	0.00%
	xx-xxx4450	0.00%
	xx-xxx7920	0.00%
	xx-xxx8984	0.00%
	xx-xxx3657	0.00%
	xx-xxx0305	0.00%
	xx-xxx4059	0.00%
	xx-xxx0893	0.00%
	xx-xxx6148	0.00%
	xx-xxx7670	0.00%
	xx-xxx8007	0.14%
	xx-xxx8904	0.00%
	xx-xxx9625	0.00%
	xx-xxx2667	0.00%
	xx-xxx5261	0.00%
	xx-xxx4619	0.08%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx4689	0.00%
	xx-xxx0030	0.00%
	xx-xxx3286	0.00%
	xx-xxx3942	0.00%
	xx-xxx8020	0.00%
	xx-xxx7549	0.00%
	xx-xxx8395	0.00%
	xx-xxx4011	0.00%
	xx-xxx9977	0.00%
	xx-xxx0055	0.00%
	xx-xxx5749	0.00%
	xx-xxx9708	0.00%
	xx-xxx8672	0.00%
	xx-xxx9903	0.00%
	xx-xxx2227	0.00%
	xx-xxx2590	0.00%
	xx-xxx4312	0.00%
	xx-xxx1879	0.00%
	xx-xxx2804	0.01%
	xx-xxx5578	0.00%
	xx-xxx6027	0.00%
	xx-xxx6768	0.24%
	xx-xxx1180	0.00%
	xx-xxx3419	0.00%
	xx-xxx8796	0.00%
	xx-xxx3830	0.32%
	xx-xxx5214	0.00%
	xx-xxx3277	0.00%
	xx-xxx5565	0.03%
	xx-xxx5361	0.09%
	xx-xxx3872	0.00%
	xx-xxx6910	1.42%
	xx-xxx5273	0.00%
	xx-xxx5300	0.00%
	xx-xxx2786	0.01%
	xx-xxx9478	0.10%
	xx-xxx5823	0.00%
	xx-xxx0418	0.00%
	xx-xxx6193	0.00%
	xx-xxx6091	0.00%
	xx-xxx8128	0.05%
	xx-xxx2577	0.00%
	xx-xxx4032	0.00%
	xx-xxx4723	0.00%
	xx-xxx1050	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx4109	0.00%
	xx-xxx0148	0.01%
	xx-xxx6450	0.00%
	xx-xxx8222	0.00%
	xx-xxx1354	0.00%
	xx-xxx0360	0.13%
	xx-xxx9845	0.00%
	xx-xxx7080	0.00%
	xx-xxx0126	0.00%
	xx-xxx3029	0.00%
	xx-xxx9944	0.00%
	xx-xxx0310	0.00%
	xx-xxx9987	0.09%
	xx-xxx1841	0.13%
	xx-xxx6305	0.16%
	xx-xxx8314	0.00%
	xx-xxx1380	0.01%
	xx-xxx2600	0.00%
	xx-xxx4352	0.00%
	xx-xxx1113	0.19%
	xx-xxx7324	0.00%
	xx-xxx2015	0.00%
	xx-xxx4293	0.00%
	xx-xxx1755	0.00%
	xx-xxx7741	0.20%
	xx-xxx0749	0.00%
	xx-xxx8444	0.46%
	xx-xxx8324	0.00%
	xx-xxx4779	0.00%
	xx-xxx8478	0.00%
	xx-xxx8989	0.00%
	xx-xxx8781	0.00%
	xx-xxx8759	0.00%
	xx-xxx2469	0.00%
	xx-xxx6412	0.00%
	xx-xxx5057	0.00%
	xx-xxx9362	0.00%
	xx-xxx8631	0.00%
	xx-xxx5831	0.00%
	xx-xxx2943	0.04%
	xx-xxx1593	0.00%
	xx-xxx7166	0.00%
	xx-xxx8767	0.00%
	xx-xxx8019	0.00%
	xx-xxx5665	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx3678	0.00%
	xx-xxx0443	0.00%
	xx-xxx5017	0.00%
	xx-xxx3555	0.00%
	xx-xxx5342	0.03%
	xx-xxx6236	0.00%
	xx-xxx3589	0.00%
	xx-xxx5220	0.00%
	xx-xxx3715	0.00%
	xx-xxx7614	0.00%
	xx-xxx7519	0.00%
	xx-xxx5849	0.00%
	xx-xxx0999	0.00%
	xx-xxx1194	0.00%
	xx-xxx0349	0.00%
	xx-xxx4958	0.07%
	xx-xxx1342	0.00%
	xx-xxx4661	0.00%
	xx-xxx8982	0.00%
	xx-xxx6130	0.21%
	xx-xxx4194	0.00%
	xx-xxx9828	0.00%
	xx-xxx3867	0.00%
	xx-xxx9644	0.02%
	xx-xxx4180	0.00%
	xx-xxx9610	0.09%
	xx-xxx9307	0.00%
	xx-xxx2480	0.00%
	xx-xxx9606	0.00%
	xx-xxx3572	0.00%
	xx-xxx8823	0.00%
	xx-xxx5132	0.00%
	xx-xxx0733	0.00%
	xx-xxx2288	0.00%
	xx-xxx5290	0.00%
	xx-xxx8048	0.00%
	xx-xxx3711	0.00%
	xx-xxx9174	0.00%
	xx-xxx9317	0.00%
	xx-xxx0863	0.00%
	xx-xxx1501	0.00%
	xx-xxx1366	0.16%
	xx-xxx0629	0.00%
	xx-xxx4018	0.09%
	xx-xxx0361	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx1998	0.00%
	xx-xxx5354	0.00%
	xx-xxx1158	0.00%
	xx-xxx3846	0.00%
	xx-xxx9110	0.00%
	xx-xxx7021	0.00%
	xx-xxx8935	0.02%
	xx-xxx6005	0.00%
	xx-xxx4710	0.20%
	xx-xxx5336	0.00%
	xx-xxx3351	0.00%
	xx-xxx7406	0.00%
	xx-xxx9389	0.01%
	xx-xxx1636	0.00%
	xx-xxx6820	0.00%
	xx-xxx5010	0.22%
	xx-xxx4281	0.00%
	xx-xxx5254	0.00%
	xx-xxx3603	0.00%
	xx-xxx2061	0.05%
	xx-xxx9941	0.00%
	xx-xxx3871	0.00%
	xx-xxx6132	0.00%
	xx-xxx2853	0.00%
	xx-xxx6928	0.00%
	xx-xxx9588	0.00%
	xx-xxx4878	0.31%
	xx-xxx7148	0.00%
	xx-xxx1584	0.08%
	xx-xxx3754	0.02%
	xx-xxx9754	0.00%
	xx-xxx6407	0.00%
	xx-xxx7145	1.17%
	xx-xxx7163	0.00%
	xx-xxx3869	0.00%
	xx-xxx1846	0.00%
	xx-xxx7550	0.00%
	xx-xxx2628	0.00%
	xx-xxx0761	0.00%
	xx-xxx6189	0.00%
	xx-xxx9661	0.00%
	xx-xxx2288	0.00%
	xx-xxx5948	0.00%
	xx-xxx9518	0.00%
	xx-xxx7371	0.02%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx5633	0.00%
	xx-xxx7543	0.00%
	xx-xxx5632	0.86%
	xx-xxx7811	0.18%
	xx-xxx5163	0.44%
	xx-xxx3518	0.41%
	xx-xxx9851	0.00%
	xx-xxx8135	0.00%
	xx-xxx5812	0.00%
	xx-xxx4814	0.00%
	xx-xxx5408	0.41%
	xx-xxx4161	0.43%
	xx-xxx5979	0.00%
	xx-xxx7472	0.00%
	xx-xxx7678	0.09%
	xx-xxx6189	0.00%
	xx-xxx1083	0.00%
	xx-xxx9651	0.00%
	xx-xxx9139	0.00%
	xx-xxx3617	0.00%
	xx-xxx9023	0.00%
	xx-xxx3576	0.00%
	xx-xxx3793	0.00%
	xx-xxx2330	0.00%
	xx-xxx5281	0.00%
	xx-xxx5730	0.00%
	xx-xxx4994	0.00%
	xx-xxx1843	0.00%
	xx-xxx3857	0.00%
	xx-xxx5205	0.00%
	xx-xxx1228	0.00%
	xx-xxx3004	0.00%
	xx-xxx0535	0.00%
	xx-xxx4737	0.00%
	xx-xxx2770	0.00%
	xx-xxx9171	0.00%
	xx-xxx4418	0.00%
	xx-xxx8818	0.00%
	xx-xxx4952	0.13%
	xx-xxx2740	0.00%
	xx-xxx5654	0.00%
	xx-xxx4303	0.08%
	xx-xxx8689	0.03%
	xx-xxx7024	0.00%
	xx-xxx0223	0.24%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx5486	0.03%
	xx-xxx1027	0.05%
	xx-xxx1408	0.01%
	xx-xxx0163	0.06%
	xx-xxx9567	0.00%
	xx-xxx6915	0.00%
	xx-xxx2088	0.00%
	xx-xxx9865	0.02%
	xx-xxx7995	0.09%
	xx-xxx6269	0.00%
	xx-xxx5648	0.01%
	xx-xxx2776	0.00%
	xx-xxx9006	0.00%
	xx-xxx6430	0.20%
	xx-xxx9252	0.00%
	xx-xxx5376	0.46%
	xx-xxx7730	0.04%
	xx-xxx4718	0.00%
	xx-xxx8796	0.35%
	xx-xxx0892	0.00%
	xx-xxx3325	0.00%
	xx-xxx8357	0.00%
	xx-xxx0559	0.00%
	xx-xxx6726	0.00%
	xx-xxx3937	0.00%
	xx-xxx6687	0.00%
	xx-xxx8931	0.00%
	xx-xxx4632	0.00%
	xx-xxx7918	0.02%
	xx-xxx0688	0.02%
	xx-xxx6768	0.05%
	xx-xxx3923	0.00%
	xx-xxx4225	0.00%
	xx-xxx7794	0.00%
	xx-xxx5344	0.07%
	xx-xxx5800	0.00%
	xx-xxx0801	0.00%
	xx-xxx8274	0.00%
	xx-xxx7536	0.07%
	xx-xxx5957	0.00%
	xx-xxx3965	0.00%
	xx-xxx6122	0.00%
	xx-xxx6041	0.02%
	xx-xxx1071	0.21%
	xx-xxx8472	0.09%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx5959	0.00%
	xx-xxx5220	0.00%
	xx-xxx4325	0.00%
	xx-xxx3872	0.00%
	xx-xxx8910	0.00%
	xx-xxx5558	0.00%
	xx-xxx1855	0.00%
	xx-xxx7151	0.00%
	xx-xxx8911	0.41%
	xx-xxx6867	0.01%
	xx-xxx4555	0.00%
	xx-xxx3453	0.04%
	xx-xxx8945	0.00%
	xx-xxx4800	0.22%
	xx-xxx0247	0.13%
	xx-xxx6218	0.06%
	xx-xxx1844	0.00%
	xx-xxx1052	0.04%
	xx-xxx5731	0.00%
	xx-xxx0641	0.00%
	xx-xxx6798	0.00%
	xx-xxx1055	0.06%
	xx-xxx4555	0.09%
	xx-xxx8903	0.00%
	xx-xxx3737	0.03%
	xx-xxx7056	0.00%
	xx-xxx8568	0.00%
	xx-xxx1417	0.00%
	xx-xxx7827	0.11%
	xx-xxx2937	0.03%
	xx-xxx5693	0.96%
	xx-xxx8255	0.07%
	xx-xxx4872	0.00%
	xx-xxx4816	0.05%
	xx-xxx8496	0.01%
	xx-xxx7181	0.00%
	xx-xxx8231	0.66%
	xx-xxx9652	0.05%
	xx-xxx2960	0.06%
	xx-xxx2310	0.00%
	xx-xxx0235	0.00%
	xx-xxx8065	0.00%
	xx-xxx4503	0.03%
	xx-xxx0264	0.00%
	xx-xxx4717	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx0080	0.00%
	xx-xxx3379	0.00%
	xx-xxx1572	0.07%
	xx-xxx0102	0.00%
	xx-xxx7228	0.00%
	xx-xxx7652	0.36%
	xx-xxx2302	0.00%
	xx-xxx1687	0.89%
	xx-xxx2221	0.00%
	xx-xxx0728	0.00%
	xx-xxx0887	0.00%
	xx-xxx1806	0.00%
	xx-xxx9048	0.00%
	xx-xxx1435	0.16%
	xx-xxx2169	0.16%
	xx-xxx9026	0.00%
	xx-xxx1315	0.04%
	xx-xxx3389	0.00%
	xx-xxx6045	0.30%
	xx-xxx1523	0.04%
	xx-xxx9139	0.00%
	xx-xxx3107	0.02%
	xx-xxx2294	0.09%
	xx-xxx5120	0.18%
	xx-xxx9722	0.00%
	xx-xxx6905	0.00%
	xx-xxx7633	0.05%
	xx-xxx2020	0.00%
	xx-xxx4790	0.00%
	xx-xxx7476	0.02%
	xx-xxx3037	0.00%
	xx-xxx4251	0.00%
	xx-xxx6283	0.14%
	xx-xxx1960	0.00%
	xx-xxx7501	0.00%
	xx-xxx0841	0.00%
	xx-xxx6350	0.00%
	xx-xxx9360	0.23%
	xx-xxx8337	0.30%
	xx-xxx8441	0.00%
	xx-xxx8544	0.00%
	xx-xxx3787	0.03%
	xx-xxx8883	0.03%
	xx-xxx2054	0.09%
	xx-xxx9908	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx3802	0.00%
	xx-xxx8581	0.00%
	xx-xxx9803	0.03%
	xx-xxx1000	0.08%
	xx-xxx2994	0.03%
	xx-xxx0408	0.00%
	xx-xxx0987	0.10%
	xx-xxx9723	0.54%
	xx-xxx2185	0.00%
	xx-xxx5964	0.01%
	xx-xxx2375	0.00%
	xx-xxx0571	0.01%
	xx-xxx2062	0.00%
	xx-xxx0596	0.16%
	xx-xxx4091	0.00%
	xx-xxx7581	0.00%
	xx-xxx6440	0.00%
	xx-xxx3253	0.00%
	xx-xxx4275	0.00%
	xx-xxx1690	0.00%
	xx-xxx4645	0.41%
	xx-xxx3599	0.00%
	xx-xxx9329	0.00%
	xx-xxx1353	0.00%
	xx-xxx0800	0.41%
	xx-xxx0843	0.02%
	xx-xxx9211	0.08%
	xx-xxx1006	0.00%
	xx-xxx0111	0.00%
	xx-xxx5389	0.00%
	xx-xxx7293	0.00%
	xx-xxx5873	0.13%
	xx-xxx0524	0.00%
	xx-xxx0676	0.10%
	xx-xxx4237	0.02%
	xx-xxx9727	0.07%
	xx-xxx0926	0.40%
	xx-xxx5717	0.00%
	xx-xxx8291	0.09%
	xx-xxx6474	0.00%
	xx-xxx3935	0.01%
	xx-xxx0693	0.00%
	xx-xxx4543	0.00%
	xx-xxx5915	0.00%
	xx-xxx6122	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx8598	0.00%
	xx-xxx3655	0.00%
	xx-xxx4270	0.00%
	xx-xxx0981	0.00%
	xx-xxx5540	0.00%
	xx-xxx8562	0.28%
	xx-xxx2662	0.00%
	xx-xxx1489	0.00%
	xx-xxx9861	0.00%
	xx-xxx4632	0.14%
	xx-xxx7130	0.00%
	xx-xxx0619	0.08%
	xx-xxx2907	0.00%
	xx-xxx8805	0.50%
	xx-xxx5775	0.00%
	xx-xxx3294	0.00%
	xx-xxx1947	0.09%
	xx-xxx5126	0.00%
	xx-xxx8474	0.00%
	xx-xxx2656	0.07%
	xx-xxx6685	0.78%
	xx-xxx3418	0.00%
	xx-xxx4476	0.02%
	xx-xxx3462	0.00%
	xx-xxx8143	0.00%
	xx-xxx2509	0.37%
	xx-xxx6126	0.00%
	xx-xxx2079	0.00%
	xx-xxx1528	0.23%
	xx-xxx9575	0.11%
	xx-xxx2324	0.39%
	xx-xxx4958	0.00%
	xx-xxx2651	0.00%
	xx-xxx4153	0.00%
	xx-xxx7014	0.07%
	xx-xxx9581	0.00%
	xx-xxx2932	0.09%
	xx-xxx8719	0.00%
	xx-xxx6480	0.05%
	xx-xxx7820	0.52%
	xx-xxx8337	0.05%
	xx-xxx0735	0.00%
	xx-xxx1709	0.00%
	xx-xxx6534	0.48%
	xx-xxx3816	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx7089	0.00%
	xx-xxx7219	0.08%
	xx-xxx9682	0.00%
	xx-xxx6668	0.62%
	xx-xxx7453	0.02%
	xx-xxx1150	0.47%
	xx-xxx6749	0.00%
	xx-xxx2920	0.15%
	xx-xxx1859	0.00%
	xx-xxx2695	0.02%
	xx-xxx5038	0.00%
	xx-xxx4481	0.00%
	xx-xxx0513	0.12%
	xx-xxx4084	0.62%
	xx-xxx7271	0.00%
	xx-xxx5180	0.00%
	xx-xxx8330	0.00%
	xx-xxx3115	0.28%
	xx-xxx7506	0.03%
	xx-xxx2670	0.00%
	xx-xxx6264	0.00%
	xx-xxx1084	0.00%
	xx-xxx4976	0.22%
	xx-xxx7444	0.03%
	xx-xxx7745	0.00%
	xx-xxx5430	0.00%
	xx-xxx7155	0.06%
	xx-xxx4152	0.37%
	xx-xxx7475	0.23%
	xx-xxx4033	0.00%
	xx-xxx8515	0.04%
	xx-xxx0327	0.07%
	xx-xxx8873	0.18%
	xx-xxx7389	0.00%
	xx-xxx3960	0.94%
	xx-xxx9358	0.00%
	xx-xxx6751	0.46%
	xx-xxx0263	0.10%
	xx-xxx9497	0.00%
	xx-xxx2032	0.00%
	xx-xxx1821	0.00%
	xx-xxx8326	0.04%
	xx-xxx6692	0.18%
	xx-xxx5714	0.00%
	xx-xxx7425	0.03%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx5308	0.11%
	xx-xxx0480	0.14%
	xx-xxx9497	0.00%
	xx-xxx1074	0.22%
	xx-xxx5632	0.26%
	xx-xxx7131	0.03%
	xx-xxx0771	1.17%
	xx-xxx7762	0.53%
	xx-xxx7350	0.03%
	xx-xxx2759	0.37%
	xx-xxx0736	0.00%
	xx-xxx8996	0.25%
	xx-xxx3380	0.16%
	xx-xxx6024	0.04%
	xx-xxx1284	0.00%
	xx-xxx0190	0.55%
	xx-xxx6474	0.24%
	xx-xxx3672	0.51%
	xx-xxx4013	0.27%
	xx-xxx2184	0.34%
	xx-xxx5947	0.06%
	xx-xxx4434	0.38%
	xx-xxx4622	0.00%
	xx-xxx1629	0.11%
	xx-xxx8573	0.42%
	xx-xxx1960	0.04%
	xx-xxx1503	0.34%
	xx-xxx5449	0.00%
	xx-xxx8567	0.44%
	xx-xxx4801	0.35%
	xx-xxx9745	0.00%
	xx-xxx2349	0.00%
	xx-xxx5138	0.00%
	xx-xxx6987	0.18%
	xx-xxx1604	0.00%
	xx-xxx6038	0.00%
	xx-xxx6523	0.28%
	xx-xxx5029	0.00%
	xx-xxx5261	0.00%
	xx-xxx4665	0.05%
	xx-xxx3148	0.00%
	xx-xxx3151	0.18%
	xx-xxx4444	0.04%
	xx-xxx3768	0.01%
	xx-xxx1185	0.09%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx9130	0.00%
	xx-xxx6728	0.00%
	xx-xxx8510	0.02%
	xx-xxx1399	0.08%
	xx-xxx3181	0.07%
	xx-xxx7053	0.07%
	xx-xxx2346	0.40%
	xx-xxx3453	0.05%
	xx-xxx0030	0.00%
	xx-xxx1844	0.38%
	xx-xxx5383	0.43%
	xx-xxx2431	0.01%
	xx-xxx0698	0.00%
	xx-xxx9409	0.00%
	xx-xxx8357	0.00%
	xx-xxx2127	0.30%
	xx-xxx3038	0.69%
	xx-xxx9954	0.20%
	xx-xxx9707	0.00%
	xx-xxx5722	0.00%
	xx-xxx1570	0.05%
	xx-xxx8670	0.21%
	xx-xxx7546	0.21%
	xx-xxx5306	0.03%
	xx-xxx8823	0.01%
	xx-xxx2673	0.05%
	xx-xxx1015	0.15%
	xx-xxx6332	0.00%
	xx-xxx9937	0.78%
	xx-xxx8413	0.00%
	xx-xxx5176	0.04%
	xx-xxx5143	0.00%
	xx-xxx4398	0.33%
	xx-xxx0951	0.00%
	xx-xxx2131	0.08%
	xx-xxx1775	0.00%
	xx-xxx3286	0.00%
	xx-xxx5880	0.02%
	xx-xxx6374	0.00%
	xx-xxx6675	0.45%
	xx-xxx5270	0.11%
	xx-xxx8539	0.07%
	xx-xxx5274	0.02%
	xx-xxx8055	0.01%
	xx-xxx6264	0.02%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx6522	0.06%
	xx-xxx8849	0.02%
	xx-xxx6985	0.33%
	xx-xxx7285	0.06%
	xx-xxx2500	0.06%
	xx-xxx3494	0.18%
	xx-xxx7552	0.00%
	xx-xxx6729	0.10%
	xx-xxx0602	0.00%
	xx-xxx3915	0.06%
	xx-xxx5221	0.03%
	xx-xxx0087	0.35%
	xx-xxx9128	0.00%
	xx-xxx5873	0.00%
	xx-xxx1806	0.35%
	xx-xxx8794	0.26%
	xx-xxx5013	0.35%
	xx-xxx9543	0.00%
	xx-xxx4222	0.00%
	xx-xxx9285	0.01%
	xx-xxx7296	0.06%
	xx-xxx5077	0.04%
	xx-xxx1506	0.42%
	xx-xxx7075	0.02%
	xx-xxx2934	0.14%
	xx-xxx6338	0.22%
	xx-xxx7954	0.18%
	xx-xxx6501	0.02%
	xx-xxx2962	0.06%
	xx-xxx7916	0.18%
	xx-xxx7851	0.00%
	xx-xxx3378	0.00%
	xx-xxx7097	0.12%
	xx-xxx5458	0.00%
	xx-xxx9872	0.26%
	xx-xxx1687	0.02%
	xx-xxx5077	0.29%
	xx-xxx9444	0.38%
	xx-xxx4658	1.21%
	xx-xxx3324	0.07%
	xx-xxx7041	0.10%
	xx-xxx0762	0.00%
	xx-xxx1100	0.01%
	xx-xxx2880	0.00%
	xx-xxx4809	0.08%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx9697	0.09%
	xx-xxx6282	0.22%
	xx-xxx3340	0.13%
	xx-xxx5940	0.05%
	xx-xxx1290	0.06%
	xx-xxx8683	0.13%
	xx-xxx8773	0.05%
	xx-xxx0001	0.03%
	xx-xxx7420	0.05%
	xx-xxx5784	2.04%
	xx-xxx8517	0.20%
	xx-xxx5656	0.08%
	xx-xxx8354	0.26%
	xx-xxx9674	0.36%
	xx-xxx5038	0.06%
	xx-xxx4113	0.20%
	xx-xxx9463	0.04%
	xx-xxx3040	0.79%
	xx-xxx6993	0.05%
	xx-xxx2118	0.05%
	xx-xxx5837	0.12%
	xx-xxx5698	0.00%
	xx-xxx3669	5.84%
	xx-xxx4561	0.77%
	xx-xxx4846	0.02%
	xx-xxx3870	0.01%
	xx-xxx4092	0.29%
	xx-xxx1869	0.00%
	xx-xxx2195	0.00%
	xx-xxx6310	0.00%
	xx-xxx1804	0.00%
	xx-xxx8282	0.21%
	xx-xxx1474	0.00%
	xx-xxx3240	0.03%
	xx-xxx5685	0.21%
	xx-xxx6240	0.01%
	xx-xxx9277	0.10%
	xx-xxx7878	0.97%
	xx-xxx1307	0.22%
	xx-xxx4059	0.00%
	xx-xxx2852	0.22%
	xx-xxx9264	0.03%
	xx-xxx5774	0.28%
	xx-xxx9952	0.00%
	xx-xxx1246	0.05%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx5546	0.09%
	xx-xxx0014	0.35%
	xx-xxx1475	4.86%
	xx-xxx6032	0.01%
	xx-xxx6321	0.17%
	xx-xxx6267	0.05%
	xx-xxx6142	0.25%
	xx-xxx9625	0.09%
	xx-xxx3594	0.05%
	xx-xxx6344	0.00%
	xx-xxx2280	0.51%
	xx-xxx0430	0.65%
	xx-xxx4764	0.85%
	xx-xxx1268	0.05%
	xx-xxx8149	0.01%
	xx-xxx9673	0.15%
	xx-xxx8766	0.12%
	xx-xxx5986	0.21%
	xx-xxx8608	0.06%
	xx-xxx9452	0.01%
	xx-xxx4300	0.53%
	xx-xxx8144	0.11%
	xx-xxx9652	0.02%
	xx-xxx7214	0.06%
	xx-xxx7070	0.00%
	xx-xxx7165	0.22%
	xx-xxx5567	0.01%
	xx-xxx1145	0.21%
	xx-xxx0459	0.03%
	xx-xxx7787	0.12%
	xx-xxx5714	0.03%
	xx-xxx0623	0.01%
	xx-xxx1338	0.48%
	xx-xxx0827	0.07%
	xx-xxx9433	0.15%
	xx-xxx6105	1.33%
	xx-xxx8472	0.30%
	xx-xxx5838	0.00%
	xx-xxx2303	0.16%
	xx-xxx9214	0.00%
	xx-xxx4961	0.23%
	xx-xxx3064	0.08%
	xx-xxx8289	0.00%
	xx-xxx2641	0.30%
	xx-xxx4887	0.14%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx5801	0.62%
	xx-xxx3516	4.26%
	xx-xxx3727	0.06%
	xx-xxx2446	0.09%
	xx-xxx9655	0.04%
	xx-xxx6788	0.14%
	xx-xxx7063	0.00%
	xx-xxx6957	0.04%
	xx-xxx0587	0.13%
	xx-xxx1266	0.00%
	xx-xxx0423	0.63%
	xx-xxx0385	1.79%
	xx-xxx3472	0.03%
	xx-xxx7226	0.02%
	xx-xxx1373	0.33%
	xx-xxx6697	0.01%
	xx-xxx4657	0.14%
	xx-xxx7405	0.08%
	xx-xxx2945	0.20%
	xx-xxx3642	0.15%
	xx-xxx0044	0.92%
	xx-xxx5002	0.04%
	xx-xxx0136	0.63%
	xx-xxx1346	0.07%
	xx-xxx9915	1.50%
	xx-xxx8338	0.07%
	xx-xxx2542	0.09%
	xx-xxx5912	0.05%
	xx-xxx7126	0.00%
	xx-xxx2913	0.12%
	xx-xxx1024	0.38%
	xx-xxx3435	0.19%
	xx-xxx3847	0.25%
	xx-xxx6932	0.06%
	xx-xxx2365	0.03%
	xx-xxx8887	0.16%
	xx-xxx7429	0.00%
	xx-xxx3880	0.00%
	xx-xxx3149	0.15%
	xx-xxx4203	0.08%
	xx-xxx4924	0.00%
	xx-xxx5231	0.06%
	xx-xxx2778	0.35%
	xx-xxx4094	0.07%
	xx-xxx7817	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx3692	0.03%
	xx-xxx4803	0.01%
	xx-xxx4447	0.01%
	xx-xxx0681	0.02%
	xx-xxx6001	0.00%
	xx-xxx6235	0.06%
	xx-xxx9715	0.12%
	xx-xxx0653	0.00%
	xx-xxx1986	0.01%
	xx-xxx4022	0.05%
	xx-xxx4815	0.24%
	xx-xxx5369	0.01%
	xx-xxx2781	0.29%
	xx-xxx6784	0.02%
	xx-xxx7775	0.05%
	xx-xxx8892	0.07%
	xx-xxx3892	0.00%
	xx-xxx4714	0.00%
	xx-xxx4586	0.00%
	xx-xxx5339	0.07%
	xx-xxx9132	0.02%
	xx-xxx8488	0.03%
	xx-xxx8810	0.14%
	xx-xxx7581	0.01%
	xx-xxx9524	0.02%
	xx-xxx8398	0.00%
	xx-xxx2171	0.01%
	xx-xxx8688	0.02%
	xx-xxx6617	0.14%
	xx-xxx7044	0.09%
	xx-xxx1183	0.26%
	xx-xxx4967	0.00%
	xx-xxx0086	0.03%
	xx-xxx4544	0.02%
	xx-xxx7489	0.03%
	xx-xxx7073	0.04%
	xx-xxx1647	0.00%
	xx-xxx6829	0.01%
	xx-xxx5355	0.08%
	xx-xxx3209	0.00%
	xx-xxx3146	0.01%
	xx-xxx1413	0.01%
	xx-xxx5655	0.34%
	xx-xxx1786	0.00%
	xx-xxx7711	0.02%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx4748	0.00%
	xx-xxx1278	0.00%
	xx-xxx9649	0.02%
	xx-xxx6645	0.01%
	xx-xxx9769	0.00%
	xx-xxx4177	0.10%
	xx-xxx2396	0.02%
	xx-xxx9308	0.12%
	xx-xxx9749	0.00%
	xx-xxx9281	0.21%
	xx-xxx4990	0.02%
	xx-xxx0275	0.01%
	xx-xxx2753	0.01%
	xx-xxx9221	0.04%
	xx-xxx6617	0.03%
	xx-xxx3295	0.04%
	xx-xxx5072	0.00%
	xx-xxx4674	0.02%
	xx-xxx3660	0.01%
	xx-xxx2111	0.00%
	xx-xxx8612	0.06%
	xx-xxx6843	0.00%
	xx-xxx8982	0.01%
	xx-xxx8402	0.00%
	xx-xxx6046	0.01%
	xx-xxx3226	0.00%
	xx-xxx1805	0.03%
	xx-xxx4846	0.00%
	xx-xxx1106	0.10%
	xx-xxx1695	0.00%
	xx-xxx8792	0.00%
	xx-xxx6762	0.00%
	xx-xxx8708	0.00%
	xx-xxx5993	0.00%
	xx-xxx6691	0.00%
	xx-xxx5094	0.00%
	xx-xxx3496	0.00%
	xx-xxx8859	0.00%
	xx-xxx3292	0.00%
	xx-xxx4184	0.00%
	xx-xxx9153	0.00%
	xx-xxx2116	0.00%
	xx-xxx3408	0.00%
	xx-xxx5471	0.00%
	xx-xxx4773	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx517	0.00%
	xx-xxx5637	0.00%
	xx-xxx	0.00%
	xx-xxx7597	0.00%
	xx-xxx6495	0.00%
	xx-xxx3070	0.00%
	xx-xxx2305	0.00%
	xx-xxx6531	0.00%
	xx-xxx2393	0.00%
	xx-xxx4667	0.00%
	xx-xxx1574	0.00%
	xx-xxx4120	0.00%
	xx-xxx4408	0.00%
	xx-xxx1699	0.00%
	xx-xxx6548	0.00%
	xx-xxx5687	0.00%
	xx-xxx9175	0.00%
	xx-xxx6426	0.00%
	xx-xxx6156	0.00%
	xx-xxx1111	0.00%
	xx-xxx7925	0.00%
	xx-xxx4991	0.00%
	xx-xxx5787	0.00%
	xx-xxx0169	0.00%
	xx-xxx4230	0.00%
	xx-xxx0758	0.00%
	xx-xxx8771	0.00%
	xx-xxx7878	0.00%
	xx-xxx8438	0.00%
	xx-xxx2215	0.00%
	xx-xxx3874	0.00%
	xx-xxx7376	0.00%
	xx-xxx0785	0.00%
	xx-xxx4670	0.00%
	xx-xxx0854	0.00%
	xx-xxx0760	0.00%
	xx-xxx5129	0.00%
	xx-xxx5520	0.00%
	xx-xxx1454	0.00%
	xx-xxx5687	0.00%
	xx-xxx9708	0.00%
	xx-xxx1549	0.00%
	xx-xxx0887	0.00%
	xx-xxx0775	0.00%
	xx-xxx7427	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx2005	0.00%
	xx-xxx9272	0.00%
	xx-xxx4865	0.00%
	xx-xxx3646	0.00%
	xx-xxx1182	0.00%
	xx-xxx4232	0.00%
	xx-xxx4658	0.00%
	xx-xxx5394	0.00%
	xx-xxx4707	0.00%
	xx-xxx4339	0.00%
	xx-xxx2396	0.00%
	xx-xxx4885	0.00%
	xx-xxx4688	0.00%

Form 5500

Department of the Treasury
Internal Revenue ServiceDepartment 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

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014

and ending 12/31/2014

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

STRATEGIC OUTSOURCING, INC. MULTIPLE EMPLOYER 401(K) PLAN

1b Three-digit plan
number (PN) ▶ 0021c Effective date of plan
01/01/2003

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

STRATEGIC OUTSOURCING INC

2b Employer Identification
Number (EIN)
56-19523562c Plan Sponsor's telephone
number
(800) 572-24122d Business code (see
instructions)
561300

3023 HSBC WAY

FORT MILL, SC 29707

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	Signature of plan administrator	10-12-15	Jennifer Wallace-Hayes	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor			Enter name of individual signing as employer or plan sponsor
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)

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

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Form 5500 (2014)
v. 140124

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

Plan Name: Strategic Outsourcing, Inc Multiple Employer 401k Plan
Contract #: 931007
EIN: 56-1952356

Plan #: 002
Period: 01/01/2014 - 12/31/2014

(A)	(B)	(C)	(D)	(E)
	Identity of issue, borrower, lessor, or similar a party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
*	TRANSAMERICA LIFE INSURANCE COMPANY	PARTICIPANT LOANS	\$7,013,012.22	\$7,013,012.22
*	TRANSAMERICA LIFE INSURANCE COMPANY	STABLE VALUE FUND	\$25,617,929	\$25,617,929
*	TRANSAMERICA LIFE INSURANCE COMPANY	American Century Mid Cap Value Ret Opt	\$10,257,477.74	\$10,257,477.74
*	TRANSAMERICA LIFE INSURANCE COMPANY	American Funds New Perspective Ret Opt	\$6,119,278.25	\$6,119,278.25
*	TRANSAMERICA LIFE INSURANCE COMPANY	Franklin Small Cap Value Ret Opt	\$1,612,304.63	\$1,612,304.63
*	TRANSAMERICA LIFE INSURANCE COMPANY	Goldman Sachs Mid-Cap Opportunities Ret Opt	\$8,186,638.65	\$8,186,638.65
*	TRANSAMERICA LIFE INSURANCE COMPANY	Invesco International Growth Ret Opt	\$3,786,873.17	\$3,786,873.17
*	TRANSAMERICA LIFE INSURANCE COMPANY	Janus Triton Ret Opt	\$8,090,527.94	\$8,090,527.94
*	TRANSAMERICA LIFE INSURANCE COMPANY	Morgan Stanley Growth Ret Opt	\$11,807,354.35	\$11,807,354.35
*	TRANSAMERICA LIFE INSURANCE COMPANY	PIMCO Total Return Ret Opt	\$7,173,529.08	\$7,173,529.08
*	TRANSAMERICA LIFE INSURANCE COMPANY	RidgeWorth Large Cap Value Equity Ret Opt	\$12,051,891.31	\$12,051,891.31
*	TRANSAMERICA LIFE INSURANCE COMPANY	SSgA Emerging Markets Index Ret Opt	\$1,246,467.49	\$1,246,467.49
*	TRANSAMERICA LIFE INSURANCE COMPANY	SSgA International Index Ret Opt	\$1,259,376.49	\$1,259,376.49
*	TRANSAMERICA LIFE INSURANCE COMPANY	SSgA S&P 500 Index Ret Opt	\$8,038,337.80	\$8,038,337.80
*	TRANSAMERICA LIFE INSURANCE COMPANY	SSgA S&P Mid Cap Index Ret Opt	\$3,624,651.54	\$3,624,651.54
*	TRANSAMERICA LIFE INSURANCE COMPANY	SSgA U.S. Bond Index Ret Opt	\$691,608.64	\$691,608.64
*	TRANSAMERICA LIFE INSURANCE COMPANY	Thornburg International Value Ret Opt	\$2,634,991.38	\$2,634,991.38
*	TRANSAMERICA LIFE INSURANCE COMPANY	Vanguard REIT Index Ret Opt	\$1,707,560.07	\$1,707,560.07
*	TRANSAMERICA LIFE INSURANCE COMPANY	Vanguard Small-Cap Index Ret Opt	\$4,443,001.58	\$4,443,001.58
*	TRANSAMERICA LIFE INSURANCE COMPANY	Vanguard Target Retirement 2010 Ret Opt	\$4,726,259.62	\$4,726,259.62
*	TRANSAMERICA LIFE INSURANCE COMPANY	Vanguard Target Retirement 2015 Ret Opt	\$11,177,479.70	\$11,177,479.70
*	TRANSAMERICA LIFE INSURANCE COMPANY	Vanguard Target Retirement 2020 Ret Opt	\$24,495,876.91	\$24,495,876.91
*	TRANSAMERICA LIFE INSURANCE COMPANY	Vanguard Target Retirement 2025 Ret Opt	\$27,205,768.01	\$27,205,768.01
*	TRANSAMERICA LIFE INSURANCE COMPANY	Vanguard Target Retirement 2030 Ret Opt	\$26,288,865.04	\$26,288,865.04
*	TRANSAMERICA LIFE INSURANCE COMPANY	Vanguard Target Retirement 2035 Ret Opt	\$22,321,308.58	\$22,321,308.58
*	TRANSAMERICA LIFE INSURANCE COMPANY	Vanguard Target Retirement 2040 Ret Opt	\$13,766,419.26	\$13,766,419.26
*	TRANSAMERICA LIFE INSURANCE COMPANY	Vanguard Target Retirement 2045 Ret Opt	\$10,099,716.02	\$10,099,716.02
*	TRANSAMERICA LIFE INSURANCE COMPANY	Vanguard Target Retirement 2050 Ret Opt	\$4,799,990.10	\$4,799,990.10
*	TRANSAMERICA LIFE INSURANCE COMPANY	Vanguard Target Retirement 2055 Ret Opt	\$2,330,433.20	\$2,330,433.20
*	TRANSAMERICA LIFE INSURANCE COMPANY	Vanguard Target Retirement Income Ret Opt	\$4,773,564.96	\$4,773,564.96