

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>A-1 CONTRACT STAFFING, INC. 401K RETIREMENT 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>333</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1999</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>333</u>	1c Effective date of plan <u>01/01/1999</u>	
1b Three-digit plan number (PN) ▶	<u>333</u>				
1c Effective date of plan <u>01/01/1999</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>A-1 CONTRACT STAFFING, INC.</u> <u>3829 COCONUT PALM DRIVE</u> <u>TAMPA, FL 33619</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>59-1852300</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>813-620-1661</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>59-1852300</u>	2c Plan Sponsor's telephone number <u>813-620-1661</u>	2d Business code (see instructions) <u>561300</u>	
2b Employer Identification Number (EIN) <u>59-1852300</u>					
2c Plan Sponsor's telephone number <u>813-620-1661</u>					
2d Business code (see instructions) <u>561300</u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature. Signature of plan administrator	10/13/2015 Date	CINDY FOWLER Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature. Signature of employer/plan sponsor	10/13/2015 Date	CINDY FOWLER Enter name of individual signing as employer or plan sponsor
SIGN HERE	_____ Signature of DFE	_____ Date	_____ Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN	
		4c PN	
5 Total number of participants at the beginning of the plan year		5	3843
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	3727
a(2) Total number of active participants at the end of the plan year		6a(2)	3367
b Retired or separated participants receiving benefits		6b	
c Other retired or separated participants entitled to future benefits.....		6c	301
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	3668
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....		6e	
f Total. Add lines 6d and 6e		6f	3668
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	859
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	3
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: 2A 2E 2F 2G 2J 2K 3D 3H			
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)		9b Plan benefit arrangement (check all that apply)	
(1) ☒ Insurance		(1) ☒ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts		(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust		(3) ☒ Trust	
(4) ☐ General assets of the sponsor		(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		b General Schedules	
(1) ☒ R (Retirement Plan Information)		(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information – Small Plan)	
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(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
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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 A-1 CONTRACT STAFFING, INC. 401K RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 A-1 CONTRACT STAFFING, INC.	D Employer Identification Number (EIN) 59-1852300

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 FINANCIAL LIFE INSURANCE COMPANY

(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
36-6071399	70688	932237-000	860	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 41223	(b) Total amount of fees paid 0
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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

PROVIDENT BROKERAGE SERVICES
100 CROSSWAYS PARK WEST
WOODBURY, NY 11797-2005

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
41223			3

(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
	(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	

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	2982169
5 Current value of plan's interest under this contract in separate accounts at year end	5	20513160

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	3140961
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c Additions: (1) Contributions deposited during the year.....	7c(1)	315744	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	48483	
(4) Transferred from separate account.....	7c(4)	598658	
(5) Other (specify below)	7c(5)	201730	
▶ CONVERSION, FORF CREDITS, LOAN INT AND PRINC PAID			

(6) Total additions.....	7c(6)	1164615
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d Total of balance and additions (add lines 7b and 7c(6))	7d	4305576
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	420048	
(2) Administration charge made by carrier	7e(2)	18406	
(3) Transferred to separate account.....	7e(3)	724381	
(4) Other (specify below)	7e(4)	160572	
▶ CONVERSION, FORF, FEES, LOANS ISSUES			

(5) Total deductions.....	7e(5)	1323407
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	2982169
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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>A-1 CONTRACT STAFFING, INC. 401K RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>A-1 CONTRACT STAFFING, INC.</u>	D Employer Identification Number (EIN) <u>59-1852300</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 FINANCIAL LIFE INS CO
36-6071399

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
HERITAGE ADMINISTRATIVE SVCS LLC
26-1662097

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

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

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 FINANCIAL LIFE INS CO

36-6071399

(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	151786	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

FIDUCIARY PARTNERS RETIREMENT GRP I

51-0595589

(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 - PL	33811	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 ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE 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>A-1 CONTRACT STAFFING, INC. 401K RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>333</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>A-1 CONTRACT STAFFING, INC.</u>	D Employer Identification Number (EIN) <u>59-1852300</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: <u>TRANSAMERICA PART STOCK INDEX RET</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u>				
c EIN-PN <u>36-6071399-139</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>1963816</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RET INCOME RET</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u>				
c EIN-PN <u>36-6071399-417</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>422995</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RET 2015 RET ACCT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u>				
c EIN-PN <u>36-6071399-356</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>638645</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RET 2025 RET ACCT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u>				
c EIN-PN <u>36-6071399-018</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>1186897</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RET 2035 RET ACCT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u>				
c EIN-PN <u>36-6071399-019</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>1117877</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RET 2045 RET ACCT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u>				
c EIN-PN <u>36-6071399-295</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>833558</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS EUROPACIFIC GROWTH</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u>				
c EIN-PN <u>36-6071399-076</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>1329770</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: MUNDER MID-CAP CORE GROWTH RET ACCT**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-096	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1054932
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL-CAP GROWTH INDEX RET**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-131	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 760645
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL-CAP INDEX RET ACCT**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-132	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 143903
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL-CAP VALUE INDEX RET**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-133	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 830644
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2010 RET**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-134	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 162220
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2020 RET**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-135	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1148853
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2030 RET**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-163	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 536448
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2040 RET**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-164	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 547572
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2050 RET**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-165	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 142345
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS BALANCED RET ACCT**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-228	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1062409
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS AMCAP RET ACCT**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-245	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1370308
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW PERSPECTIVE RET**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-255	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 872362
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a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO COMSTOCK RET ACCT**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-576	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1591165
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a Name of MTIA, CCT, PSA, or 103-12 IE: JP MORGAN CORE BOND RET ACCT**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-329	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 272953
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a Name of MTIA, CCT, PSA, or 103-12 IE: JP MORGAN EXPAN ENHAN INDEX RET ACC**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-332	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 392515
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a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO TOTAL RETURN RET ACCT**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-349	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1596019
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a Name of MTIA, CCT, PSA, or 103-12 IE: RIDGEWORTH MID-CAP VALUE EQUITY RET**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-339	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 463217
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2055 RET ACCT**b** Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-505	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 128464
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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
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 01/01/2014 and ending 12/31/2014	
A Name of plan A-1 CONTRACT STAFFING, INC. 401K RETIREMENT PLAN	B Three-digit plan number (PN) ► 333
C Plan sponsor's name as shown on line 2a of Form 5500 A-1 CONTRACT STAFFING, INC.	D Employer Identification Number (EIN) 59-1852300

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	54147	133783
(2) Participant contributions.....	1b(2)	7649	0
(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)	444510	473849
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	17237081	20513160
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	3140961	2982169
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	20884348	24102961

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	20884348	24102961
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	777056	
(B) Participants	2a(1)(B)	2160277	
(C) Others (including rollovers)	2a(1)(C)	151437	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3088770
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)	19178	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		19178
(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)		
(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)		1289993
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		4397941

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2359302	
(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)		2359302
f Corrective distributions (see instructions)	2f		62995
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)	171331	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		171331
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2593628

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1804313
l Transfers of assets:			
(1) To this plan	2l(1)		3007106
(2) From this plan	2l(2)		1592806

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
COMMGENIX, LLC 401(K) PROFIT SHARING PLAN & TRUST	22-3755917	001
SANFORD N. SCHWARTZ, DDS, PA PROFIT SHARING PLAN	59-2883488	001
CARIB SALES, INC. RETIREMENT SAVINGS PLAN	59-1702227	001

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
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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>A-1 CONTRACT STAFFING, INC. 401K RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>A-1 CONTRACT STAFFING, INC.</u>	D Employer Identification Number (EIN) <u>59-1852300</u>

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>36-6071399</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a		
b Enter the amount contributed by the employer to the plan for this plan year.....	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**A-1 CONTRACT STAFFING
401(K) RETIREMENT PLAN**

Financial Statements and Supplemental Schedule

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

A-1 CONTRACT STAFFING 401(K) RETIREMENT PLAN

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Mayer Hoffman McCann P.C.
An Independent CPA Firm

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Independent Auditor's Report

The Plan Administrator of A-1 Contract
Staffing 401(k) Retirement Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of A-1 Contract Staffing 401(k) Retirement Plan, which comprise the statements of net assets available for plan benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, 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 and the supplemental schedule. 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 our opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and 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, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Mayer Hoffman McCann P.C.

October 12, 2015
Tampa, Florida

A-1 CONTRACT STAFFING 401(K) RETIREMENT PLAN

Statements of Net Assets Available for Plan Benefits

December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Assets:		
Insurance company investment contract (Notes 3, 4, 5 and 6):		
General account - stable value option	\$ 2,982,169	3,140,961
Pooled separate account	<u>20,513,160</u>	<u>17,237,081</u>
	23,495,329	20,378,042
Receivables:		
Participant contributions	-	7,649
Employer contributions	133,783	54,147
Notes receivable from participants	<u>473,849</u>	<u>444,510</u>
Total assets	<u>24,102,961</u>	<u>20,884,348</u>
Net assets available for plan benefits	<u>\$ 24,102,961</u>	<u>20,884,348</u>

A-1 CONTRACT STAFFING 401(K) RETIREMENT PLAN

Statement of Changes in Net Assets Available for Plan Benefits

Year Ended December 31, 2014

Additions:

Interest on participant notes receivable (Note 5)	\$ 19,178
Net investment gain (Note 5)	<u>1,289,993</u>

1,309,171

Contributions:

Employer contributions	777,056
Participant contributions	2,160,277
Other contributions, including rollovers	<u>151,437</u>

Total additions 4,397,941

Deductions:

Benefits paid to participants	2,422,297
Administrative expenses (Note 9)	<u>171,331</u>

Total deductions 2,593,628

Net increase before transfer of assets 1,804,313

Transfer of assets from other employer plans	3,007,106
Transfer of assets to other employer plans	<u>(1,592,806)</u>

Net increase 3,218,613

Net assets available for plan benefits:

Beginning of year 20,884,348

End of year \$ 24,102,961

A-1 CONTRACT STAFFING 401(K) RETIREMENT PLAN

Notes to Financial Statements

December 31, 2014 and 2013

(1) Description of Plan

The following description of A-1 Contract Staffing 401(k) Retirement Plan (the Plan), provides only general information. Participants should refer to the Plan document and adoption agreements for a more complete description of the Plan's provisions. The Plan is sponsored by A-1 Contract Staffing, Inc. (Company). The Company is a contract staffing company.

(a) General

The Plan is a multiple-employer Defined Contribution Plan as described in section 413(c) of the Internal Revenue Code. The Company and each client-employer of the Company (Employers) have their own adoption agreement to the Plan. The Plan generally covers all employees of the Company and the Employers who have completed the service requirement selected in the adoption agreement and who have attained age 21. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

(b) Contributions

Each year, participants may make elective salary deferral contributions, in whole percentages, up to the maximum amount allowable under the law, as defined by the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. If elected in the adoption agreement, the Company and the Employers will contribute to the Plan an amount of matching contributions determined at the discretion of the Company and the Employers. The matching contribution, if any, is invested at the direction of the participants. Additional discretionary amounts may be contributed at the option of the Company and the Employers and are also invested as directed by the participants. The Company and the Employers may choose not to make matching or discretionary contributions in any given year. Contributions are subject to certain limitations.

(c) Participant Accounts

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

A-1 CONTRACT STAFFING 401(K) RETIREMENT PLAN

Notes to Financial Statements - Continued

(1) Description of Plan - Continued

(d) Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's or the Employers' matching contribution and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after six years of credited service.

Non-vested Company and Employers' contributions that are forfeited may first be used to pay expenses of the Plan. Remaining forfeitures are retained in the Plan and reduce future respective Company and Employers' contributions. Unutilized forfeitures included in plan assets totaled \$50,966 and \$29,727 at December 31, 2014 and 2013, respectively.

(e) Participant Loans

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50 percent of their account balance, whichever is less. The loans are secured by the vested balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined quarterly by the plan administrator. Principal and interest are paid ratably through payroll deductions over the term of the loan. Participants may have only one loan outstanding at any time. At December 31, 2014 and 2013, participant loans in the amount of \$473,849 and \$444,510, respectively, were outstanding.

(f) Payment of Benefits

Upon retirement, disability, termination of employment or death, the Plan permits the participant or beneficiary to elect distribution either in a lump-sum amount equal to the value of his or her account, installment payments over a specified period of time, or in a joint and survivor annuity.

The Plan also allows for hardship distributions only if the distribution is made on account of an immediate and heavy financial need of the participant and is necessary to satisfy such financial need, as defined in the plan document.

(2) Summary of Significant Accounting Policies

(a) Accounting Basis

The financial statements of the Plan are presented on the accrual basis.

(b) Payment of Benefits

Benefits are recorded when paid.

A-1 CONTRACT STAFFING 401(K) RETIREMENT PLAN

Notes to Financial Statements - Continued

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

(c) **Financial Accounting Standards**

The Financial Accounting Standards Board (FASB) has issued authoritative guidance establishing two levels of U.S. generally accepted accounting principles (GAAP) - authoritative and nonauthoritative - and making the Accounting Standards Codification (ASC) the source of authoritative, nongovernmental GAAP, except for rules and interpretive releases of the Securities and Exchange Commission. This guidance is incorporated into Accounting Standards Codification Topic 105, *Generally Accepted Accounting Principles* (ASC 105).

Notes receivable from participants are measured at their unpaid principal balance plus accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2014 or 2013. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

(d) **Valuation of Investments**

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for discussion of fair value measurements.

The fair value of participation units owned by the Plan in the pooled separate account is based upon quoted redemption values on a daily basis.

The Plan's insurance company general account investment is valued at contract value which represents contributions made under the contract, plus interest at the contract rate, less funds used to pay retirement benefits. Fair value of the general account approximates the contract value less any early withdrawal charges, maintenance fees and market value adjustments if the contract were terminated at the reporting date. At December 31, 2014 and 2013, the general account contract value approximates fair value.

(e) **Estimates in Financial Statements**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

A-1 CONTRACT STAFFING 401(K) RETIREMENT PLAN

Notes to Financial Statements - Continued

(3) Investment Contract with Insurance Company

The Plan has an investment contract with Transamerica for the purpose of investing plan assets. The contract is an “unallocated” group annuity contract. The assets of the Plan are held in either Transamerica’s general account and represent general account obligations, or in a pooled separate account. A variety of investment options are available to plan participants through the pooled separate account. Contributions directed to the pooled separate account purchase units of various funds of the separate account. The funds of the separate account include a number of registered investment companies with various investment objectives. Benefit payments to participants or their beneficiaries are made directly by Transamerica from the funds accumulated under the contract. The general account investment contract and underlying funds are reported at contract value which represents the accumulation of contributions made, plus earnings, less benefit payments and administrative expenses. Contract value approximates fair value at December 31, 2014 and 2013.

Transamerica is contractually obligated to repay the principal and a specified minimum interest rate that is guaranteed to the Plan under the general account investment contract. Participants may ordinarily direct the withdrawal or transfer all of their investment at contract value. However, certain restrictions on these types of transactions apply and therefore the contract is not considered to be fully benefit-responsive. Contract value represents the accumulation of contributions made, plus earnings, less benefit payments and administrative expenses.

There are no reserves against fair value (or contract value) for credit risk of the contract issuer or otherwise. The fair value of the general account investment contract at December 31, 2014 and 2013 was \$2,982,169 and \$3,140,961, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than the minimum rate specified in the contract. Such interest rates are reset on a periodic basis.

(4) Investments

The fair value of individual investments that represent 5% or more of the Plan’s net assets at December 31, 2014 and 2013 are as follows:

	<u>2014</u>	<u>2013</u>
Transamerica Stable Value Advantage account	\$ 2,982,169	3,140,961
PIMCO Total Return fund	1,596,019	1,717,595
BlackRock Equity Dividend fund	*	1,536,052
Invesco Comstock Retirement fund	1,591,165	*
Transamerica Partners Stock Index fund	1,963,815	1,706,011
American Funds AMCAP fund	1,356,014	1,291,704
Vanguard Small-Cap Growth Index fund	*	1,191,604
American Funds EuroPacific Growth fund	1,329,760	1,328,778

* This investment did not represent 5% or more of the Plan’s net assets.

A-1 CONTRACT STAFFING 401(K) RETIREMENT PLAN

Notes to Financial Statements - Continued

(5) Information Certified by Transamerica

The following is a summary of the unaudited information included in the Plan's financial statements that was prepared or derived from information prepared by Transamerica. The plan administrator has obtained a certification from Transamerica that the information is complete and accurate as of December 31, 2014 and 2013 and for the year ended December 31, 2014:

	<u>2014</u>	<u>2013</u>
Insurance company investment contract:		
Investment in general account	\$ 2,982,169	3,140,961
Investment in pooled separate account	20,513,160	17,237,081
Notes receivable from participants	473,849	444,510
Interest on notes receivable from participants	19,178	n/a
Net investment gain	1,289,993	n/a

The certification from Transamerica also covers all information included in Note 4 and the supplemental schedule of assets (held at end of year).

(6) Fair Value Measurements

FASB ASC Topic 820, *Fair Value Measurement*, provides a common definition of fair value and 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 are described as follows:

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.

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

A-1 CONTRACT STAFFING 401(K) RETIREMENT PLAN

Notes to Financial Statements - Continued

(6) Fair Value Measurements - Continued

Following is a description of the valuation methodologies used for the Plan's assets measured at fair value. There have been no changes in the methodology used at December 31, 2014 and 2013.

Investment Contract with Insurance Company - Group Annuity Contract: The Plan has a guaranteed investment contract (GIC) with Transamerica. Transamerica maintains the contributions in a general account, which is credited with earnings and charged with participant withdrawals and administrative expenses. The GIC is included in the financial statements at fair value, which approximates contract value. This contract is not a traditional GIC and therefore there are no cash flows that could be discounted. Contract value represents contributions made under the contract, plus transfers out of the fund and administrative expenses. The general account promises contract value for a benefit event (termination, death, disability, retirement, etc.); however, there is a possible market value adjustment when funds are withdrawn prior to maturity. Therefore, the general account is not considered to be benefit-responsive.

Pooled Separate Account: Valued at the net asset value (NAV) of units held by the Plan. The NAV, as provided by the insurance company, is used as a practical expedient to estimate fair value. The NAV is based on the underlying investments owned by the insurance company. There are no unfunded commitments. The redemption frequency (if currently eligible) is daily. The redemption notice period is one day.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
2014				
Pooled separate account:				
Large Cap funds	\$ -	12,824,971	-	12,824,971
Mid Cap funds	-	1,895,953	-	1,895,953
Small Cap funds	-	1,735,189	-	1,735,189
Large Cap Foreign funds	-	2,188,076	-	2,188,076
Bond funds	-	1,868,971	-	1,868,971
Investment contract with insurance company - general account	-	2,982,169	-	2,982,169
	<u>\$ -</u>	<u>23,495,329</u>	<u>-</u>	<u>23,495,329</u>

A-1 CONTRACT STAFFING 401(K) RETIREMENT PLAN

Notes to Financial Statements - Continued

(6) Fair Value Measurements - Continued

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

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
2013				
Pooled separate account:				
Large Cap funds	\$ -	9,499,320	-	9,499,320
Mid Cap funds	-	1,760,943	-	1,760,943
Small Cap funds	-	1,866,727	-	1,866,727
Large Cap Foreign funds	-	2,158,807	-	2,158,807
Bond funds	-	1,951,284	-	1,951,284
Investment contract with insurance company - general account	-	3,140,961	-	3,140,961
	<u>\$ -</u>	<u>20,378,042</u>	<u>-</u>	<u>20,378,042</u>

(7) Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

(8) Income Tax Status

The Internal Revenue Service has determined and informed the Company by letter dated March 31, 2008, that the Plan qualifies under the Internal Revenue Code (IRC) as a tax-qualified employees' plan and trust and a multiple-employer plan as described in §413(c) of the IRC and should, therefore, not be subject to tax under present tax law. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC.

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 position that more likely than not would not be sustained upon examination by federal and state taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

A-1 CONTRACT STAFFING 401(K) RETIREMENT PLAN

Notes to Financial Statements - Continued

(9) **Party-in-Interest Transactions**

The Plan's expenses are paid either by the Plan or the Company, as provided in the plan document. Expenses that are paid directly by the Company, such as professional and recordkeeping fees, are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for plan benefits. In addition, certain investment related expenses are included in net investment gain presented in the accompanying statement of changes in net assets available for benefits.

Transamerica provides certain recordkeeping services to the Plan. As such, Transamerica is considered to be a party-in-interest. Fees paid by the Plan to Transamerica of \$151,786 for the year ended December 31, 2014 are considered to be party-in-interest transactions.

The Plan's investments in the Transamerica Partners Stock Index fund through the pooled separate account and the group annuity contract are managed by Transamerica. Transamerica is the issuer of the Plan's investment contract, therefore, these transactions are party-in-interest transactions. Fees incurred by the Plan for investment management services are included in net investment gain, as they are paid through revenues sharing, rather than a direct payment.

(10) **Risks and Uncertainties**

The Plan invests in various investment vehicles through its insurance company investment contract. Plan investments are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain plan investments, it is at least reasonably possible that changes in the value of plan investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

(11) **Subsequent Events**

The Plan has evaluated subsequent events through October 12, 2015, the date the financial statements were available for issuance.

A-1 CONTRACT STAFFING 401(K) RETIREMENT PLAN

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

Employer Identification Number (EIN): 59-1852300

Plan Number: 333

December 31, 2014

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(e) Current Value
	Insurance company investment contract:		
	General account:		
*	Transamerica Stable Value Advantage account	152,997.8219 units	\$ 2,982,169
	Pooled separate account:		
	JPMorgan Core Bond fund	11,912.3266 units	272,952
	PIMCO Total Return fund	66,776.4039 units	1,596,019
	American Funds Balanced fund	16,388.8599 units	1,048,107
	Vanguard Target Retirement Income fund	24,809.5795 units	422,995
	Vanguard Target Retirement 2010 fund	10,510.2120 units	162,220
	Vanguard Target Retirement 2015 fund	34,047.4751 units	638,645
	Vanguard Target Retirement 2020 fund	71,368.6038 units	1,148,852
	Vanguard Target Retirement 2025 fund	60,557.4214 units	1,186,896
	Vanguard Target Retirement 2030 fund	33,033.7816 units	536,448
	Vanguard Target Retirement 2035 fund	53,727.3945 units	1,117,876
	Vanguard Target Retirement 2040 fund	33,041.9250 units	547,572
	Vanguard Target Retirement 2045 fund	38,378.2662 units	833,558
	Vanguard Target Retirement 2050 fund	8,549.7786 units	142,344
	Vanguard Target Retirement 2055 fund	7,660.9862 units	128,464
	Invesco Comstock Retirement fund	69,107.4416 units	1,591,165
	RidgeWorth Mid-Cap Value Equity fund	13,171.5616 units	463,216
	JPMorgan Market Expansion Index fund	8,559.1179 units	377,806
*	Transamerica Partners Stock Index fund	32,023.8094 units	1,963,815
	American Funds AMCAP fund	16,829.1774 units	1,356,014
	Munder Mid-Cap Core Growth fund	32,271.9965 units	1,054,931
	Vanguard Small-Cap Growth Index fund	21,640.1814 units	760,644
	Vanguard Small-Cap Index fund	775.5414 units	143,902
	Vanguard Small-Cap Value Index fund	23,101.7770 units	830,644
	American Funds New Perspective fund	10,025.0340 units	858,315
	American Funds EuroPacific Growth fund	5,715.1181 units	1,329,760
			20,513,160
	Total insurance company investment contract		\$ 23,495,329
*	Notes receivable from participants	Interest rates at 4.25%	\$ 473,849

* Party-in-interest

Multiple Employer Plan Participating Employer Information

For the plan year beginning 01/01/2014 and ending 12/31/2014

Name of plan A-1 CONTRACT STAFFING, INC. 401K RETIREMENT PLAN		PN: 333
Sponsor Name: A-1 CONTRACT STAFFING, INC.		EIN: 59-1852300
Sponsor Name	EIN	Percent of Total Contributions
A & K Energy Conservation, Inc.	59-1581085	2.55 %
A. Alessio Conte, D.D. S., P.A.	59-3451365	2.32 %
A1 Contract Staffing Inc.	59-1852301	1.70 %
All South Lighting Protection	65-0637585	0.51 %
Allegra Print and Imaging	59-3398701	0.92 %
Allen Road SAI	36-4602042	0.10 %
AMC Industries	59-3096712	0.00 %
Amrapur Hotels Fairmont, LP	26-0607568	0.04 %
Architectural Consulting, Inc.	22-3980059	0.00 %
Aviation Instruments Technology	59-3456202	0.76 %
Baja Ferries USA LLC	75-3195393	0.01 %
Bay 4 Energy Services, LLC	46-4273648	0.59 %
Bay Harbor Hotel and Convention Center, LLC	45-4783724	0.73 %
Benchmark EnviroAnalytical, Ind.	65-0589342	0.70 %
Bob Hill, Inc.	59-0661820	2.21 %
Brandon Are Primary Care, P.A.	59-3670246	5.29 %
Bulldog Fitness, Inc.	26-1171291	0.56 %
Ceramic Solutions	59-3349916	0.00 %
Coastal Wipers	59-2242868	1.81 %
Collegiate Risk Management, LLC	59-3413045	1.31 %
Commercial Concrete Products	59-2919357	2.42 %
CommGeniX, LLC	22-3755917	0.85 %
Curry Law Group	59-2351997	1.17 %
Curzon Group	20-0992866	0.22 %
Cybrix Group	13-4228013	1.80 %
D & D of Lee County	65-0666630	0.00 %
David Dresdner, MD PA	59-3695009	0.74 %
DLD Services, Inc	59-3282502	0.02 %
Duffield 229 Management, Inc.	45-5439291	0.04 %
East Bay Dry Cleaners, Inc.	59-2312584	0.00 %
Education Foundation of Collier County	59-1852300	1.35 %
Express Medical & Nutrition Supply LLC	59-3294109	1.55 %
Extended Care Portfolio Florida Tenant, LLC	20-0414929	0.00 %
Fine Design Landscape and Maintenance, LLC	20-5525204	0.51 %
Florida Holocaust Museum	59-2981494	1.46 %
Freddie McRae	59-3723735	0.48 %
GCF Ventures	20-0122555	0.01 %
GI Entertainment & Restaurant Group LLC	26-1411895	0.00 %
Holiday Inn West Palm Beach	52-2362435	0.40 %
Horsham Limited Partnership DBA	52-1938292	0.21 %

Multiple Employer Plan Participating Employer Information

For the plan year beginning 01/01/2014 and ending 12/31/2014

Name of plan A-1 CONTRACT STAFFING, INC. 401K RETIREMENT PLAN		PN: 333
Sponsor Name: A-1 CONTRACT STAFFING, INC.		EIN: 59-1852300
Sponsor Name	EIN	Percent of Total Contributions
Immokalee Non Profit Housing, Inc.	59-2716833	0.15 %
Jolley Trolley Transportation of Clearwater, Inc.	59-3213941	1.68 %
Kenyon Energy, LLC	27-0642370	4.20 %
L & N Lable Company, Inc.	57-2970820	3.58 %
Landstar Kids Academy LLC	45-3354962	0.11 %
LM Hospitality Brooklyn, Inc.	27-1155070	0.16 %
M & R Hotel Management, LLC	75-3206201	13.11 %
Majestic Management Corp.	23-2928433	0.02 %
Marshall Hotel and Resorts , Inc.	52-1185803	1.68 %
Marshall Payroll Services	52-1185804	0.00 %
McNatt Plumbing Company, Inc.	59-3165037	0.00 %
Mobel Americana	59-3236988	0.00 %
MTampa Corp.	59-3279939	0.05 %
Naples Art Association	59-1022882	1.26 %
Nguyen Dental Pl	59-1852300	0.29 %
Niebles & Samter MDS	59-3618517	2.08 %
North Trail/Lee County RV Sales Co.	59-2744968	12.40 %
NY 29 West, LLC	01-0860520	0.03 %
Paragon Foods	58-1865089	0.00 %
Pediatric Cancer Foundation, Inc.	59-3097333	0.10 %
PleasureBowl Inc.	75-3036089	0.66 %
Projects Group	75-2635294	0.88 %
Proprint of Naples	59-3545471	0.00 %
Ramspring Limited Partnership DBA Hilton Springfield	52-1911041	0.46 %
Randall Associates, LLC dba La Quinta Inn and Suites Valdosta	04-3799733	0.10 %
Real Payroll GroupWaterfront	58-1416705	0.67 %
Real Payroll Group	27-2897715	0.41 %
Robert W. Payne, DDS, PA	59-3510533	0.40 %
Ronecker Holdings	20-3127157	0.14 %
Sanford Schwartz DDS, P.A.	59-2883488	1.26 %
Schooner Prints	59-1913802	0.78 %
Sean Patrick Enterprises	65-0740101	2.13 %
Seaport Heights, LLC	71-1026571	0.15 %
Selah Management Group, LLC	27-3357454	0.33 %
Servant Hotels, LLC	71-1022385	0.03 %
Service 1st Credit Union	20-0414928	0.61 %
Soho 54, LLC	20-2780745	0.08 %
Soho village Management Co, Inc.	26-2367384	0.05 %
Somerset Hills SAI, LLC	36-4002043	0.16 %
Star Perfect Management Corp.	20-0022820	0.52 %

Multiple Employer Plan Participating Employer Information

[illegible]

A-1 CONTRACT STAFFING 401(K) RETIREMENT PLAN

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

Employer Identification Number (EIN): 59-1852300

Plan Number: 333

December 31, 2014

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(e) Current Value
	Insurance company investment contract:		
	General account:		
*	Transamerica Stable Value Advantage account	152,997.8219 units	\$ 2,982,169
	Pooled separate account:		
	JPMorgan Core Bond fund	11,912.3266 units	272,952
	PIMCO Total Return fund	66,776.4039 units	1,596,019
	American Funds Balanced fund	16,388.8599 units	1,048,107
	Vanguard Target Retirement Income fund	24,809.5795 units	422,995
	Vanguard Target Retirement 2010 fund	10,510.2120 units	162,220
	Vanguard Target Retirement 2015 fund	34,047.4751 units	638,645
	Vanguard Target Retirement 2020 fund	71,368.6038 units	1,148,852
	Vanguard Target Retirement 2025 fund	60,557.4214 units	1,186,896
	Vanguard Target Retirement 2030 fund	33,033.7816 units	536,448
	Vanguard Target Retirement 2035 fund	53,727.3945 units	1,117,876
	Vanguard Target Retirement 2040 fund	33,041.9250 units	547,572
	Vanguard Target Retirement 2045 fund	38,378.2662 units	833,558
	Vanguard Target Retirement 2050 fund	8,549.7786 units	142,344
	Vanguard Target Retirement 2055 fund	7,660.9862 units	128,464
	Invesco Comstock Retirement fund	69,107.4416 units	1,591,165
	RidgeWorth Mid-Cap Value Equity fund	13,171.5616 units	463,216
	JPMorgan Market Expansion Index fund	8,559.1179 units	377,806
*	Transamerica Partners Stock Index fund	32,023.8094 units	1,963,815
	American Funds AMCAP fund	16,829.1774 units	1,356,014
	Munder Mid-Cap Core Growth fund	32,271.9965 units	1,054,931
	Vanguard Small-Cap Growth Index fund	21,640.1814 units	760,644
	Vanguard Small-Cap Index fund	775.5414 units	143,902
	Vanguard Small-Cap Value Index fund	23,101.7770 units	830,644
	American Funds New Perspective fund	10,025.0340 units	858,315
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			<u>20,513,160</u>
	Total insurance company investment contract		<u>\$ 23,495,329</u>
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* *Party-in-interest*