

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                 |
| For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u> |                                                                                                                                                                                                                                                                                                                                                 |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input checked="" type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or<br><input type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).                                                                                                       |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                        |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                                                                                                                       |

|                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                                  |                                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                 | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                                         |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN</u>                                                                                                                                    | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>01/01/1994</u></td> </tr> </table>                                                                        | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u>                                                       | <b>1c</b> Effective date of plan<br><u>01/01/1994</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                       | <u>001</u>                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>01/01/1994</u>                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><u>EXECUSTAFF HR, INC.</u><br><br><u>6070 HELLYER AVENUE</u><br><u>SAN JOSE, CA 95138</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>27-0037153</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>408-364-2800</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>541990</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>27-0037153</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>408-364-2800</u> | <b>2d</b> Business code (see instructions)<br><u>541990</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>27-0037153</u>                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>408-364-2800</u>                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>541990</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.

|                                                                                                            |                                                   |            |                                                              |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature. | 10/14/2015 | SUSAN J. JOCHHEIM                                            |
|                                                                                                            | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                           |                                                   |            |                                                              |
|                                                                                                            | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                           |                                                   |            |                                                              |
|                                                                                                            | 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)                       |
|                                                                                                            |                                                   |            |                                                              |

|                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                   | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                                                 |
| <b>4</b> 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:<br><b>a</b> Sponsor's name                                                                                                                                                                                                          | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    | <b>5</b> 1189                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                                                                                    | <b>6a(1)</b> 908                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          | <b>6a(2)</b> 927                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                        | <b>6b</b> 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                          | <b>6c</b> 277                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ....                                                                                                                                                                                                                                                                                                                                               | <b>6d</b> 1204                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 | <b>6e</b> 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ....                                                                                                                                                                                                                                                                                                                                                                   | <b>6f</b> 1204                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                            | <b>6g</b> 894                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                                 | <b>6h</b> 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                        | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2T 3D                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                   | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                         |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 \_\_\_\_\_

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><hr/> Department of Labor<br>Employee Benefits Security Administration<br><hr/> Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           | <b>2014</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           | <b>This Form is Open to Public Inspection</b> |

For calendar plan year 2014 or fiscal plan year beginning **01/01/2014** and ending **12/31/2014**

|                                                                                             |                                                                    |            |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><b>EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN</b>                  | <b>B</b> Three-digit plan number (PN) ▶                            | <b>001</b> |
|                                                                                             |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>EXECUSTAFF HR, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>27-0037153</b> |            |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> 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. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**1** Coverage Information:

(a) Name of insurance carrier

**VOYA RETIREMENT INSURANCE AND ANNUITY 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            |
| <b>71-0294708</b> | <b>86509</b>  | <b>875763</b>                         | <b>896</b>                                                                  | <b>01/01/2014</b>       | <b>12/31/2014</b> |

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

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| <b>103056</b>                        | <b>19761</b>                  |

**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

**HAYASHI & WAYLAND ADMIN AND INSUR** **1188 PADRE DRIVE**  
**SALINAS, CA 93901**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| <b>63500</b>                                  |                                 |             | <b>3</b>              |

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

**GAWLICK RETIREMENT SERVICES** **6455 ALMADEN EXPWY STE 100**  
**SAN JOSE, CA 95120**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| <b>39556</b>                                  |                                 |             | <b>3</b>              |

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

HAYASHI &amp; WAYLAND ADMIN AND INSUR

1188 PADRE DRIVE  
SALINAS, CA 93901

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                        | (e) Organization code |
|-----------------------------------------------|---------------------------------|------------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose            |                       |
|                                               | 19761                           | TPA ADMINISTRATION FEE | 5                     |

## (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.

|                                                                                                       |          |          |
|-------------------------------------------------------------------------------------------------------|----------|----------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end..... | <b>4</b> | 4033831  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....  | <b>5</b> | 41455270 |

**6 Contracts With Allocated Funds:****a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier.....                                                                                                                                                                         | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year.....                                                                                                                                                   | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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 ▶ OTHER-GROUP PENSION FUNDING

|                                                       |           |         |
|-------------------------------------------------------|-----------|---------|
| <b>b</b> Balance at the end of the previous year..... | <b>7b</b> | 3340833 |
|-------------------------------------------------------|-----------|---------|

|                                                                      |              |        |  |
|----------------------------------------------------------------------|--------------|--------|--|
| <b>c</b> Additions: (1) Contributions deposited during the year..... | <b>7c(1)</b> | 555821 |  |
| (2) Dividends and credits .....                                      | <b>7c(2)</b> |        |  |
| (3) Interest credited during the year .....                          | <b>7c(3)</b> | 108950 |  |
| (4) Transferred from separate account.....                           | <b>7c(4)</b> | 66034  |  |
| (5) Other (specify below) .....                                      | <b>7c(5)</b> | 31262  |  |

▶ PARTICIPANT LOAN PAYMENTS POSITIVE VALUE ADJUSTMENTS

|                          |              |        |
|--------------------------|--------------|--------|
| (6) Total additions..... | <b>7c(6)</b> | 762067 |
|--------------------------|--------------|--------|

|                                                                                       |           |         |
|---------------------------------------------------------------------------------------|-----------|---------|
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 4102900 |
|---------------------------------------------------------------------------------------|-----------|---------|

**e Deductions:**

|                                                                           |              |       |  |
|---------------------------------------------------------------------------|--------------|-------|--|
| (1) Disbursed from fund to pay benefits or purchase annuities during year | <b>7e(1)</b> | 46782 |  |
| (2) Administration charge made by carrier .....                           | <b>7e(2)</b> | 1031  |  |
| (3) Transferred to separate account.....                                  | <b>7e(3)</b> |       |  |
| (4) Other (specify below) .....                                           | <b>7e(4)</b> | 21256 |  |

▶ PARTICIPANT LOAN DISBURSEMENTS NEGATIVE VALUE ADJUSTMENTS

|                           |              |       |
|---------------------------|--------------|-------|
| (5) Total deductions..... | <b>7e(5)</b> | 69069 |
|---------------------------|--------------|-------|

|                                                                                                         |           |         |
|---------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | 4033831 |
|---------------------------------------------------------------------------------------------------------|-----------|---------|

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                |            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                          | <b>10a</b> |  |
| <b>b</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..... | <b>10b</b> |  |

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. ▶

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2014</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

|                                                                                             |                                                                    |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN</u>                  | <b>B</b> Three-digit plan number (PN) ▶ <u>001</u>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>EXECUSTAFF HR, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>27-0037153</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  
VOYA RETIREMENT INS AND ANNUITY CO

71-0294708

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

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

**(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

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**(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

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

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

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

MORNINGSTAR

36-3297908

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 26 27                         | SERVICE PROVIDER                                                                                         | 69                                                                            | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                   | 20884                                                                                                                                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

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

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

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

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

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

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

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

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

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

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:



**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)**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)**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)**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)**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)**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)**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)**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)**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)**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)

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2014</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN</u>                                                                                                                                                                                               | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>001</u>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>EXECUSTAFF HR, INC.</u>                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><u>27-0037153</u>                                                                                                                                                                                                           |                                                                                           |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|------------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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  |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               | <b>1a</b>             |                  |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                  |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1b(1)</b>          | 244855360836     |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1b(2)</b>          | 13967717500      |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               | <b>1b(3)</b>          |                  |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                  |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(1)</b>          |                  |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | <b>1c(2)</b>          |                  |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                  |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(A)</b>       |                  |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(B)</b>       |                  |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                  |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(4)(A)</b>       |                  |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(4)(B)</b>       |                  |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               | <b>1c(5)</b>          |                  |
| <b>(6)</b> Real estate (other than employer real property).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(6)</b>          |                  |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               | <b>1c(7)</b>          |                  |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(8)</b>          | 383358376147     |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               | <b>1c(9)</b>          |                  |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(10)</b>         | 3354289041445495 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1c(11)</b>         |                  |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | <b>1c(12)</b>         |                  |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(13)</b>         | 1856419775       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(14)</b>         | 33408334033831   |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(15)</b>         |                  |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 37837254              | 46243584        |

**Liabilities**

|                                                                           |           |       |       |
|---------------------------------------------------------------------------|-----------|-------|-------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |       |       |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |       |       |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |       |       |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 77014 | 35129 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 77014 | 35129 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 37760240 | 46208455 |
|-----------------------------------------------------------|-----------|----------|----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 1178467    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 6332264    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 1213070    |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 8723801   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 17806      |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 17806     |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 124907     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 124907    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | 2b(7)  |            | 2691033   |
| (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) |            |           |
| c Other income.....                                                                            | 2c     |            | -3184     |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 11554363  |

**Expenses**

|                                                                                     |       |         |         |
|-------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                 |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 3018527 |         |
| (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) |         | 3018527 |
| f Corrective distributions (see instructions).....                                  | 2f    |         | 35129   |
| g Certain deemed distributions of participant loans (see instructions).....         | 2g    |         | 45704   |
| h Interest expense.....                                                             | 2h    |         |         |
| i Administrative expenses: (1) Professional fees.....                               | 2i(1) |         |         |
| (2) Contract administrator fees.....                                                | 2i(2) | 6788    |         |
| (3) Investment advisory and management fees.....                                    | 2i(3) |         |         |
| (4) Other.....                                                                      | 2i(4) |         |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |         | 6788    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |         | 3106148 |

**Net Income and Reconciliation**

|                                                         |       |  |         |
|---------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | 8448215 |
| l Transfers of assets:                                  |       |  |         |
| (1) To this plan.....                                   | 2l(1) |  |         |
| (2) From this plan.....                                 | 2l(2) |  |         |

**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: ARMANINO LLP

(2) EIN: 94-6214841

**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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>c</b> 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  |        |
| <b>4c</b>                                                                                                                                                                                                                     |     |    |        |
| <b>d</b> 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  |        |
| <b>4d</b>                                                                                                                                                                                                                     |     |    |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 500000 |
| <b>4e</b>                                                                                                                                                                                                                     |     |    |        |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |        |
| <b>4f</b>                                                                                                                                                                                                                     |     |    |        |
| <b>g</b> 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  |        |
| <b>4g</b>                                                                                                                                                                                                                     |     |    |        |
| <b>h</b> 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  |        |
| <b>4h</b>                                                                                                                                                                                                                     |     |    |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |        |
| <b>4i</b>                                                                                                                                                                                                                     |     |    |        |
| <b>j</b> 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  |        |
| <b>4j</b>                                                                                                                                                                                                                     |     |    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |        |
| <b>4k</b>                                                                                                                                                                                                                     |     |    |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            |     | X  |        |
| <b>4l</b>                                                                                                                                                                                                                     |     |    |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     | X  |        |
| <b>4m</b>                                                                                                                                                                                                                     |     |    |        |
| <b>n</b> 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. ....                                      |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                     |     |    |        |

**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) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

**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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2014</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

|                                                                                             |                                                                    |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN</u>                  | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>EXECUSTAFF HR, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>27-0037153</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>71-0294708</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> |          |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                             |                              |                             |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                             |                              |
| <b>5</b> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                                                                                                               | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                   | <b>6b</b>                    |                             |                              |
| <b>c</b> 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) .....                                                                                                                                                                                                            | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline?.....                                                                                                                                                                                                                                                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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?.....                                                                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> 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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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): \_\_\_\_\_



**Execustaff HR, Inc. Multiple Employer Plan**

Financial Statements and  
Supplemental Schedule

For the Years Ended  
December 31, 2014 and 2013

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## INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of  
Execustaff HR, Inc. Multiple Employer Plan  
San Jose, California

## Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Execustaff HR, Inc. Multiple Employer Plan, which comprise the statement of net assets available for benefits as of December 31, 2014, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

## Management's Responsibility for the Financial Statements

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

## Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the 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 4, which was certified by Voya Retirement Insurance and Annuity Company (formerly ING Life Insurance and Annuity Company), the custodian of the Plan's investment assets, except for comparing the information with the related information included in the financial statements and 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 and for the year ended December 31, 2014, that the information provided to the plan administrator by the custodian is complete and accurate.

**Disclaimer of Opinion**

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

**Prior Period Financial Statements**

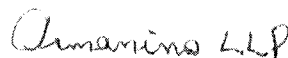
The financial statements of Execustaff HR, Inc. Multiple Employer Plan as of and for the year ended December 31, 2013 were audited by Berger Lewis Accountancy Corporation, whose practice became part of Armanino<sup>LLP</sup> as of January 1, 2015, and whose report, dated September 24, 2014, expressed a disclaimer of opinion on those statements 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.

**Other Matter**

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year) is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. 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.



Armanino<sup>LLP</sup>  
San Jose, California

October 8, 2015

EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN  
Statements of Net Assets Available for Benefits  
December 31, 2014 and 2013

|                                            | <u>2014</u>         | <u>2013</u>         |
|--------------------------------------------|---------------------|---------------------|
| Investments                                |                     |                     |
| Investments at fair value (See Note 3)     | \$41,455,270        | \$33,728,531        |
| Investments at contract value (See Note 5) | <u>4,033,831</u>    | <u>3,340,833</u>    |
| Total participant directed funds           | <u>45,489,101</u>   | <u>37,069,364</u>   |
| Receivables                                |                     |                     |
| Employers' contributions                   | 360,836             | 244,855             |
| Participants' contributions                | 17,500              | 139,677             |
| Notes receivable from participants         | <u>376,147</u>      | <u>383,358</u>      |
| Total receivables                          | <u>754,483</u>      | <u>767,890</u>      |
| Total assets                               | 46,243,584          | 37,837,254          |
| Liabilities                                |                     |                     |
| Corrective distributions payable           | <u>35,129</u>       | <u>77,014</u>       |
| Net assets available for benefits          | <u>\$46,208,455</u> | <u>\$37,760,240</u> |

EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN  
Statement of Changes in Net Assets Available for Benefits  
Year Ended December 31, 2014

---

Additions to net assets attributed to:

Investment income:

|                                                       |                  |
|-------------------------------------------------------|------------------|
| Net unrealized gain on fair value investments         | \$ 2,687,849     |
| Interest income on notes receivable from participants | 17,806           |
| Other income from investments                         | <u>124,907</u>   |
| Total investment gain                                 | <u>2,830,562</u> |

Contributions:

|                     |                  |
|---------------------|------------------|
| Participants        | 6,332,264        |
| Rollovers           | 1,213,070        |
| Employers           | <u>1,178,467</u> |
| Total contributions | <u>8,723,801</u> |

|                               |                   |
|-------------------------------|-------------------|
| Total additions to net assets | <u>11,554,363</u> |
|-------------------------------|-------------------|

Deductions from net assets attributed to:

|                                  |                  |
|----------------------------------|------------------|
| Benefit payments                 | 3,064,231        |
| Corrective distributions         | 35,129           |
| Administrative expenses          | <u>6,788</u>     |
| Total deductions from net assets | <u>3,106,148</u> |

|              |           |
|--------------|-----------|
| Net increase | 8,448,215 |
|--------------|-----------|

Net assets available for benefits

|                   |                     |
|-------------------|---------------------|
| Beginning of year | <u>37,760,240</u>   |
| End of year       | <u>\$46,208,455</u> |

The accompanying notes are an integral part of these financial statements.

EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN  
Notes to Financial Statements  
December 31, 2014 and 2013

---

1. Description of Plan

The following description of the Execustaff HR, Inc. Multiple Employer Plan (the "Plan"), provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. The Plan's number is 001 and employer's identification number is 27-0037153.

Plan sponsor

Execustaff HR, Inc. is engaged in the business of providing human resources, payroll, and related employee benefits to its customers. To provide benefits to its customers, the employees of its customers are referred to as either "client organizations" or "co-sponsors."

General

As a multi-employer plan, each participating co-sponsor is required to follow the provisions outlined in the Plan for eligibility and participation. During 2014 and 2013, certain employers elected to have "safe-harbor" matching rules apply to their related participants.

Eligibility

Generally, the Plan provides that employees are eligible to participate in the Plan on the first day of employment. Collective bargained employees and nonresident aliens are not permitted to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income and Security Act of 1974 (ERISA) and Section 401(a) of the Internal Revenue Code.

Contributions

The Plan allows participants to contribute up to the maximum allowable amount of annual pre-tax or Roth after-tax or a combination of both pre-tax and Roth after-tax. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans.

Co-sponsors have the discretion under the Plan to treat their contributions under the "safe-harbor" rules.

Participant accounts

All of the investment assets in the Plan are directed by the participant. Participants have the option of investing their account balance as either pooled segregated accounts or in individual self-directed brokerage accounts. For participants selecting the pooled segregated account option, their account balance is derived through an allocation of the pooled segregated accounts. Each participant's pooled segregated account is credited with the participant's contribution and an allocation of investment earnings and losses pursuant to the participant's selection of investments and timing of purchase.

EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN  
Notes to Financial Statements  
December 31, 2014 and 2013

---

I. Description of Plan (continued)

Vesting and forfeitures

Generally, participants vest in discretionary plan sponsor contributions in ratable installments of 20% after the second year of service. Forfeitures on non-vested participant account balances are used to reduce the plan sponsor's current year contribution. Plan sponsor contributions relating to "safe-harbor" contributions are 100% vested.

Participant loans

Participants may borrow from their fund accounts up to a maximum of the lesser of \$50,000 or 50% of their vested account balance. No loan in an amount of less than \$1,000 will be made. Loan transactions are treated as a transfer to (from) the investment fund from (to) the Participant Notes fund. Participant loans must be repaid within 5 years (unless the loan is to be used in acquiring the participant's principal residence). Loans are segregated investments. As such, the interest that participants pay on their loans will be directly credited to their account. Loans are considered to be in default when payments are not received within 90 days. The Plan sponsor will offset a defaulted loan against the participant's account balance upon the occurrence of a distributable event.

Payment of benefits

The Plan provides for the payment of benefits to the participant (or, if applicable, the beneficiary) at retirement (age 65), disability, death, or termination of employment. In-service distributions are permitted under the Plan providing the participant is at least age 59½. In-service distributions are available from the participant's salary deferrals (upon eligibility) and from the participant's rollover portion of their account balance (regardless of age). Participants who qualify for retirement benefits and withdrawals may elect to receive their benefits in the form of joint and survivor annuity, a lump sum in cash, or in installment payments. The benefit to which a participant is entitled is the benefit that can be provided directly from the participant's vested account balance. Participants who separate from service and have vested account balances of \$5,000 or less are subject to an administrative lump sum distribution as follows: for account balances less than \$5,000 but greater than \$1,000, the Plan administrator will distribute the account balance directly to an individual retirement account; for distributions under \$1,000, the Plan administrator will distribute the account balance as a lump sum in cash.

Administrative costs

Administrative costs of the Plan are generally paid for by the Plan Sponsor.

EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN  
Notes to Financial Statements  
December 31, 2014 and 2013

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2. Summary of Significant Accounting Policies

Basis of accounting

The financial statements of Execustaff HR, Inc. Multiple Employer Plan have been prepared on the accrual basis of accounting. Contributions are recorded when withheld from the participant. Plan sponsor contributions are recorded when approved by the various co-sponsors of the Plan. Benefit payments are recorded when paid.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Accordingly, actual results could differ from those estimates.

Investment valuation and income recognition

The Plan's investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract 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.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in the fair value of investments represents realized gains and losses bought and sold as well as held during the year.

Payment of benefits

Benefits are recorded when paid.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document.

Subsequent events

Plan management has evaluated events and transactions subsequent to December 31, 2014 for potential recognition or disclosure in the financial statements. The Plan did not have subsequent events that required recognition or disclosure in the financial statements for the fiscal year ended December 31, 2014. Subsequent events have been evaluated through the date the financial statements became available to be issued, October 8, 2015.

EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN  
Notes to Financial Statements  
December 31, 2014 and 2013

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3. Fair Value Measurements

The Plan adopted ASC 820 for all financial assets and liabilities recognized or disclosed at fair value in the financial statements. The Plan adopted the provisions of ASC 820 for nonfinancial assets and liabilities recognized or disclosed at fair value in the financial statements on a recurring basis; no such assets or liabilities exist at the balance sheet date.

ASC 820 defines fair value as the price that would be received to sell an asset or paid to transfer a liability (an exit price) in an orderly transaction between market participants at the measurement date. It establishes a fair value hierarchy and a framework which requires categorizing assets and liabilities into one of three levels based on the assumptions (inputs) used in valuing the asset or liability. Level 1 provides the most reliable measure of fair value, while Level 3 generally requires significant management judgment.

The fair value hierarchy is categorized into three levels based on the inputs as follows:

Level 1 - Inputs are unadjusted, quoted market prices in active markets for identical assets or liabilities.

Level 2 - Inputs are observable inputs other than quoted prices included in Level 1, such as quoted prices for similar assets or liabilities in active markets or quoted prices for identical assets or liabilities in inactive markets.

Level 3 - inputs include unobservable inputs that are supported by little, infrequent, or no market activity and reflect management's own assumptions about inputs used in pricing the asset or liability. The Plan's management uses the following valuation techniques to measure fair value.

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

Pooled separate accounts

These accounts, maintained by Voya in select mutual funds, are valued on a net unit value basis as determined by Voya on the last business day of the Plan year. The fair values of these investments are determined by reference to the respective fund's underlying assets, with Voya specifying the source(s) to use for underlying investment asset prices. The investments underlying the Plan's pooled separate accounts primarily include domestic and international equities and domestic fixed income securities. A portion of the pooled separate accounts is not quoted on any market; however, the unit price is based on the underlying investments which are traded in an active market and are classified as level 2.

Common stock

Valued at the closing price reported on the active market on which the individual securities are traded. Accordingly, the fair value is established using Level 1 inputs.

EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN  
Notes to Financial Statements  
December 31, 2014 and 2013

3. 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, 2014:

|                            | <u>Level 1</u>  | <u>Level 2</u>       | <u>Level 3</u> | <u>Total</u>         |
|----------------------------|-----------------|----------------------|----------------|----------------------|
| Pooled separate accounts   | \$ -            | \$ 41,445,495        | \$ -           | \$ 41,445,495        |
| Corporate stocks           | <u>9,775</u>    | <u>-</u>             | <u>-</u>       | <u>9,775</u>         |
| Total assets at fair value | <u>\$ 9,775</u> | <u>\$ 41,445,495</u> | <u>\$ -</u>    | <u>\$ 41,455,270</u> |

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>         |
|----------------------------|-------------------|----------------------|----------------|----------------------|
| Pooled separate accounts   | \$ 49,127         | \$ 33,542,890        | \$ -           | \$ 33,592,017        |
| Corporate stocks           | <u>136,514</u>    | <u>-</u>             | <u>-</u>       | <u>136,514</u>       |
| Total assets at fair value | <u>\$ 185,641</u> | <u>\$ 33,542,890</u> | <u>\$ -</u>    | <u>\$ 33,728,531</u> |

EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN  
Notes to Financial Statements  
December 31, 2014 and 2013

4. Information Prepared and Certified by Custodian

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by Voya, custodian of the plan's investment assets.

|                                                      | 2014         |   | 2013         |   |
|------------------------------------------------------|--------------|---|--------------|---|
| Fidelity advisor ne insights fund                    | \$ 4,501,696 | * | \$ 3,861,120 | * |
| Voya U.S. stock index portfolio                      | 3,410,579    | * | 2,391,434    | * |
| Vanguard variable insurance fund - diversified value | 2,751,905    | * | 2,273,158    | * |
| Voya JP morgan mid cap value portfolio               | 2,656,269    | * | 1,992,341    | * |
| American Funds american balanced fund                | 2,508,318    | * | 2,106,241    | * |
| T Rowe Price blue chip grade                         | 2,048,671    |   | -            |   |
| T Rowe Price total return 2045                       | 1,949,834    |   | -            |   |
| American Funds new perspective fund                  | 1,904,875    |   | 1,690,406    |   |
| T Rowe Price total return 2035                       | 1,681,246    |   | -            |   |
| T Rowe Price total return 2025                       | 1,631,871    |   | -            |   |
| Voya Baron growth portfolio                          | 1,611,494    |   | -            |   |
| Oppenheimer Main St small cap fund                   | 1,566,120    |   | -            |   |
| Voya money market portfolio                          | 1,313,295    |   | 1,071,665    |   |
| Voya intermediate bond portfolio                     | 1,280,015    |   | 1,110,995    |   |
| MFS int'l new discovery fund                         | 1,242,088    |   | -            |   |
| Voya Russell mid cap index portfolio                 | 1,225,074    |   | 836,005      |   |
| Washington Mutual investors fund                     | 1,201,887    |   | -            |   |
| American Funds Europacific growth fund               | 1,166,070    |   | 1,271,574    |   |
| Columbia small cap volume II                         | 1,053,939    |   | -            |   |
| Voya clarion real estate portfolio                   | 980,938      |   | 679,684      |   |
| Voya small cap opportunity portfolio                 | 892,053      |   | -            |   |
| Pioneer Strategic income fund - class Y              | 763,655      |   | -            |   |
| PIMCO VIT real return portfolio                      | 731,265      |   | 792,382      |   |
| T Rowe Price total return 2015                       | 368,999      |   | -            |   |
| T Rowe Price total return 2055                       | 298,143      |   | -            |   |
| Voya high yield portfolio                            | 246,322      |   | 151,298      |   |
| Dodge and Cox int'l stock fund                       | 222,031      |   | -            |   |
| T Rowe Price income fund                             | 75,818       |   | -            |   |
| T Rowe Price capital appreciation portfolio          | 53,477       |   | -            |   |
| AB Global bond fund                                  | 45,590       |   | -            |   |
| T Rowe Price total return 2040                       | 32,039       |   | -            |   |
| Voya money market fund                               | 11,320       |   | 11,319       |   |
| T Rowe Price total return 2050                       | 6,630        |   | -            |   |
| PIMCO commodity real return                          | 4,666        |   | -            |   |
| MFS growth fund                                      | 4,280        |   | -            |   |
| T Rowe Price total return 2005                       | 1,568        |   | -            |   |
| T Rowe Price total return 2030                       | 640          |   | -            |   |
| T Rowe Price total return 2020                       | 300          |   | -            |   |

EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN  
Notes to Financial Statements  
December 31, 2014 and 2013

4. Information Prepared and Certified By Custodian (continued)

|                                                            |                      |                      |    |
|------------------------------------------------------------|----------------------|----------------------|----|
| MFS aggressive growth                                      | 299                  | -                    |    |
| MFS conservative                                           | 111                  | -                    |    |
| MFS moderate allocation fund                               | 105                  | -                    |    |
| Wanger select                                              | -                    | 1,455,863            |    |
| Voya solution 2045 portfolio                               | -                    | 1,456,264            |    |
| Voya solution 2025 portfolio                               | -                    | 1,005,008            |    |
| Voya T. Rowe price equity income portfolio                 | -                    | 1,115,712            |    |
| Voya Solution 2035 portfolio                               | -                    | 1,200,200            |    |
| Voya Russell small cap index portfolio                     | -                    | 1,459,867            |    |
| Vanguard variable insurance fund - small<br>company growth | -                    | 742,862              |    |
| Pioneer strategic income fund                              | -                    | 690,687              |    |
| Lazard emerging markets equity portfolio                   | -                    | 1,306,801            |    |
| ING solution income portfolio                              | -                    | 57,999               |    |
| ING solution 2055 portfolio                                | -                    | 79,325               |    |
| ING solution 2015 portfolio                                | -                    | 288,577              |    |
| Franklin small cap value securities fund                   | -                    | 998,954              |    |
| American funds the growth fund of America                  | -                    | 1,445,149            |    |
| Total mutual funds                                         | <u>41,445,495</u>    | <u>33,542,890</u>    |    |
| Voya fixed account                                         | <u>4,033,831</u>     | <u>3,340,833</u>     | ** |
| Total Mutual Funds and Annuity Contracts                   | <u>\$ 45,479,326</u> | <u>\$ 36,883,723</u> |    |

\* Represents investments at respective year end that are 5% or more of the Plan's net assets.

\*\* Represents contract value for this investment.

Investment income for the year ended December 31, 2014, consisted of the following:

|                                                         |                     |
|---------------------------------------------------------|---------------------|
| Net Unrealized Gain (Loss) in Fair Value of Investments | \$ 2,687,849        |
| Interest income on notes receivable from participants   | 17,806              |
| Other Income(loss)                                      | <u>124,907</u>      |
| Total investment income                                 | <u>\$ 2,830,562</u> |

EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN  
Notes to Financial Statements  
December 31, 2014 and 2013

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5. Investment Contract with Insurance Company

The Plan holds a benefit-responsive investment contract with Voya. Voya maintains the contributions in a general account. This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses.

The contract issuer is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 3 percent. The crediting interest rate is reviewed on a quarterly basis for resetting. The contract cannot be terminated before the scheduled maturity date.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. These events may be different under each contract. Examples of such events include: (a) the Plan's failure to qualify under Section 401(a) of the Internal Revenue Code or the failure of the trust to be tax-exempt under Section 501(a) of the Internal Revenue Code; (b) premature termination of the contract; (c) Plan termination or merger; (d) changes to the Plan's prohibition on competing investment options; and (e) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuer and that also would limit the ability of the plan to transact at contract value with the participants.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

6. Corrective Distributions Payable

In order to correct the failure of the nondiscrimination tests, the Plan recorded corrective distributions payable totaling \$35,129 as of December 31, 2014. Corrective distributions were paid to the applicable participants prior to March 15, 2015. This corrective distribution restored the Plan to the position it would have been, had the failure not occurred.

EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN  
Notes to Financial Statements  
December 31, 2014 and 2013

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7. Plan Termination

Although it has not expressed any interest to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions of the Employee Retirement and Income Security Act (ERISA). In the event of Plan termination, participants will become 100% vested in their accounts.

8. Income Tax Status

The Plan obtained its latest determination letter on February 8, 2007, in which the Internal Revenue Service ("IRS") stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, the Plan administrator and the plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified and the related trust was tax exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require the Plan's management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon an examination by the IRS. No uncertain positions have been identified that would require the recognition of a tax liability (or asset) or disclosure in the financial statements as of December 31, 2014 and 2013. The Plan is subject to routine audits by applicable taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for 2010 and prior years.

9. Party-In-Interest Transactions

Voya Life Insurance and Annuity Company is the service provider as defined by the Plan, therefore the investments and investment transactions identified in column (a) in Supplemental Schedule on page 15 qualify as party-in-interest transactions.

10. Risks and Uncertainties

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

SUPPLEMENTAL SCHEDULE

# EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN

Schedule of Assets (Held at End of Year)

EIN: 27-0037153 Plan 001

December 31, 2014

| (a)               | (b)                                                   | (c)                                                                                                     | (d)  | (e)           |
|-------------------|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------|---------------|
| Party-in-Interest | Identity of Issue, Borrower, Lessor, or Similar Party | Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | Cost | Current Value |
| *                 | Fidelity advisor on insights fund                     | Mutual Fund                                                                                             | **   | \$ 4,501,696  |
|                   | Voya U.S. stock index portfolio                       | Mutual Fund                                                                                             | **   | \$ 3,410,579  |
|                   | Vanguard variable insurance fund - diversified value  | Mutual Fund                                                                                             | **   | \$ 2,751,905  |
| *                 | ING JP Morgan mid cap value portfolio                 | Mutual Fund                                                                                             | **   | \$ 2,656,269  |
|                   | American Funds american balanced fund                 | Mutual Fund                                                                                             | **   | \$ 2,508,318  |
|                   | T Rowe Price blue chip grade                          | Mutual Fund                                                                                             | **   | \$ 2,048,671  |
|                   | T Rowe Price total return 2045                        | Mutual Fund                                                                                             | **   | \$ 1,949,834  |
|                   | American Funds new perspective fund                   | Mutual Fund                                                                                             | **   | \$ 1,904,875  |
|                   | T Rowe Price total return 2035                        | Mutual Fund                                                                                             | **   | \$ 1,681,246  |
|                   | T Rowe Price total return 2025                        | Mutual Fund                                                                                             | **   | \$ 1,631,871  |
| *                 | Voya Baron growth portfolio                           | Mutual Fund                                                                                             | **   | \$ 1,611,494  |
|                   | Oppenheimer Main St small cap fund                    | Mutual Fund                                                                                             | **   | \$ 1,566,120  |
| *                 | Voya money market portfolio                           | Mutual Fund                                                                                             | **   | \$ 1,313,295  |
| *                 | Voya intermediate bond portfolio                      | Mutual Fund                                                                                             | **   | \$ 1,280,015  |
|                   | MFS int'l new discovery fund                          | Mutual Fund                                                                                             | **   | \$ 1,242,088  |
| *                 | Voya Russell mid cap index portfolio                  | Mutual Fund                                                                                             | **   | \$ 1,225,074  |
|                   | Washington Mutual investors fund                      | Mutual Fund                                                                                             | **   | \$ 1,201,887  |
|                   | American Funds Europacific growth fund                | Mutual Fund                                                                                             | **   | \$ 1,166,070  |
|                   | Columbia small cap volume II                          | Mutual Fund                                                                                             | **   | \$ 1,053,939  |
| *                 | Voya clarion real estate portfolio                    | Mutual Fund                                                                                             | **   | \$ 980,938    |
| *                 | Voya small cap opportunity portfolio                  | Mutual Fund                                                                                             | **   | \$ 892,053    |
|                   | Pioneer Strategic income fund - class Y               | Mutual Fund                                                                                             | **   | \$ 763,655    |
|                   | PIMCO VIT real return portfolio                       | Mutual Fund                                                                                             | **   | \$ 731,265    |
|                   | T Rowe Price total return 2015                        | Mutual Fund                                                                                             | **   | \$ 368,999    |
|                   | T Rowe Price total return 2055                        | Mutual Fund                                                                                             | **   | \$ 298,143    |
| *                 | ING PIMCO high yield portfolio-S                      | Mutual Fund                                                                                             | **   | \$ 246,322    |
|                   | Dodge and Cox int'l stock fund                        | Mutual Fund                                                                                             | **   | \$ 222,031    |
|                   | T Rowe Price income fund                              | Mutual Fund                                                                                             | **   | \$ 75,818     |
|                   | T Rowe Price capital appreciation portfolio           | Mutual Fund                                                                                             | **   | \$ 53,477     |
|                   | AB Global bond fund                                   | Mutual Fund                                                                                             | **   | \$ 45,590     |
|                   | T Rowe Price total return 2040                        | Mutual Fund                                                                                             | **   | \$ 32,039     |
| *                 | Voya money market fund                                | Mutual Fund                                                                                             | **   | \$ 11,320     |
|                   | Self-directed brokerage accounts                      | Corporate stocks                                                                                        | **   | \$ 9,775      |
|                   | T Rowe Price total return 2050                        | Mutual Fund                                                                                             | **   | \$ 6,630      |
|                   | PIMCO commodity real return                           | Mutual Fund                                                                                             | **   | \$ 4,666      |
|                   | MFS growth fund                                       | Mutual Fund                                                                                             | **   | \$ 4,280      |
|                   | T Rowe Price total return 2005                        | Mutual Fund                                                                                             | **   | \$ 1,568      |
|                   | T Rowe Price total return 2030                        | Mutual Fund                                                                                             | **   | \$ 640        |
|                   | T Rowe Price total return 2020                        | Mutual Fund                                                                                             | **   | \$ 300        |
|                   | MFS aggressive growth                                 | Mutual Fund                                                                                             | **   | \$ 299        |
|                   | MFS conservative                                      | Mutual Fund                                                                                             | **   | \$ 111        |
|                   | MFS moderate allocation fund                          | Mutual Fund                                                                                             | **   | \$ 105        |
| *                 | Voya fixed account                                    | Insurance Contract Fund                                                                                 | **   | \$ 4,033,831  |
| *                 | Participant loans                                     | 4.25% to 9.25%                                                                                          | \$   | 376,147       |

\* Represents party-in-interest transactions to the plan.

\*\* Not applicable as the plan is participant directed.

**Attachment to 2014 form 5500**  
**Form 5500 Multiple Employer Plan Participating Employer Information**  
**EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN**  
**EIN: 27-0037153, PN: 001**

| <b>(a) Name of participating employer</b>  | <b>(b) EIN</b> | <b>(c) Percent of Total Contributions</b> |
|--------------------------------------------|----------------|-------------------------------------------|
| Accent North America, Inc.                 | 26-2495435     | 0.09%                                     |
| Actenum Corporation                        | 98-1062803     | 0.00%                                     |
| ActiveState Software, Inc.                 | 98-0628630     | 0.00%                                     |
| Altair Semiconductor, Inc.                 | 26-2963106     | 1.13%                                     |
| Bandwith 10                                | 80-0714187     | 0.83%                                     |
| Bay Area Teacher Development Collaborative | 32-0001315     | 0.15%                                     |
| Bay Area Teacher Training Institute        | 75-3001792     | 0.20%                                     |
| Bellwether Education Partners              | 26-1914515     | 6.27%                                     |
| Besser Associates, Inc.                    | 77-0445002     | 0.00%                                     |
| Beyond 12                                  | 27-1275246     | 0.12%                                     |
| Brave New Software Project, Inc.           | 27-3273909     | 0.17%                                     |
| Brighter, Inc.                             | 27-1713977     | 1.46%                                     |
| Brite: Bill Limited                        | 98-1096628     | 0.31%                                     |
| Caerus Molecular Diagnostics, Inc.         | 26-4149921     | 0.00%                                     |
| Catalyst Resources                         | 94-3363575     | 0.11%                                     |
| Catellus Development Corporation           | 27-4348983     | 8.63%                                     |
| CK12 Foundation                            | 20-8007128     | 4.97%                                     |
| CoAlign Innovations, Inc.                  | 37-1551231     | 0.59%                                     |
| CPQD                                       | 22-3707242     | 0.00%                                     |
| DataScience, Inc.                          | 46-5042778     | 0.10%                                     |
| Datorama, Inc.                             | 45-5305683     | 0.05%                                     |
| Edan Medical                               | 45-4978198     | 1.82%                                     |
| eLearning Guild                            | 80-0015989     | 2.52%                                     |
| Eureka Genomics Corporation                | 26-1320502     | 0.02%                                     |
| Execustaff HR, Inc.                        | 27-0037153     | 2.26%                                     |
| Fitech Source Inc.                         | 37-1614598     | 0.46%                                     |
| Gener8, Inc.                               | 38-3664122     | 2.48%                                     |
| Global Catalyst, LLC                       | 42-1678015     | 1.12%                                     |
| HSI USA, Inc.                              | 46-3389051     | 0.59%                                     |
| HumaNature Studios                         | 20-5034584     | 0.11%                                     |
| Investigen                                 | 68-0416837     | 0.20%                                     |
| Khan Lab School                            | 46-5742553     | 0.16%                                     |
| Labyrinth Learning                         | 94-3275555     | 0.57%                                     |
| Lean In.Org Foundation                     | 46-1194887     | 0.94%                                     |
| LINGOs Global                              | 20-3100992     | 0.81%                                     |
| Martone Radio Technology, Inc.             | 20-2167687     | 1.77%                                     |
| Mastery Design Collaborative, Inc.         | 46-4316933     | 0.63%                                     |
| MCA, Inc.                                  | 77-0276947     | 0.50%                                     |
| Media Lario                                | 20-1058747     | 0.69%                                     |
| Medworx, Inc.                              | 98-0529463     | 0.10%                                     |
| Moraware, Inc                              | 34-2004949     | 1.56%                                     |

**Attachment to 2014 form 5500**  
**Form 5500 Multiple Employer Plan Participating Employer Information**  
**EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN**  
**EIN: 27-0037153, PN: 001**

| <b>(a) Name of participating employer</b> | <b>(b) EIN</b> | <b>(c) Percent of Total Contributions</b> |
|-------------------------------------------|----------------|-------------------------------------------|
| Naranja Holdings, LLC                     | 61-7841880     | 0.00%                                     |
| New Schools Venture Fund                  | 94-3281780     | 4.76%                                     |
| Nomic, Inc.                               | 27-3846007     | 0.39%                                     |
| OncoMed Pharmaceuticals, Inc.             | 38-3572512     | 15.65%                                    |
| Pahara Institute                          | 45-5141625     | 1.21%                                     |
| Pebble Beach Systems, Ltd.                | 98-0503443     | 0.64%                                     |
| Precise Automation, Inc.                  | 68-0638928     | 2.02%                                     |
| Project Hosts                             | 20-1873841     | 2.10%                                     |
| Restoration Timber, LLC                   | 22-3823585     | 0.28%                                     |
| ScaleMP, Inc.                             | 20-0145869     | 0.93%                                     |
| Sentons USA, Inc.                         | 45-2719897     | 3.52%                                     |
| Silego Technology, Inc.                   | 77-0584731     | 6.50%                                     |
| Silicon Schools Fund, Inc.                | 45-4860788     | 0.68%                                     |
| SOFTTHINKS USA, INC.                      | 77-0557601     | 0.46%                                     |
| Solido Design Automation, Inc.            | 98-0499474     | 0.31%                                     |
| Splice Machine, Inc.                      | 45-5115935     | 3.25%                                     |
| Stemcentrx, Inc.                          | 74-3259236     | 7.27%                                     |
| Street League Skateboarding               | 90-0395401     | 0.00%                                     |
| TalkingTech US, LLC                       | 98-0500219     | 0.14%                                     |
| Teaching Channel                          | 27-3710799     | 2.88%                                     |
| TeleMessage                               | 04-3519699     | 0.43%                                     |
| True Internet Company Limited             | 98-0663594     | 1.08%                                     |
| Vision To Learn                           | 45-3457853     | 0.03%                                     |
| Watermark                                 | 77-0409688     | 0.45%                                     |
| Willow, Wolff & Grace, Co.                | 77-0474408     | 0.00%                                     |
| WindSpring, Inc.                          | 56-2422492     | 0.08%                                     |
| Woodsborough Homes Association            | 94-2683167     | 0.31%                                     |
| Youth Community Service                   | 20-8099150     | 0.16%                                     |

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><b>Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 24pt; font-weight: bold;">2014</div><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I Annual Report Identification Information</b>                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 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:                                                                             | <input type="checkbox"/> a multiemployer plan; <input checked="" type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or<br><input type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) _____<br>B This return/report is: <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).<br>C If the plan is a collectively-bargained plan, check here. _____ <input type="checkbox"/><br>D Check box if filing under: <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description) _____ |

|                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                            |
| <b>1a</b> Name of plan<br>EXECUSTAFF HR, INC.<br>MULTIPLE EMPLOYER PLAN<br><br><b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br>EXECUSTAFF HR, INC.<br><br>6070 HELLYER AVENUE<br><br>SAN JOSE CA 95138 | <b>1b</b> Three-digit plan number (PN) <u>001</u><br><b>1c</b> Effective date of plan <u>01/01/1994</u><br><b>2b</b> Employer Identification Number (EIN) <u>27-0037153</u><br><b>2c</b> Plan Sponsor's telephone number <u>(408) 364-2800</u><br><b>2d</b> Business code (see instructions) <u>541990</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<br>HERE                                                                                               | Signature of plan administrator    | <u>10/5/15</u><br>Date | SUSAN J. JOCHEIM<br>Enter name of individual signing as plan administrator       |
| SIGN<br>HERE                                                                                               | Signature of employer/plan sponsor | <u>10/5/15</u><br>Date | SUSAN J. JOCHEIM<br>Enter name of individual signing as employer or plan sponsor |
| SIGN<br>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)                                           |

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

Form 5500 (2014)  
v. 140124

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
| <b>4</b> 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:<br><b>a</b> Sponsor's name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>5</b> 1,189                                                                                                                                                   |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year.....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits.....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 908<br><b>6a(2)</b> 927<br><b>6b</b> 0<br><b>6c</b> 277<br><b>6d</b> 1,204<br><b>6e</b> 0<br><b>6f</b> 1,204<br><b>6g</b> 894<br><b>6h</b> 0        |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>7</b>                                                                                                                                                         |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br><br>2E 2F 2G 2J 2K 2T 3D<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                            | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                       |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>a Pension Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br><b>(3)</b> <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br><b>(3)</b> <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)<br><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (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 \_\_\_\_\_

**Attachment to 2014 form 5500**  
**Form 5500 Multiple Employer Plan Participating Employer Information**  
**EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN**  
**EIN: 27-0037153, PN: 001**

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| Fitech Source Inc.                         | 37-1614598     | 0.46%                                     |
| Gener8, Inc.                               | 38-3664122     | 2.48%                                     |
| Global Catalyst, LLC                       | 42-1678015     | 1.12%                                     |
| HSI USA, Inc.                              | 46-3389051     | 0.59%                                     |
| HumaNature Studios                         | 20-5034584     | 0.11%                                     |
| Investigen                                 | 68-0416837     | 0.20%                                     |
| Khan Lab School                            | 46-5742553     | 0.16%                                     |
| Labyrinth Learning                         | 94-3275555     | 0.57%                                     |
| Lean In.Org Foundation                     | 46-1194887     | 0.94%                                     |
| LINGOs Global                              | 20-3100992     | 0.81%                                     |
| Martone Radio Technology, Inc.             | 20-2167687     | 1.77%                                     |
| Mastery Design Collaborative, Inc.         | 46-4316933     | 0.63%                                     |
| MCA, Inc.                                  | 77-0276947     | 0.50%                                     |
| Media Lario                                | 20-1058747     | 0.69%                                     |
| Medworx, Inc.                              | 98-0529463     | 0.10%                                     |
| Moraware, Inc                              | 34-2004949     | 1.56%                                     |

**Attachment to 2014 form 5500**  
**Form 5500 Multiple Employer Plan Participating Employer Information**  
**EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN**  
**EIN: 27-0037153, PN: 001**

| <b>(a) Name of participating employer</b> | <b>(b) EIN</b> | <b>(c) Percent of Total Contributions</b> |
|-------------------------------------------|----------------|-------------------------------------------|
| Naranja Holdings, LLC                     | 61-7841880     | 0.00%                                     |
| New Schools Venture Fund                  | 94-3281780     | 4.76%                                     |
| Nomic, Inc.                               | 27-3846007     | 0.39%                                     |
| OncoMed Pharmaceuticals, Inc.             | 38-3572512     | 15.65%                                    |
| Pahara Institute                          | 45-5141625     | 1.21%                                     |
| Pebble Beach Systems, Ltd.                | 98-0503443     | 0.64%                                     |
| Precise Automation, Inc.                  | 68-0638928     | 2.02%                                     |
| Project Hosts                             | 20-1873841     | 2.10%                                     |
| Restoration Timber, LLC                   | 22-3823585     | 0.28%                                     |
| ScaleMP, Inc.                             | 20-0145869     | 0.93%                                     |
| Sentons USA, Inc.                         | 45-2719897     | 3.52%                                     |
| Silego Technology, Inc.                   | 77-0584731     | 6.50%                                     |
| Silicon Schools Fund, Inc.                | 45-4860788     | 0.68%                                     |
| SOFTTHINKS USA, INC.                      | 77-0557601     | 0.46%                                     |
| Solido Design Automation, Inc.            | 98-0499474     | 0.31%                                     |
| Splice Machine, Inc.                      | 45-5115935     | 3.25%                                     |
| Stemcentrx, Inc.                          | 74-3259236     | 7.27%                                     |
| Street League Skateboarding               | 90-0395401     | 0.00%                                     |
| TalkingTech US, LLC                       | 98-0500219     | 0.14%                                     |
| Teaching Channel                          | 27-3710799     | 2.88%                                     |
| TeleMessage                               | 04-3519699     | 0.43%                                     |
| True Internet Company Limited             | 98-0663594     | 1.08%                                     |
| Vision To Learn                           | 45-3457853     | 0.03%                                     |
| Watermark                                 | 77-0409688     | 0.45%                                     |
| Willow, Wolff & Grace, Co.                | 77-0474408     | 0.00%                                     |
| WindSpring, Inc.                          | 56-2422492     | 0.08%                                     |
| Woodsborough Homes Association            | 94-2683167     | 0.31%                                     |
| Youth Community Service                   | 20-8099150     | 0.16%                                     |

**Attachment to 2014 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN  
**Plan Sponsor's Name** EXECUSTAFF HR, INC.

**EIN:** 27-0037153  
**PN:** 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|-----|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------|-------------------|
| *   | VOYA FINANCIAL                                            | AMERICAN FUNDS EUROPACIFIC                                                                                   | 0        | 1,166,070         |
| *   | VOYA FINANCIAL                                            | VY JP MORGAN<br>MID CAP VALUE PORTFOLIO                                                                      | 0        | 2,656,269         |
| *   | VOYA FINANCIAL                                            | AMERICAN FUNDS NEW PERSPECTIVE                                                                               | 0        | 1,904,875         |
| *   | VOYA FINANCIAL                                            | DODGE & COX INTERNATIONAL STOCK FUND                                                                         | 0        | 222,031           |
| *   | VOYA FINANCIAL                                            | MFS INTERNATIONAL<br>NEW DISCOVERY FUND                                                                      | 0        | 1,242,088         |
| *   | VOYA FINANCIAL                                            | VOYA SMALL CAP<br>OPPORTUNITIES PORTFOLIO                                                                    | 0        | 892,053           |
| *   | VOYA FINANCIAL                                            | VY BARON GROWTH PORTFOLIO                                                                                    | 0        | 1,611,494         |

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|-----|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------|-------------------|
| *   | VOYA FINANCIAL                                            | OPPENHEIMER MAIN STREET SMALL CAP FUND                                                                       | 0        | 1,566,120         |
| *   | VOYA FINANCIAL                                            | VY CLARION REAL ESTATE PORTFOLIO                                                                             | 0        | 980,938           |
| *   | VOYA FINANCIAL                                            | VY COLUMBIA SMALL CAP VALUE II PORTFOLIO                                                                     | 0        | 1,053,939         |
| *   | VOYA FINANCIAL                                            | VOYA RUSSELL<br>MID CAP INDEX PORTFOLIO                                                                      | 0        | 1,225,074         |
| *   | VOYA FINANCIAL                                            | PIMCO COMMODITY<br>REAL RETURN STRATEGY FUND                                                                 | 0        | 4,666             |
| *   | VOYA FINANCIAL                                            | T. ROWE PRICE<br>BLUE CHIP GROWTH FUND                                                                       | 0        | 2,048,671         |
| *   | VOYA FINANCIAL                                            | FIDELITY ADVISOR<br>NEW INSIGHTS FUND                                                                        | 0        | 4,501,696         |

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|-----|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------|-------------------|
| *   | VOYA FINANCIAL                                            | VOYA U.S STOCK PORTFOLIO                                                                                     | 0        | 3,410,579         |
| *   | VOYA FINANCIAL                                            | VANGUARD VARIABLE INSURANCE<br>DIVERSIFIED VALUE PORTFOLIO                                                   | 0        | 2,751,905         |
| *   | VOYA FINANCIAL                                            | WASHINGTON MUTUAL INVESTORS FUND                                                                             | 0        | 1,201,887         |
| *   | VOYA FINANCIAL                                            | AMERICAN FUNDS<br>AMERICAN BALANCED FUND                                                                     | 0        | 2,508,318         |
| *   | VOYA FINANCIAL                                            | VY T. ROWE PRICE<br>CAPITAL APPRECIATION PORTFOLIO                                                           | 0        | 53,477            |
| *   | VOYA FINANCIAL                                            | T. ROWE PRICE<br>RETIREMENT 2005 FUND                                                                        | 0        | 1,568             |
| *   | VOYA FINANCIAL                                            | T. ROWE PRICE<br>RETIREMENT 2015 FUND                                                                        | 0        | 368,999           |

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|-----|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------|-------------------|
| *   | VOYA FINANCIAL                                            | T. ROWE PRICE<br>RETIREMENT 2020 FUND                                                                        | 0        | 300               |
| *   | VOYA FINANCIAL                                            | T. ROWE PRICE<br>RETIREMENT 2025 FUND                                                                        | 0        | 1,631,871         |
| *   | VOYA FINANCIAL                                            | T. ROWE PRICE<br>RETIREMENT 2030 FUND                                                                        | 0        | 640               |
| *   | VOYA FINANCIAL                                            | T. ROWE PRICE<br>RETIREMENT 2035 FUND                                                                        | 0        | 1,681,246         |
| *   | VOYA FINANCIAL                                            | T. ROWE PRICE<br>RETIREMENT 2040 FUND                                                                        | 0        | 32,039            |
| *   | VOYA FINANCIAL                                            | T. ROWE PRICE<br>RETIREMENT 2045 FUND                                                                        | 0        | 1,949,834         |
| *   | VOYA FINANCIAL                                            | T. ROWE PRICE<br>RETIREMENT 2050 FUND                                                                        | 0        | 6,630             |

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|-----|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------|-------------------|
| *   | VOYA FINANCIAL                                            | T. ROWE PRICE<br>RETIREMENT 2055 FUND                                                                        | 0        | 298,143           |
| *   | VOYA FINANCIAL                                            | T. ROWE PRICE<br>RETIREMENT INCOME FUND                                                                      | 0        | 75,818            |
| *   | VOYA FINANCIAL                                            | MFS AGGRESSIVE<br>GROWTH ALLOCATION FUND                                                                     | 0        | 299               |
| *   | VOYA FINANCIAL                                            | MFS CONSERVATIVE<br>ALLOCATION FUND                                                                          | 0        | 111               |
| *   | VOYA FINANCIAL                                            | MFS GROWTH<br>ALLOCATION FUND                                                                                | 0        | 4,280             |
| *   | VOYA FINANCIAL                                            | MFS MODERATE<br>ALLOCATION FUND                                                                              | 0        | 105               |
| *   | VOYA FINANCIAL                                            | VOYA INTERMEDIATE BOND PORTFOLIO                                                                             | 0        | 1,280,015         |

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| *   | VOYA FINANCIAL                                            | PIMCO VIT<br>REAL RETURN PORTFOLIO                                                                           | 0        | 731,265           |
| *   | VOYA FINANCIAL                                            | VOYA MONEY MARKET PORTFOLIO                                                                                  | 0        | 1,313,295         |
| *   | VOYA FINANCIAL                                            | VOYA HIGH YIELD PORTFOLIO                                                                                    | 0        | 264,322           |
| *   | VOYA FINANCIAL                                            | PIONEER STRATEGIC INCOME FUND                                                                                | 0        | 763,655           |
| *   | VOYA FINANCIAL                                            | ALLIANCE BERNSTEIN GLOBAL BOND FUND                                                                          | 0        | 45,590            |
| *   | VOYA FINANCIAL                                            | VOYA MONEY MARKET FUND - A                                                                                   | 0        | 11,320            |
| *   | VOYA FINANCIAL                                            | VOYA FIXED ACCOUNT                                                                                           | 0        | 4,033,831         |

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| ★   | VOYA FINANCIAL                                            | TD AMERITRADE<br>SELF DIRECTED BROKERAGE ACCOUNTS                                                            | 0        | 9,775             |
|     | PARTICIPANT LOANS                                         | PARTICIPANT LOANS<br>INTEREST RATE - 4.25%                                                                   | 0        | 376,147           |
|     |                                                           |                                                                                                              |          |                   |
|     |                                                           |                                                                                                              |          |                   |
|     |                                                           |                                                                                                              |          |                   |
|     |                                                           |                                                                                                              |          |                   |
|     |                                                           |                                                                                                              |          |                   |