

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2014 This Form is Open to Public Inspection
---	---	--

Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☐ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan PEOPLEASE, LLC/PLC SERVICES, LLC 401(K) PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/1996</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 01/01/1996	
1b Three-digit plan number (PN) ▶	001				
1c Effective date of plan 01/01/1996					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) PEOPLEASE, LLC/PLC SERVICES, LLC 210 WINGO WAY, SUITE 400 MOUNT PLEASANT, SC 29464-1805	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 57-0993401</td> </tr> <tr> <td>2c Plan Sponsor's telephone number 843-849-1164</td> </tr> <tr> <td>2d Business code (see instructions) 541214</td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) 57-0993401	2c Plan Sponsor's telephone number 843-849-1164	2d Business code (see instructions) 541214	
2b Employer Identification Number (EIN) 57-0993401					
2c Plan Sponsor's telephone number 843-849-1164					
2d Business code (see instructions) 541214					

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

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

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

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name PEOPLEASE CORPORATION	4b EIN 57-0993401 4c PN 001
5 Total number of participants at the beginning of the plan year	5 1303
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 1230
a(2) Total number of active participants at the end of the plan year	6a(2) 1137
b Retired or separated participants receiving benefits	6b 6
c Other retired or separated participants entitled to future benefits.....	6c 63
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 1206
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 1206
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 269
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 2
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan PEOPLELEASE, LLC/PLC SERVICES, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PEOPLELEASE, LLC/PLC SERVICES, LLC		
D Employer Identification Number (EIN) 57-0993401		

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

1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	GAP-B2-LU27		01/01/2014	12/31/2014

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	

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

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	982682
c Additions: (1) Contributions deposited during the year	7c(1)	96215
(2) Dividends and credits	7c(2)	0
(3) Interest credited during the year	7c(3)	7566
(4) Transferred from separate account	7c(4)	0
(5) Other (specify below)	7c(5)	-6369
▶		
(6) Total additions	7c(6)	97412
d Total of balance and additions (add lines 7b and 7c(6))	7d	1080094
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	236586
(2) Administration charge made by carrier	7e(2)	6898
(3) Transferred to separate account	7e(3)	138698
(4) Other (specify below)	7e(4)	78
▶		
(5) Total deductions	7e(5)	382260
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	697834

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

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

A Name of plan <u>PEOPLELEASE, LLC/PLC SERVICES, LLC 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PEOPLELEASE, LLC/PLC SERVICES, LLC</u>	D Employer Identification Number (EIN) <u>57-0993401</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
NATIONWIDE ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(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

(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

(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

(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

(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

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)

FINACIAL TELESIS, INC.

4340 REDWOOD HIGHWAY SUITE A23
SAN RAFAEL, CA 94903

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51		33446	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 18 19 49 59 60 63 64 99		7951	Yes ☒ No ☐	Yes ☒ No ☐	25	Yes ☐ No ☒

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

PENSION FINANCIAL SERVICES, INC.

3700 CRESTWOOD PARKWAY STE 550
DULUTH, GA 30096-7157

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 17 49 99		73938	Yes ☒ No ☐	Yes ☐ No ☒	144	Yes ☐ No ☒

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

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

FRAZIER & DEETE CPAS & ADVISORS

1230 PEACHTREE ST STE 1500 NE
ATLANTA, GA 30309

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10		5770	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>PEOPLELEASE, LLC/PLC SERVICES, LLC 401(K) PLAN</u>		B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PEOPLELEASE, LLC/PLC SERVICES, LLC</u>		D Employer Identification Number (EIN) <u>57-0993401</u>

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	153	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		3304
(2) Participant contributions.....	1b(2)	6679	1267
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	4880309	4789351
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	947943	689710
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	5835084	5483632

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	5835084	5483632
---	-----------	---------	---------

Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	158274	
(B) Participants	2a(1)(B)	502963	
(C) Others (including rollovers)	2a(1)(C)	10731	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		671968

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	-20	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	39440	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		39420

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		266842
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		978230

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1215029	
(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)		1215029
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	16909	
(2) Contract administrator fees.....	2i(2)	70389	
(3) Investment advisory and management fees.....	2i(3)	33447	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		120745
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1335774

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-357544
l Transfers of assets:			
(1) To this plan.....	2l(1)		193335
(2) From this plan.....	2l(2)		187243

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: FRAZIER & DEETER, LLC

(2) EIN: 58-1433845

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		9077
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d			
e Was this plan covered by a fidelity bond?	X		500000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
TLC RETIREMENT SAVINGS PLAN	45-0391154	003

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 PEOPLEASE,LLC PLC SERVICES, LLC 401	6b Trust's EIN 570993401
--	------------------------------------

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
---	--	--

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

A Name of plan <u>PEOPLEASE, LLC/PLC SERVICES, LLC 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PEOPLEASE, LLC/PLC SERVICES, LLC</u>	D Employer Identification Number (EIN) <u>57-0993401</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-4156830</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

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

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**PEOPLEASE LLC/PLC SERVICES LLC
401(k) PLAN**

FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

PEOPLEASE LLC/PLC SERVICES LLC 401(k) PLAN

Table of Contents

December 31, 2014 and 2013

	<u>Page</u>
Independent Auditors' Report	1 - 2
Financial Statements:	
Statements of Net Assets Available for Benefits, December 31, 2014 and 2013	3
Statement of Changes in Net Assets Available for Benefits, For the Year Ended December 31, 2014	4
Notes to Financial Statements	5 - 15
Supplemental Information:	
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions, For the Year Ended December 31, 2014	16
Schedule H, Line 4i - Schedule of Assets (Held at End of Year), December 31, 2014	17

INDEPENDENT AUDITORS' REPORT

To the Trustee
PEOPLEASE LLC/PLC Services LLC 401(k) Plan
Mount Pleasant, South Carolina

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the PEOPLEASE LLC/PLC Services LLC 401(k) Plan (the Plan) which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013 and the related statement of changes in net assets available for benefits for the year ended December 31, 2014 and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' 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 3, which was certified by Nationwide Life Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a

certification from the the custodian as of December 31, 2014 and 2013, and for the year ended December 31, 2014, that the information provided to the Plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule H, Line 4a - Schedule of Delinquent Participant Contributions for the year ended December 31, 2014 and Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2014 are 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, we do not express an opinion on these supplemental schedules.

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 schedules, other than that derived from the information certified by the 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.

October 12, 2015
Atlanta, Georgia

Frazier + Dexter, LLC

PEOPLEASE LLC/PLC SERVICES LLC 401(k) PLAN

Statements of Net Assets Available for Benefits

	<u>December 31,</u>	
	<u>2014</u>	<u>2013</u>
Assets:		
Cash	\$ -	\$ 153
Investments, at fair value	5,479,061	5,828,252
Employer contributions receivable	3,304	-
Participant contributions receivable	<u>1,267</u>	<u>6,679</u>
Net assets available for benefits at fair value	5,483,632	5,835,084
Adjustment from fair value to contract value for interest in guaranteed investment contract relating to fully benefit-responsive investment contracts	<u>8,123</u>	<u>34,738</u>
Net Assets Available for Benefits	<u>\$ 5,491,755</u>	<u>\$ 5,869,822</u>

See notes to financial statements.

PEOPLEASE LLC/PLC SERVICES LLC 401(k) PLAN

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2014

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 31,895
Dividends and interest	<u>247,752</u>

Total investment income	<u>279,647</u>
-------------------------	----------------

Contributions:

Employer	158,274
Participant	502,963
Rollover	<u>10,731</u>

Total contributions	<u>671,968</u>
---------------------	----------------

Total additions	<u>951,615</u>
-----------------	----------------

Deductions from net assets attributed to:

Benefits paid to participants	1,215,029
Administrative expenses	<u>120,745</u>

Total deductions	<u>1,335,774</u>
------------------	------------------

Net decrease	(384,159)
--------------	-----------

Plan transfer in	193,335
------------------	---------

Plan transfer out	(187,243)
-------------------	-----------

Net Assets Available for Benefits:

Beginning of year	<u>5,869,822</u>
-------------------	------------------

End of year	<u><u>\$ 5,491,755</u></u>
-------------	----------------------------

See notes to financial statements.

PEOPLEASE LLC/PLC SERVICES LLC 401(k) PLAN

Notes to Financial Statements

December 31, 2014 and 2013

Note 1 - Description of plan:

The following description of the PEOPLEASE LLC/PLC Services LLC 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan sponsor is PEOPLEASE LLC (the Company, Plan Sponsor or Plan Administrator). The Plan is a multiple-employer defined contribution plan. Prior to January 1, 2014 the Plan covered substantially all full-time employees of the Company and those client companies (collectively, Adopting Employers) that have elected to participate in the Plan who had attained the required number days of service with their applicable company, as defined in the client company's adoption agreement, and who are citizens or resident aliens of the United States of America. Effective January 1, 2014, the Plan was amended to define the days of service requirement for eligibility as 60 days for all Adopting Employers. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Directors is responsible for oversight of the Plan, and along with the Plan's investment advisor determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Contributions

Each year, participants may contribute pretax compensation up to the maximum allowed by the Plan document. 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 defined benefit or defined contribution plans. Each Adopting Employer may make safe harbor or matching contributions into the Plan at its discretion, as defined in the Adopting Employer's individual Plan document. The Adopting Employers made total contributions of \$158,274 for 2014. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant accounts

Each participant's account is credited with the participant's contributions, an allocation of the applicable Adopting Employer's contribution and Plan earnings and is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

PEOPLEASE LLC/PLC SERVICES LLC 401(k) PLAN

Notes to Financial Statements - Continued

December 31, 2014 and 2013

Note 1 - Description of plan - continued:

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Adopting Employers' contributions portion of their accounts plus earnings thereon is based on years of continuous service. Participants become vested in Adopting Employer contributions in accordance with the vesting schedule elected in their specific plan document.

Participants are immediately vested upon termination of the Plan, upon reaching the retirement age of 65, or upon disability or death while an employee of the Plan Sponsor. Forfeitures of terminated participants' non-vested accounts are used to reduce the Adopting Employer's matching contribution for the Plan year.

Forfeitures

At December 31, 2014 and 2013, forfeited non-vested accounts totaled \$1,157 and \$3,318, respectively. During the year ended December 31, 2014, no forfeitures were used to reduce Adopting Employer matching contributions.

Payment of benefits

A participant is entitled to receive a lump-sum amount equal to the vested value of his or her account upon attainment of age 59½, termination of service, retirement, disability, or death. A participant may request a withdrawal from the Plan while still under the employment of the Adopting Employer for reasons of financial hardship, but the withdrawal is limited to the amount of the participant's pre-tax contributions.

Notes receivable from participants

The Plan does not allow participant loans.

Administrative expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. The Company reserves the right to elect to pay, or have the Plan pay, administrative costs in the future.

PEOPLEASE LLC/PLC SERVICES LLC 401(k) PLAN

Notes to Financial Statements - Continued

December 31, 2014 and 2013

Note 2 - Summary of significant accounting policies:

Basis of presentation

The Plan has adopted the Financial Accounting Standards Board (FASB) Codification (Codification). The Codification is the single source of authoritative accounting principles generally accepted in the United States of America (U.S. GAAP) recognized by the FASB to be applied by nongovernmental entities. All of the Codification's content carries the same level of authority.

Basis of accounting

The financial statements of the Plan are prepared using the accrual basis of accounting in accordance with U.S. GAAP.

Fully benefit-responsive investment contracts

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value represents the cost plus contributions made under the contract plus interest at the contract rates less withdrawals and administrative expenses. This specifically affects the presentation of the amounts related to the Plan's participation in the guaranteed investment contract. The statements of net assets available for benefits present the fair value of the investment in the guaranteed investment contract, as well as the adjustment from fair value to contract value for the Plan's proportionate share of fully benefit-responsive investment contracts within the guaranteed investment contract. The statement of changes in net assets available for benefits is prepared on a contract value basis.

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or would be paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date.

PEOPLEASE LLC/PLC SERVICES LLC 401(k) PLAN

Notes to Financial Statements - Continued

December 31, 2014 and 2013

Note 2 - Summary of significant accounting policies - continued:

Payment of benefits

Benefits are recorded when paid.

Use of estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the amounts of reported assets and liabilities and changes therein, and the disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Risks and uncertainties

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

Subsequent events

The Plan has evaluated subsequent events through October 12, 2015, which is the date these financial statements were available to be issued. All subsequent events, if any, requiring recognition as of December 31, 2014, have been incorporated into these financial statements.

Note 3 - Investments and information certified by the custodian:

Nationwide Trust Company, FSB (Nationwide) is the custodian for the Plan. Nationwide holds the Plan's investment assets and executes investment transactions. Other than the fair value of the guaranteed investment contract (GIC) and the related adjustment from fair value to contract value for fully benefit-responsive investment contracts, certain information related to investments disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2014 and 2013 and net appreciation in the fair value of investments and interest and dividend income for the year ended December 31, 2014, was obtained and derived from information supplied to the Plan Administrator and certified as complete and accurate by Nationwide. The contract value of the GIC was also certified by Nationwide.

PEOPLEASE LLC/PLC SERVICES LLC 401(k) PLAN

Notes to Financial Statements - Continued

December 31, 2014 and 2013

Note 3 - Investments and information certified by the custodian - continued:

The following is a summary of investments, at fair value, that represent 5% or more of the Plan's net assets at December 31, 2014 and 2013:

	<u>2014</u>	<u>2013</u>
Mass Investors Growth Stock Fund R4	\$ 404,268	\$ 464,876
BOA Fixed contract	\$ 689,710	\$ 947,943
Vanguard Equity Inc Inv	\$ 419,207	\$ 381,433
Northwestern Mutual Mny Mkt Inst	\$ 371,546	\$ 387,583
Goldman Sachs Short Duration Government A	**	\$ 357,075
Fidelity Puritan	\$ 318,835	\$ 299,631
Mnnprprobl Cnsrv Trm S	\$ 297,762	*

*Indicates investment is less than 5% of net assets as of December 31, 2013.

**Indicates investment is less than 5% of net assets as of December 31, 2014.

During 2014, the Plan's investments in mutual funds and the GIC (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

Mutual funds	(11,095)
Guaranteed investment contract	<u>42,990</u>
Total	<u><u>\$ 31,895</u></u>

Note 4 - Fair value measurements:

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB Codification No. 820 are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

PEOPLEASE LLC/PLC SERVICES LLC 401(k) PLAN

Notes to Financial Statements - Continued

December 31, 2014 and 2013

Note 4 - Fair value measurements - continued:

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

- Mutual funds are valued at the net asset value of shares held by the Plan at year end by obtaining quoted prices on nationally recognized securities exchanges.
- Units of participation in the GIC are valued at fair value based on amounts held by Nationwide Life Insurance Company's general account and credited to the units on a net daily basis at annual effective rates. Fair value represents the amount the Plan would receive if the contract was terminated at the reporting date, which would be book value less an early withdrawal charge. This contract is not traded on an open market and public prices are not available. The GIC is classified within Level 3 of the valuation hierarchy.

PEOPLEASE LLC/PLC SERVICES LLC 401(k) PLAN

Notes to Financial Statements - Continued

December 31, 2014 and 2013

Note 4 - Fair value measurements - continued:

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

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

Assets at Fair Value as of December 31, 2014				
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Bond funds	\$ 408,089	\$ -	\$ -	\$ 408,089
Growth funds	1,323,847	-	-	1,323,847
Government funds	256,562	-	-	256,562
Equity funds	557,644	-	-	557,644
Value funds	146,652	-	-	146,652
Blend funds	611,022	-	-	611,022
Index funds	468,087	-	-	468,087
Target date funds	471,295	-	-	471,295
International funds	174,607	-	-	174,607
Money market	371,546	-	-	371,546
Total mutual funds	4,789,351	-	-	4,789,351
Guaranteed investment contract:				
Fixed contract	-	-	689,710	689,710
Total assets at fair value	<u>\$ 4,789,351</u>	<u>\$ -</u>	<u>\$ 689,710</u>	<u>\$ 5,479,061</u>

PEOPLEASE LLC/PLC SERVICES LLC 401(k) PLAN

Notes to Financial Statements - Continued

December 31, 2014 and 2013

Note 4 - Fair value measurements - continued:

	Assets at Fair Value as of December 31, 2013			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Bond funds	\$ 530,737	\$ -	\$ -	\$ 530,737
Growth funds	1,340,176	-	-	1,340,176
Government funds	357,075	-	-	357,075
Equity funds	593,548	-	-	593,548
Value funds	180,750	-	-	180,750
Blend funds	481,290	-	-	481,290
Index funds	482,587	-	-	482,587
Target date funds	346,720	-	-	346,720
International funds	179,843	-	-	179,843
Money market	<u>387,583</u>	<u>-</u>	<u>-</u>	<u>387,583</u>
Total mutual funds	4,880,309	-	-	4,880,309
Guaranteed investment contract:				
Fixed contract	<u>-</u>	<u>-</u>	<u>947,943</u>	<u>947,943</u>
Total assets at fair value	<u>\$ 4,880,309</u>	<u>\$ -</u>	<u>\$ 947,943</u>	<u>\$ 5,828,252</u>

There were no significant transfers between Level 1 and Level 2 investments or into or out of Level 3 investments during the years ended December 31, 2014 and 2013.

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2014:

Balance, beginning of year	\$ 947,943
Gains (losses)	42,990
Purchases	96,215
Sales	<u>(397,438)</u>
Balance, end of year	<u>\$ 689,710</u>

The amount of total gains or losses for the period attributable to the change in unrealized gains or losses relating to assets still held at the reporting date	<u>\$ 16,375</u>
---	------------------

PEOPLEASE LLC/PLC SERVICES LLC 401(k) PLAN

Notes to Financial Statements - Continued

December 31, 2014 and 2013

Note 4 - Fair value measurements - continued:

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the range of values for those inputs.

Instrument	Fair Value 2014	Fair Value 2013	Principal Valuation Techniques	Unobservable Inputs	Range of Significant Input Values	Weighted Average
Guaranteed Investment Contract	\$ 689,710	\$ 947,943	Discontinuation Value	Composite crediting rate	*	*

*Per Nationwide, due to the nature of how fair value is calculated (surrender value/discontinuance method), there would be no assumptions to report, making disclosures of such assumptions under ASU No. 2011-04 non-applicable.

Note 5 - Investment contract with insurance company:

The Plan invests in a benefit-responsive GIC with Nationwide Life Insurance Company. The contributions are maintained in a general account, which is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Nationwide is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The contract is included in the financial statements at fair value and then adjusted to contract value as reported to the Plan by Nationwide.

Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with Nationwide. Such interest rates are reviewed on a quarterly basis for resetting. The crediting interest rate for the GIC was 1.9% and 2.9% for the years ended December 31, 2014 and 2013, respectively. The average yields of the GIC are consistent with the crediting interest rates.

Certain events, such as the premature termination of the contract by the Plan or the termination of the Plan, would limit the ability of the Plan to transact at the contract value with Nationwide. The Plan Administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable.

The GIC does not permit Nationwide to terminate the agreement.

PEOPLELEASE LLC/PLC SERVICES LLC 401(k) PLAN

Notes to Financial Statements - Continued

December 31, 2014 and 2013

Note 6 - Related party transactions:

The Plan invests in shares of mutual funds and a GIC managed by an affiliate of Nationwide. Nationwide acts as a custodian for investments in the Plan, and therefore, these transactions qualify as party-in-interest transactions and are exempt from the prohibited transaction rules.

Note 7 - Plan termination:

Although it has not expressed any intent to do so, the Adopting Employers have the right under the Plan to discontinue their contributions at any time. In addition, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

Note 8 - Tax status:

The underlying volume submitter plan has received an opinion letter from the IRS dated March 31, 2008, stating that the form of the Plan is qualified under Section 401(a) of the Internal Revenue Code (IRC), and therefore, the related trust is tax-exempt. The Plan Administrator has determined that it is eligible to and has chosen to rely on the current IRS volume submitter plan opinion letter. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan Administrator is taking steps to bring the Plan in compliance with the applicable requirements of the IRC, and, therefore believes that the Plan is qualified and the related trust is tax-exempt.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed tax positions taken by the Plan, and has concluded that, as of December 31, 2014 and 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes tax years that remain subject to examination by major tax jurisdictions date back to the year ended December 31, 2011.

PEOPLEASE LLC/PLC SERVICES LLC 401(k) PLAN

Notes to Financial Statements - Continued

December 31, 2014 and 2013

Note 9 - Nonexempt prohibited transactions:

During 2014, the employer failed to remit certain participant contributions and note payments totaling \$9,077 to the Plan in a timely manner. These contributions were subsequently deposited to the trust on various dates in 2014. During 2015, lost earnings of \$10 were calculated and credited to the affected participants for the 2014 delinquent contributions.

Note 10 - Reconciliation of financial statements to Form 5500:

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	<u>December 31,</u>	
	<u>2014</u>	<u>2013</u>
Net assets available for benefits per the financial statements	\$ 5,491,755	\$ 5,869,822
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>(8,123)</u>	<u>(34,738)</u>
Net assets available for benefits per the Form 5500 at fair value	<u>\$ 5,483,632</u>	<u>\$ 5,835,084</u>

SUPPLEMENTAL INFORMATION

PEOPLEASE LLC/PLC SERVICES LLC 401(k) PLAN

EIN 57-0993401

Plan Number - 001

For the Year Ended December 31, 2014

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Participant Contributions Transferred Late to the Plan Amount Withheld	Check Here if Late Participant Loan Repayments are Included	Total That Constitutes Nonexempt Prohibited Transactions			
		Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51	
\$ 4,334		\$ -	\$ 4,336	\$ -	\$ -
\$ 710		\$ -	\$ 710	\$ -	\$ -
\$ 4,033		\$ -	\$ 4,041	\$ -	\$ -

PEOPLEASE LLC/PLC SERVICES LLC 401(k) PLAN

EIN 57-0993401

Plan Number - 001

December 31, 2014

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

(a)	(b) Identity of Issuer, 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
*	Union Bond & Trust Company Jns Overseas S	Mutual Fund		\$ 25,535
	Cambiar International Equity Fund	Mutual Fund		298
	Cambiar Opportunity Investment	Mutual Fund		361
	Advisor One CLS Global Diversified Equity N	Mutual Fund		1,480
	Advisor One CLS Growth and Income N	Mutual Fund		1,966
	Advisor One CLS Enhanced Long/Short N	Mutual Fund		612
	Advisor One Flexible Income N	Mutual Fund		1,443
	Advisor One CLS International N	Mutual Fund		2,043
	Advisor One CLS Global Growth N	Mutual Fund		1,428
	AllianceBernstein High Income Class A	Mutual Fund		208,799
	American Century Inflation Adjusted Bond Institutional	Mutual Fund		58,711
	American Funds Europacific Growth R6	Mutual Fund		249,050
	American Funds New Prospect R3	Mutual Fund		1,220
	American Funds New Prospect R6	Mutual Fund		148,457
	Blackrock Natural Resource Trust A	Mutual Fund		35,814
	Buffalo Funds Discovery	Mutual Fund		21,187
	Dimensional Fund Advisors Emerging Markets Social Core Equity	Mutual Fund		69,323
	Fidelity Puritan	Mutual Fund		318,835
	Fidelity Freedom 2010 A	Mutual Fund		33,789
	Fidelity Freedom 2015 A	Mutual Fund		40,974
	Fidelity Freedom 2020 A	Mutual Fund		102,432
	Fidelity Freedom 2025 A	Mutual Fund		58,470
	Fidelity Freedom 2030 A	Mutual Fund		110,430
	Fidelity Freedom 2035 A	Mutual Fund		31,041
	Fidelity Freedom 2040 A	Mutual Fund		94,159
	Goldman Sachs Short Duration Government A	Mutual Fund		256,562
	Invesco Midcap Growth Fund A	Mutual Fund		54,345
	JP Morgan Smallcap Value A	Mutual Fund		52,334
	Janus Capital Group Twenty Fund T	Mutual Fund		143,527
	Lord Abbett Developing Growth Fund A	Mutual Fund		16,786
	Mass Investors Growth Stock Fund R4	Mutual Fund		404,268
	Yacktman Focused Service Fund	Mutual Fund		11,245
	Mnnprprobl Cnsrv Trm S	Mutual Fund		297,762
	Mnnprprobl Extnd Trm S	Mutual Fund		169,188
	Mnnprprobl Max Trm S	Mutual Fund		45,347
	Mnnprprobl Mod Trm S	Mutual Fund		7,422
	Northwestern Mutual Midcap Market Index Institutional	Mutual Fund		76,659
	Northwestern Mutual Mny Mkt Inst	Mutual Fund		371,546
	Northwestern Mutual Smallcap Index Institutional	Mutual Fund		175,450
	Oppenheimer Gold and Special Minerals Fund A	Mutual Fund		51
	Oppenheimer Value A	Mutual Fund		963
	Oppenheimer International Growth A	Mutual Fund		1,700
	PIMCO comdyrealtnstratinst	Mutual Fund		28,198
	Ridgeworth Core Bond A	Mutual Fund		138,775
	T. Rowe Price Hlth Scnc	Mutual Fund		8,389
	T. Rowe Price Midcap Growth Fund R	Mutual Fund		78,520
	T. Rowe Price New Horizons	Mutual Fund		2,852
	Vanguard 500 Index Fund AS	Mutual Fund		77,794
	Vanguard Dividend Growth Investment	Mutual Fund		11,220
	Vanguard Equity Inc Inv	Mutual Fund		419,207
	Vanguard Midcap Growth Index Signal	Mutual Fund		39,010
	Vanguard Reit Index Signal	Mutual Fund		165,664
	Vanguard Select Value Investment	Mutual Fund		67,820
	Vanguard Health Care Inv	Mutual Fund		2,779
	Vanguard Energy Inv Fund	Mutual Fund		2,959
	Vanguard Growth Index Adml	Mutual Fund		11,304
	Rydex S&P 500 Pure Growth H	Mutual Fund		31,848
*	BOA Fixed Contract	Guaranteed Investment Contract		689,710
				<u>\$ 5,479,061</u>

*Indicates a party-in-interest to the Plan, as defined by ERISA.

**Cost is not required for participant-directed investments.

Note: The above data is based upon information that has been certified as complete and accurate by the custodian Nationwide Trust Company, FSB.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2014 This Form is Open to Public Inspection
---	---	---

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning		01/01/2014	and ending		12/31/2014
A This return/report is for:	☐ a multiemployer plan;	☒ a multiple-employer plan (Filers checking this box attach a list of participating employer information in accordance with the form instructions); or			
B This return/report is:	☐ a single-employer plan;	☐ a DFE (specify) _____			
	☐ the first return/report;	☐ the final return/report;			
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).			
C If the plan is a collectively-bargained plan, check here ▶ ☐					
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;		
	☐ special extension (enter description)				

Part II Basic Plan Information --- enter all requested information

1a Name of plan PEOPLEASE, LLC/PLC SERVICES, LLC 401(K) PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/1996</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 01/01/1996	
1b Three-digit plan number (PN) ▶	001				
1c Effective date of plan 01/01/1996					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) PEOPLEASE, LLC/PLC SERVICES, LLC 210 WINGO WAY, SUITE 400 US MOUNT PLEASANT SC 29464-1805	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 57-0993401</td> </tr> <tr> <td>2c Plan Sponsor's telephone number (843) 849-1164</td> </tr> <tr> <td>2d Business code (see instructions) 541214</td> </tr> </table>	2b Employer Identification Number (EIN) 57-0993401	2c Plan Sponsor's telephone number (843) 849-1164	2d Business code (see instructions) 541214	
2b Employer Identification Number (EIN) 57-0993401					
2c Plan Sponsor's telephone number (843) 849-1164					
2d Business code (see instructions) 541214					

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

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

SIGN HERE		10/14/15	KEVIN HAWKS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/14/15	KEVIN HAWKS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	 		
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

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

Form 5500 (2014)
v.140124

Multiple-Employer Plan Participating Employer Information

PeopLease LLC/PLC Services LLC 401(k) Plan

EIN: 37-1611154

PN: 001

(a) Name of Participating Employer	(b) EIN	(c) Percent of Total Contributions
1st Choice Auto Transport, LLC d/b/a Diamondback Systems	37-1611154	0.11%
1st Choice Logistics, LLC d/b/a 1st Choice-CCRS Logistics, LLC	86-0844881	0.44%
BCA Insurance Inc. dba National Truck Services Group	86-0547318	3.19%
Bestway Refrigerated Service	59-1024267	0.17%
Bhandal Bros Trucking, Inc..	77-0300360	0.00%
CCT Logistics, Inc.	63-1201981	0.09%
CTC, Inc.	73-0772680	0.40%
Carter Crane & Rigging, Inc.	26-4192803	0.47%
CoreTrans, LLC	27-0030213	4.32%
Cresco Lines, Inc.	36-2637463	2.69%
Domino Transport, Inc.	37-1168360	3.37%
Double S Transport, Inc.	43-1753665	0.26%
French Trucking, Inc.	62-1328906	0.50%
Full Tilt Transport, LLC.	26-4264132	0.27%
Furrow Trucking, Inc.	37-1202201	0.92%
HQ Marine Transport, Inc.	27-3752811	7.53%
Honey Transport, Inc.	59-1221451	0.25%
Kerr Truck Line, Inc.	64-0742725	0.20%
Liquid Cargo of Georgia, LLC	27-2035052	0.83%
Liquid Cargo of New Jersey, LLC	27-4406871	7.50%
Liquid Cargo, Inc.	22-2529931	3.76%
Lisk Trucking, Inc.	56-1160226	0.20%
Mitchell Transport	62-1721124	0.96%
NPL Dedicated, LLC	90-0925959	0.75%
Norman Fred Truck Service, Inc.	37-1246714	0.96%
P. Carter Trucking, Inc.	59-3157349	0.41%
PeopLease, LLC	57-0993401	42.25%
Premier Transportation & Warehousing, In	33-0321364	0.66%
RJR Transportation, Inc.	37-1283387	6.15%
RWH Logistics, Inc.	58-1860882	0.04%
RWH Trucking, Inc.	58-2181340	3.73%
Rains and Sons Trans., LLC	20-5768055	0.41%
S & J Potashnick Transportation, Inc.	43-1391044	1.33%
Sexton Farms, LLC	20-3401253	0.22%
Shippers Express, Inc.	64-0602698	3.00%
Star Leasing, Inc.	56-1412426	0.68%
TBK Transport, Inc.	20-0448521	0.99%

PEOPLEASE LLC/PLC SERVICES LLC 401(k) PLAN

EIN 57-0993401

Plan Number - 001

For the Year Ended December 31, 2014

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Participant Contributions Transferred Late to the Plan Amount Withheld	Check Here if Late Participant Loan Repayments are Included	Total That Constitutes Nonexempt Prohibited Transactions			
		Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51	
\$ 4,334		\$ -	\$ 4,336	\$ -	\$ -
\$ 710		\$ -	\$ 710	\$ -	\$ -
\$ 4,033		\$ -	\$ 4,041	\$ -	\$ -

PEOPLEASE LLC/PLC SERVICES LLC 401(k) PLAN

EIN 57-0993401

Plan Number - 001

December 31, 2014

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

(a)	(b) Identity of Issuer, 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
*	Union Bond & Trust Company Jns Overseas S	Mutual Fund		\$ 25,535
	Cambiar International Equity Fund	Mutual Fund		298
	Cambiar Opportunity Investment	Mutual Fund		361
	Advisor One CLS Global Diversified Equity N	Mutual Fund		1,480
	Advisor One CLS Growth and Income N	Mutual Fund		1,966
	Advisor One CLS Enhanced Long/Short N	Mutual Fund		612
	Advisor One Flexible Income N	Mutual Fund		1,443
	Advisor One CLS International N	Mutual Fund		2,043
	Advisor One CLS Global Growth N	Mutual Fund		1,428
	AllianceBernstein High Income Class A	Mutual Fund		208,799
	American Century Inflation Adjusted Bond Institutional	Mutual Fund		58,711
	American Funds Europacific Growth R6	Mutual Fund		249,050
	American Funds New Prospect R3	Mutual Fund		1,220
	American Funds New Prospect R6	Mutual Fund		148,457
	Blackrock Natural Resource Trust A	Mutual Fund		35,814
	Buffalo Funds Discovery	Mutual Fund		21,187
	Dimensional Fund Advisors Emerging Markets Social Core Equity	Mutual Fund		69,323
	Fidelity Puritan	Mutual Fund		318,835
	Fidelity Freedom 2010 A	Mutual Fund		33,789
	Fidelity Freedom 2015 A	Mutual Fund		40,974
	Fidelity Freedom 2020 A	Mutual Fund		102,432
	Fidelity Freedom 2025 A	Mutual Fund		58,470
	Fidelity Freedom 2030 A	Mutual Fund		110,430
	Fidelity Freedom 2035 A	Mutual Fund		31,041
	Fidelity Freedom 2040 A	Mutual Fund		94,159
	Goldman Sachs Short Duration Government A	Mutual Fund		256,562
	Invesco Midcap Growth Fund A	Mutual Fund		54,345
	JP Morgan Smallcap Value A	Mutual Fund		52,334
	Janus Capital Group Twenty Fund T	Mutual Fund		143,527
	Lord Abbett Developing Growth Fund A	Mutual Fund		16,786
	Mass Investors Growth Stock Fund R4	Mutual Fund		404,268
	Yacktman Focused Service Fund	Mutual Fund		11,245
	Mnnprprobl Cnsrv Trm S	Mutual Fund		297,762
	Mnnprprobl Extnd Trm S	Mutual Fund		169,188
	Mnnprprobl Max Trm S	Mutual Fund		45,347
	Mnnprprobl Mod Trm S	Mutual Fund		7,422
	Northwestern Mutual Midcap Market Index Institutional	Mutual Fund		76,659
	Northwestern Mutual Mny Mkt Inst	Mutual Fund		371,546
	Northwestern Mutual Smallcap Index Institutional	Mutual Fund		175,450
	Oppenheimer Gold and Special Minerals Fund A	Mutual Fund		51
	Oppenheimer Value A	Mutual Fund		963
	Oppenheimer International Growth A	Mutual Fund		1,700
	PIMCO comdyrealtnstratinst	Mutual Fund		28,198
	Ridgeworth Core Bond A	Mutual Fund		138,775
	T. Rowe Price Hlth Scnc	Mutual Fund		8,389
	T. Rowe Price Midcap Growth Fund R	Mutual Fund		78,520
	T. Rowe Price New Horizons	Mutual Fund		2,852
	Vanguard 500 Index Fund AS	Mutual Fund		77,794
	Vanguard Dividend Growth Investment	Mutual Fund		11,220
	Vanguard Equity Inc Inv	Mutual Fund		419,207
	Vanguard Midcap Growth Index Signal	Mutual Fund		39,010
	Vanguard Reit Index Signal	Mutual Fund		165,664
	Vanguard Select Value Investment	Mutual Fund		67,820
	Vanguard Health Care Inv	Mutual Fund		2,779
	Vanguard Energy Inv Fund	Mutual Fund		2,959
	Vanguard Growth Index Adml	Mutual Fund		11,304
	Rydex S&P 500 Pure Growth H	Mutual Fund		31,848
*	BOA Fixed Contract	Guaranteed Investment Contract		689,710
				<u>\$ 5,479,061</u>

*Indicates a party-in-interest to the Plan, as defined by ERISA.

**Cost is not required for participant-directed investments.

Note: The above data is based upon information that has been certified as complete and accurate by the custodian Nationwide Trust Company, FSB.