

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2014 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☐ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>OASIS RETIREMENT SAVINGS PLAN</u> 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>OASIS OUTSOURCING HOLDINGS, INC. AND ITS AFFILIATES</u> <u>2054 VISTA PARKWAY</u> <u>WEST PALM BEACH, FL 33411</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>333</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1998</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>65-0731524</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>888-627-4735</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>561300</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>333</u>	1c Effective date of plan <u>01/01/1998</u>		2b Employer Identification Number (EIN) <u>65-0731524</u>		2c Plan Sponsor's telephone number <u>888-627-4735</u>		2d Business code (see instructions) <u>561300</u>	
1b Three-digit plan number (PN) ▶	<u>333</u>										
1c Effective date of plan <u>01/01/1998</u>											
2b Employer Identification Number (EIN) <u>65-0731524</u>											
2c Plan Sponsor's telephone number <u>888-627-4735</u>											
2d Business code (see instructions) <u>561300</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2015	PAUL FORLENZA
	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:		4b EIN	
a Sponsor's name		4c PN	
5 Total number of participants at the beginning of the plan year		5	42403
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)	40567
a(2) Total number of active participants at the end of the plan year		6a(2)	44564
b Retired or separated participants receiving benefits		6b	
c Other retired or separated participants entitled to future benefits.....		6c	4786
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	49350
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	49350
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	15352
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	354
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) ☒ Insurance		(1) ☒ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts		(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust		(3) ☒ Trust	
(4) ☐ General assets of the sponsor		(4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules		b General Schedules	
(1) ☒ R (Retirement Plan Information)		(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information – Small Plan)	
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) ☒ <u>1</u> A (Insurance Information)	
		(4) ☒ C (Service Provider Information)	
		(5) ☒ D (DFE/Participating Plan Information)	
		(6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014	
A Name of plan OASIS RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 OASIS OUTSOURCING HOLDINGS, INC. AND ITS AFFILIATES	D Employer Identification Number (EIN) 65-0731524

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

(a) Name of insurance carrier
LINCOLN NATIONAL 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
35-0472300	65676	VARIOUS	17773	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
1	1665972

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

PINNACLE FINANCIAL SRV INC
DAVID CORE
1177 HYPOLUXO RD
LANTANA, FL 33462

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	306374	TPA SUBSIDY	5

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

OASIS
2054 VISTA PARKWAY, STE 300
WEST PALM BEACH, FL 33411

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	468512	PLAN EXPENSES	0

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

PINNACLE FINANCIAL SRV INC

DAVID CORE
1177 HYPOLUXO RD
LANTANA, FL 33462

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	78241	TPA AWARDS	5

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

LINCOLN FINANCIAL ADVISORS

1300 S CLINTON ST STE #150
FORT WAYNE, IN 46802

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1			4

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

LINCOLN FINANCIAL ADVISORS

1300 S CLINTON ST STE #150
FORT WAYNE, IN 46802

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	72	NON-MONETARY COMP TO SALES REP	4

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

SLAVIC INTEGRATED

1075 BROKEN SOUND PKWY NW
STE 100
BOCA RATON, FL 33487

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	152637	TPA AWARDS	5

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

SLAVIC INTEGRATED

1075 BROKEN SOUND PKWY NW
STE 100
BOCA RATON, FL 33487

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	660136	TPA SUBSIDY	5

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	14414898
5 Current value of plan's interest under this contract in separate accounts at year end	5	434389961

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 ▶ GROUP VAR ANNUITY W/GUAR FUND

b Balance at the end of the previous year.....	7b	18037117
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c Additions: (1) Contributions deposited during the year.....	7c(1)	1777102	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	240329	
(4) Transferred from separate account.....	7c(4)	3150790	
(5) Other (specify below)	7c(5)	772567	

▶ MAY INCLUDE - LOAN REPAY/FORF/ TAKEOVER/ADJUSTMENTS

(6) Total additions.....	7c(6)	5940788
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d Total of balance and additions (add lines 7b and 7c(6))	7d	23977905
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2735294	
(2) Administration charge made by carrier	7e(2)	30211	
(3) Transferred to separate account.....	7e(3)	6333417	
(4) Other (specify below)	7e(4)	464088	

▶ MAY INCLUDE - LOAN ISSUES/FORF/FEEES
/CORRECTIVES/ADJUSTMENTS/INS PREM

(5) Total deductions.....	7e(5)	9563010
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	14414895
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

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

A Name of plan <u>OASIS RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>OASIS OUTSOURCING HOLDINGS, INC. AND ITS AFFILIATES</u>	D Employer Identification Number (EIN) <u>65-0731524</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
LINCOLN NATIONAL CORPORATION

35-1140070

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

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

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

LINCOLN NATIONAL CORPORATION

35-1140070

(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	SERVICE PROVIDER	966071	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 38 50	TPA	554137	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STADION MONEY MANAGEMENT

58-2099805

(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?
26	SERVICE PROVIDER	192734	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MAYER HOFFMAN MCCANN

43-1947695

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	SERVICE PROVIDER	23850	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDUCIARY PARTNERS RETIREMENT GROUP

51-0595589

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	SERVICE PROVIDER	7500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDUCIARY PARTNERS INVEST CONSULTIN

26-1370206

(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?
16	SERVICE PROVIDER	10000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

HILL, WARD & HENDERSON

59-2678550

(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?
29	SERVICE PROVIDER	27094	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OASIS OUTSOURCING

65-0731524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	PLAN ADMINISTRATOR	348175	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JKG GROUP

990 EAST ROGERS CIRCLE
BOCA RATON, FL 33487

(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?
16	SERVICE PROVIDER	22222	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

REGIONS

P.O. BOX 12385
BIRMINGHAM, AL 35202-2385

(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?
16	SERVICE PROVIDER	48750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CROSS MEDIA

1516 SW 1 AVENUE
BOCA RATON, FL 33432

(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?
16	SERVICE PROVIDER	5250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PINNACLE FINANCIAL SERVICES INC

59-2438373

(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	SERVICE PROVIDER	37508	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>OASIS RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>333</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>OASIS OUTSOURCING HOLDINGS, INC. AND ITS AFFILIATES</u>	D Employer Identification Number (EIN) <u>65-0731524</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA12 LVIP DELAWARE BOND</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>			
c EIN-PN <u>35-0472300-112</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7876420</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA14 FEDERATED GOVERNMENT ULTRA</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>			
c EIN-PN <u>35-0472300-114</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6829474</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA20 FRANKLIN HIGH INCOME</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>			
c EIN-PN <u>35-0472300-120</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4717730</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA22 LVIP MONDRIAN INT'L VALUE</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>			
c EIN-PN <u>35-0472300-122</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5153740</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA27 LVIP SSGA S&P 500 INDEX</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>			
c EIN-PN <u>35-0472300-127</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10961190</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA28 INVESCO GROWTH AND INCOME</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>			
c EIN-PN <u>35-0472300-128</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8823736</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA30 VANGUARD LIFESTRATEGY CONS</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>			
c EIN-PN <u>35-0472300-130</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA35 FIDELITY VIP CONTRAFUND		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-135	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11513136
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA36 LVIP SSGA SMALLCAP INDEX		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-136	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5399049
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA39 ALLIANCEBERNSTEIN VPS SMAL		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-139	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6494904
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA46 AMERICAN FUNDS SMALLCAP WO		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-146	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6518856
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA49 AMERICAN FUNDS INVESTMENT		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-149	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7526795
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SASS LVIP CLARION GLOBAL REAL E		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-155	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4591957
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA56 DELAWARE VIP SMALL CAP VAL		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-156	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4471725
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA63 WELLS FARGO ADVANTAGE DISC		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-163	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4981134
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA65 MFS VIT GROWTH SERIES		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-165	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7419285
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA67 MFS VIT UTILITIES SERIES		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-167	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7907762

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA77 BLACKROCK.ENERGY AND R.ES		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-177	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA84 FIDELITY VIP MID CAP		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-184	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA86 TEMPLETON GLOBAL BOND VIP		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-186	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4144867

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA94 OPPENHEIMER DEVELOPING MAR		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-194	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4509543

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL1 LVIP MANAGED RISK PROFILE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-701	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL2 LVIP MANAGED RISK PROFILE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-702	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL3 LVIP MANAGED RISK PROFILE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-703	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL4 LVIP MANAGED RISK PROFILE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-704	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SATC STADION MANAGED CONSERVATI		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-705	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1062589

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SATM STADION MANAGED MODERATE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-706	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13330593

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SATG STADION MANAGED GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-707	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13590505
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SALA SSGA S&P MIDCAP INDEX NON-		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-713	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13257956
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SALL LVIP MANAGED RISK PROFILE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-719	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SALM PIMCO TOTAL RETURN		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-720	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2629015
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SATB STADION MANAGED BALANCED		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-722	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1976201
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAV1 VANGUARD TARGET RETIREMENT		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-730	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17910829
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAV2 VANGUARD TARGET RETIREMENT		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-731	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 74754748
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAV3 VANGUARD TARGET RETIREMENT		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-732	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 87907460
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAV4 VANGUARD TARGET RETIREMENT		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-733	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 62918951
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAV5 VANGUARD TARGET RETIREMENT		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-734	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25209810

Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>OASIS RETIREMENT SAVINGS PLAN</u>		B Three-digit plan number (PN) ► <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>OASIS OUTSOURCING HOLDINGS, INC. AND ITS AFFILIATES</u>		D Employer Identification Number (EIN) <u>65-0731524</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	21152	3795
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	2677739	3032205
(2) Participant contributions.....	1b(2)	1258189	834134
(3) Other.....	1b(3)	154033	98339
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)	9684650	10925133
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	368101682	434390060
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	18037117	14414703
(15) Other.....	1c(15)	88322	50891

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	400022884	463749260

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	1199583	1085339
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1199583	1085339

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	398823301	462663921
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	17134979	
(B) Participants	2a(1)(B)	45687314	
(C) Others (including rollovers)	2a(1)(C)	7982587	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		70804880

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	426600	
(F) Other	2b(1)(F)	240329	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		666929

(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)		0

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		22453589
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		565136
d Total income. Add all income amounts in column (b) and enter total.....	2d		94490534

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	39421711	
(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)		39421711
f Corrective distributions (see instructions).....	2f		952856
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	50944	
(2) Contract administrator fees.....	2i(2)	1488338	
(3) Investment advisory and management fees.....	2i(3)	192724	
(4) Other.....	2i(4)	536741	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2268747
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		42643314

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		51847220
l Transfers of assets:			
(1) To this plan.....	2l(1)		50720235
(2) From this plan.....	2l(2)		38726835

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **MAYER HOFFMAN MCCANN PC**

(2) EIN: **43-1947695**

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a	X		3395485
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X		

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
GIGGLE, INC. RETIREMENT SAVINGS PLAN	56-2356964	001
ISD TECHNOLOGIES, INC. RETIREMENT SAVINGS PLAN	90-1010436	001
CLEARSKY TECHNOLOGIES 401K PLAN	20-0309859	002
TRINET 401K PLAN	65-0735612	334

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN
-------------------------	-----------------------

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
H. LUCIUS LAFFITTE JU. MD LLC 401K	26-3826749	001
G & A PARTNERS INC MULTIPLE EMPLOYER 401K PLAN	76-0461926	001
STRATEGIC OUTSOURCING INC. MULIPLE EMPLOYER 401K PLAN	59-1952356	002
ALSON AUTO 401K PLAN	27-4290383	001

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
ACTION LOCK AND SAFE 401K PLAN	59-3051318	002
DHR TERRA FIRMA 401K PROFIT SHARING PLAN	26-4829552	002
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001
MASTERTech HEATING AND COOLING 401K	43-1870150	001

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
GILBERT GARCIA GROUP PA RETIREMENT PLAN	65-0236217	001
STAFFLINK OUTSOURCING RETIREMENT SAVINGS PLAN	59-0932319	002
PROVISORS 401K PLAN	95-4354033	001
KYLE FUKUCHI 401K PROFIT SHARING PLAN AND TRUST	46-5199193	001

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
MURPHYS CORPORATE LODGING PROFIT SHARING PLAN & TRUST	76-0648931	001
SANTIAM HEATING 401K PLAN	93-1164908	001
B & G INTERNATIONAL, INC. 401K PLAN	22-2485221	001
NATIONWIDE IMAGING SERVICES 401K PROFIT SHARING PLAN & TRUST	22-3612848	001

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

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
HROI	58-2625927	001
MBA RETIREMENT SAVINGS PLAN	65-0739320	333
THRIVE ST. LOUIS 401K PLAN	43-1304395	001
INSPIRITY 401(K) PLAN	76-0178498	001

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN
-------------------------	-----------------------

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
OXFORD APPRAISAL MANAGEMENT 401K PROFIT SHARING PLAN & TRUST	22-2875017	001
PALM BEACH MEDIA GROUP, INC. 401K PLAN	65-0286289	001
BALLENISLE COMMUNITY ASSOCIATION INC.	65-0151050	001
HANGAR PUB & GRILL 401K PLAN	04-3479856	001

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
HR SOFT 401K PS PLAN	01-0560270	001
ENGAGE PEO RETIREMENT SAVINGS PLAN	45-2441552	001
FARMINGTON MOTOR SPORTS INC 401K PLAN AND TRUST	06-1004583	001

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.		OMB No. 1210-0110 2014 This Form is Open to Public Inspection.	
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014					
A Name of plan OASIS RETIREMENT SAVINGS PLAN				B Three-digit plan number (PN) ►	333
C Plan sponsor's name as shown on line 2a of Form 5500 OASIS OUTSOURCING HOLDINGS, INC. AND ITS AFFILIATES				D Employer Identification Number (EIN) 65-0731524	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 35-0472300					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....				3	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____					
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....				6a	
b Enter the amount contributed by the employer to the plan for this plan year.....				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.				Schedule R (Form 5500) 2014 v. 140124	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

OASIS RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS

Years Ended December 31, 2014 and 2013



INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of the
Oasis Retirement Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Oasis Retirement Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, 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 ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Lincoln National Life Insurance Company, the custodian of the Plan (the "Custodian"), except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the Custodian as of December 31, 2014 and 2013 and for the years then ended, 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 schedules of assets (held at end of year) as of December 31, 2014 and delinquent participant contributions for the year then ended are required by the DOL'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 the supplemental schedules referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Mayer Hoffman McCann P.C.

Boca Raton, Florida
October 14, 2015

OASIS RETIREMENT SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2014 and 2013

	2014	2013
<u>ASSETS</u>		
Investments at fair value	<u>\$ 448,855,654</u>	<u>\$ 386,138,799</u>
Receivables:		
Employer contributions	3,032,205	2,677,739
Participant contributions	834,134	1,258,189
Notes receivable from participants	10,925,133	9,684,650
Other	<u>98,339</u>	<u>154,033</u>
	<u>14,889,811</u>	<u>13,774,611</u>
Non-interest bearing cash	<u>3,795</u>	<u>21,152</u>
 TOTAL ASSETS	 463,749,260	 399,934,562
 <u>LIABILITIES</u>		
Excess contributions refundable	<u>1,085,339</u>	<u>1,199,583</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u><u>\$ 462,663,921</u></u>	 <u><u>\$ 398,734,979</u></u>

See Notes to Financial Statements

OASIS RETIREMENT SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
ADDITIONS		
Investment income:		
Net appreciation in fair value of investments	\$ 22,693,918	\$ 51,963,495
Interest income on notes receivable from participants	426,600	350,028
Contributions:		
Employer	17,134,979	14,186,887
Participant	45,687,314	41,910,711
Rollover	7,982,587	4,700,597
	<u>70,804,880</u>	<u>60,798,195</u>
Other income	653,458	403,168
TOTAL ADDITIONS	<u>94,578,856</u>	<u>113,514,886</u>
DEDUCTIONS		
Benefits paid to participants	39,431,712	37,240,210
Administrative expenses	2,268,747	2,764,755
Refunds of excess contributions	942,855	1,057,099
TOTAL DEDUCTIONS	<u>42,643,314</u>	<u>41,062,064</u>
NET INCREASE BEFORE TRANSFERS	51,935,542	72,452,822
Transfers in from other plans	50,720,235	53,459,810
Transfers out to other plans	<u>(38,726,835)</u>	<u>(73,458,623)</u>
NET INCREASE AFTER TRANSFERS	63,928,942	52,454,009
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>398,734,979</u>	<u>346,280,970</u>
End of year	<u>\$ 462,663,921</u>	<u>\$ 398,734,979</u>

See Notes to Financial Statements

OASIS RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(1) Description of plan

The following description of the Oasis Retirement Savings Plan (the "Plan") provides only general information. Participants should refer to the plan document or summary plan description, both of which are available from the plan administrator, for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan established by Oasis Outsource Holdings, Inc. (the "Company"), a professional employer organization ("PEO"). A PEO provides a comprehensive, bundled outsourcing solution, including payroll, human resources, benefits, and workers' compensation to its clients. To reflect the co-employment relationship among the Company, its adopting affiliated companies, if any, and other employers and employees, the Company deemed it advisable and in the best interests of the employees that the Plan qualify as a multiple employer plan. Employers in a multiple employer plan may have different benefit formulas for their participating employees. Accordingly, each adopting employer executes an adoption agreement with terms and conditions specific to such employer.

Eligible employees of the Company and its adopting affiliated companies and other employers may enter the Plan on various entry dates coinciding with or following the date on which those employees meet the eligibility requirements as outlined within their respective employer adoption agreements. The Plan covers employees of participating employers, except union employees (unless otherwise agreed to by the union and the Company) and nonresident aliens who receive no earned income constituting U.S. source income, from the Company. Entry dates can be immediately upon employment, monthly, quarterly, or semi-annually. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Plan administration - The Plan is administered by the Company pursuant to the terms and conditions of the Plan and trust. Under the terms of the Plan, by action of the Board of Directors of the Company, the Company may designate one or more of its employees to perform the duties of the plan administrator.

Effective January 1, 2014, the Plan has contracted with Slavic Integrated Administration ("Slavic") to perform recordkeeping services previously provided to the Plan by Pinnacle Financial Services, Inc. ("Pinnacle").

Effective January 1, 2013, the plan document was amended and restated to comply with Internal Revenue Code (the "Code") requirements. There were no significant changes to participant benefits under the Plan as a result of this process.

Contributions - Participants may make contributions from their pretax annual compensation, as defined in the plan document, not to exceed annual limitations specified in the Code. Participants may also make Roth 401(k) deferrals if the participating employer has elected this option in the employer's adoption agreement with the Plan. Participant contributions are recorded in the year in which the employer makes payroll deductions from the participants' earnings.

OASIS RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(1) Description of plan (continued)

Contributions (continued)

Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Additionally, participants age 50 or older, who are making contributions to the Plan, are allowed to make catch-up contributions, as defined in the plan document. Participants direct the investment of all contributions into various investment options offered by the Plan.

An employer, at its discretion, may make matching contributions equal to a specified percentage of the amount of employee contributions made by the Plan's participants, may make a profit-sharing contribution at an amount determined in accordance with the formula specified in the respective employer's adoption agreement, and/or may elect to make safe harbor contributions intended to meet the requirements of Section 401(k)(12) of the Code, if so elected in the adoption agreement. If an employer has elected to make a safe harbor contribution, the employer shall provide each participant with written notice of the participant's rights and obligations under the Plan. Employer contributions, if any, are recorded in the year for which the contribution applies. Employer contributions applicable to the years ended December 31, 2014 and 2013 totaled \$17,134,979 and \$14,186,887, respectively. All employer contributions are subject to Code limitations.

Participant investment account options - The Plan currently offers various pooled separate accounts, and guaranteed stable value and other accounts as investment options for participants.

Participant accounts - Each participant's account is credited with the participant's contributions, and allocations of (a) the respective employer's contributions, if any, and, (b) plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined in the plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are immediately vested in their own contributions and any safe harbor matching contributions made by their employer, plus actual earnings thereon. Other employer contributions made on behalf of participants, and earnings thereon, vest in accordance with the schedule specified in each employer's adoption agreement.

Notes receivable from participants - Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The notes are secured by the balance in the participant's account and bear interest at rates as determined quarterly by the plan administrator. Principal and interest are paid ratably through payroll deductions.

OASIS RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(1) Description of plan (continued)

Payment of benefits - On termination of service due to death, disability, retirement, or severance of employment, a participant may receive distributions from the Plan in an amount equal to the vested value in the participant's account. These distributions may be in the form of a lump sum payment, a rollover into another qualified plan or individual retirement account, or in annual installments subject to the required minimum distribution rules. Participants who attain the age of 59 ½ years may apply for an in-service distribution of any portion of his or her vested balance. Additionally, a participant may receive a "hardship" distribution from the Plan if qualifying under provisions prescribed by the Internal Revenue Service ("IRS"). Hardship distributions are made in the form of one lump sum payment.

Forfeited accounts - At December 31, 2014 and 2013, forfeited nonvested accounts totaled \$1,940,446 and \$1,719,712, respectively. These accounts may be used to reduce future employer contributions. During 2014 and 2013, employer contributions were reduced by \$97,826 and \$198,885, respectively, from forfeited nonvested accounts.

(2) Summary of significant accounting policies

Basis of accounting - The financial statements of the Plan are prepared under the accrual method of accounting.

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. The statements of net assets available for benefits present fair value of the investment contract, which approximated contract value at December 31, 2014 and 2013. The statements of changes in net assets available for benefits are prepared on a contract value basis.

New accounting pronouncements - In May 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2015-07, "Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or its Equivalent)." ASU 2015-07 eliminates the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value ("NAV") per share as a practical expedient. In addition, the update limits disclosures to investments for which the entity elected to measure the fair value using the practical expedient rather than all eligible investments. The guidance is effective for fiscal years beginning after December 15, 2015 and early adoption is permitted. The guidance should be applied retrospectively to all periods presented. The Plan's management is currently evaluating the impact of ASU 2015-07 and does not expect the adoption of this ASU to have a material impact on the Plan's financial statements.

OASIS RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(2) Summary of significant accounting policies (continued)

New accounting pronouncements (continued)

In July 2015, the FASB issued ASU 2015-12, "Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient." ASU 2015-12 has been issued in an effort to simplify the presentation and disclosure requirements related to the measurement of fully benefit-responsive investment contracts, to simplify the information disclosed regarding plan investments measured at fair value, and to define the benefit plan measurements dates when such dates do not coincide with period end dates. The guidance is effective for fiscal years beginning after December 15, 2015 and early adoption is permitted. The guidance on Fully Benefit-Responsive Investment Contracts and Plan Investment Disclosures must be applied retrospectively. The guidance on Measurement Date Practical Expedient must be applied prospectively. The Plan's management is currently evaluating the impact of ASU 2015-12 and does not expect the adoption of this ASU to have a material impact on the Plan's financial statements.

Use of estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

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 paid to transfer a liability in an orderly transaction between market participants at the measurement date. The plan administrator determines the Plan's valuation policies utilizing information provided by the investment custodian. See Note 5 for discussions of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes receivable from participants - Notes receivable from participants are measured at their unpaid principal balance plus accrued but unpaid interest. Interest income on notes receivable from participants is recorded on the accrual basis. No allowance for credit losses have been recorded as of December 31, 2014 and 2013. If a participant ceases to make note repayments and the plan administrator deems the note to be in default, the remaining note balance is reduced and a benefit payment is recorded.

OASIS RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(2) Summary of significant accounting policies (continued)

Unit values - Individual participant accounts for the pooled separate accounts are maintained on a unit value basis. Participants do not have beneficial ownership in the specific underlying securities or other assets in the funds, but do have an interest therein represented by units valued daily. The funds earn dividends and interest which are automatically reinvested in additional units. Generally, contributions to and withdrawals from each fund are converted to units by dividing the amounts of such transactions by the unit values as last determined, and the participants' accounts are charged or credited with the number of units properly attributable to each participant.

Payment of benefits - Benefits are recorded when paid.

Administrative expenses - Certain expenses of the Plan are paid by the Company and are not included on the statements of changes in net assets available for benefits. Other Plan related expenses, consisting primarily of recordkeeping, administrative fees, custodian fees, and other professional fees are paid for by the Plan and have been recorded as administrative expenses on the statements of changes in net assets available for benefits. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Additionally, certain investment related expenses are included in net appreciation in fair value of investments.

(3) Investments

The following investments represent 5% or more of the Plan's net assets:

	December 31,	
	2014	2013
Vanguard Target Ret 2030	\$ 87,907,559	\$ N/A
Vanguard Target Ret 2020	74,754,748	N/A
Vanguard Target Ret 2040	62,918,951	N/A
Vanguard Target Ret 2050	25,209,810	N/A
LVIP Managed Risk Pr 2030 SAL3	N/A	72,196,393
LVIP Managed Risk Pr 2020 SAL2	N/A	61,808,552
LVIP Managed Risk Pr 2040 SAL4	N/A	49,148,169
LVIP Managed Risk Pr 2050 SALL	N/A	19,991,280

OASIS RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(3) Investments (continued)

During 2014 and 2013, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows:

	Years Ended December 31,	
	2014	2013
Pooled separate accounts	\$ 22,453,692	\$ 51,741,657
Guaranteed stable value and other	240,226	221,838
	<u>\$ 22,693,918</u>	<u>\$ 51,963,495</u>

(4) Information prepared and certified by the custodian

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Lincoln National Life Insurance Company ("Lincoln"), the custodian of the Plan, has certified that the following data included in the accompanying financial statements and supplemental schedules are complete and accurate:

- Investments at fair value and contract value
- Notes receivable from participants
- Net appreciation in fair value of investments
- Interest income on notes receivable from participants
- Schedule of assets (held at end of year)

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

(5) Fair value measurements

FASB Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

OASIS RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(5) Fair value measurements (continued)

The three levels of the fair value hierarchy under FASB ASC 820 are described below:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted market prices that are observable for the asset or liability; and 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 fair value measurement level of an asset or liability within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Pooled separate accounts: Valued at the NAV of units of the separate account. The NAV, as provided by the custodian, is used as a practical expedient to estimating fair value of the underlying investments held by the account less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the separate account, the investment advisor reserves the right to temporarily delay withdrawal from the account in order to ensure that securities liquidations will be carried out in an orderly business manner.

Guaranteed stable value and other: These evergreen type investment contracts are valued at contract value, which approximates fair value. See Note 6 for a description of how contract value is determined. The Plan's management believes it is unlikely that there will be an event that would result in a contractually determined adjustment to contract value.

The preceding methodologies described may produce a fair value calculation that may not be indicative of the net realizable value or reflective of future fair values. Furthermore, although management of the Plan believes that these 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.

OASIS RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(5) Fair value measurements (continued)

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

	Investments at Fair Value as of December 31, 2014			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts:				
Balanced/ allocation	\$ -	\$ 268,701,897	\$ -	\$ 268,701,897
U.S. stock	-	88,756,673	-	88,756,673
Toolbox	-	29,959,888	-	29,959,888
Bond	-	26,197,506	-	26,197,506
International stock	-	20,774,096	-	20,774,096
Total pooled separate accounts	-	434,390,060	-	434,390,060
Guaranteed stable value and other	-	14,465,594	-	14,465,594
Total investments at fair value	\$ -	\$ 448,855,654	\$ -	\$ 448,855,654

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

	Investments at Fair Value as of December 31, 2013			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts:				
Target date allocation	\$ -	\$ 217,140,383	\$ -	\$ 217,140,383
U.S. stock	-	70,199,963	-	70,199,963
Toolbox	-	28,583,497	-	28,583,497
Bond	-	24,780,535	-	24,780,535
International stock	-	24,623,049	-	24,623,049
Balanced	-	2,774,255	-	2,774,255
Total pooled separate accounts	-	368,101,682	-	368,101,682
Guaranteed stable value and other	-	18,037,117	-	18,037,117
Total investments at fair value	\$ -	\$ 386,138,799	\$ -	\$ 386,138,799

The fair value of the investments in the pooled separate accounts has been estimated using the NAV of the investments. The pooled separate accounts included in the preceding charts are redeemed on a daily basis and do not have any redemption restrictions. Redemptions at the Plan and the participant levels for the guaranteed stable value fund may be restricted by a 90 day equity wash provision in the group annuity contract. Additionally, there are no unfunded commitments.

OASIS RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(6) Guaranteed stable value and other

The Plan has fully benefit-responsive guaranteed stable value and a managed principal protected portfolio with Lincoln. Lincoln maintains these investments in the general account. The guaranteed stable value and other accounts consist primarily of bonds and mortgages. The accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The issuer is contractually obligated to repay the principal and interest under the terms of the contract.

Contributions received each quarter are credited with the new money interest rate, described below, during the current quarter and the next three succeeding quarters. Interest is credited daily at a rate not less than the guaranteed minimum interest rate, as shown on the contract specifications. The interest crediting rate is declared on a quarterly basis.

The portfolio rate is based on the performance of Lincoln's general account. The interest rate credited is a blended rate based on the total interest earned under the contract. At December 31, 2014 and 2013, the blended rate was 2.59% and 2.60%, respectively.

Because the guaranteed stable value and other accounts are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the accounts. The guaranteed stable value and other accounts are presented on the face of the statements of net assets available for benefits at fair value, with an adjustment to contract value, if necessary. At December 31, 2014 and 2013, contract value approximated fair value. 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.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include, but are not limited to, the following: (1) amendments to the plan document (including complete or partial termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with the Plan's participants are probable of occurring.

(7) Plan termination

Although it has not expressed any intent to do so, the Company has the right to discontinue contributions to the Plan at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer's contributions.

OASIS RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(8) Tax status

The IRS has determined and informed the Company by a letter dated January 9, 2014, that the Plan, as amended and restated effective January 1, 2013, is designed in accordance with applicable sections of the Code. The Plan's management believes that the Plan has continued to be operated in compliance with the applicable requirements of the Code.

Accounting principles generally accepted in the United States of America requires the Plan's management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

(9) Plan transfers

In the normal course of business, as the Company adds employers, assets from the individual qualified plans that the added employers previously sponsored are transferred into the Plan, when administratively feasible to do so, after the new employers adopt the Plan. Likewise, as employers leave the Company and adopt different qualified plans, assets attributable to these outgoing employers are transferred out of the Plan.

During 2014 and 2013, transfers into the Plan totaled \$50,720,235 and \$53,459,810, respectively, and transfers out of the Plan totaled \$38,726,835 and \$73,458,623, respectively.

(10) Risks and uncertainties

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

OASIS RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(11) **Related parties and parties-in-interest transactions**

Substantially all of the Plan's investments are in pooled separate accounts and guaranteed stable value and other accounts managed by Lincoln. Lincoln is the custodian, as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. Such transactions are permitted under the provisions of the Plan and are exempt from the prohibition of related party transactions under ERISA and applicable exemptions promulgated there under.

During the years ended December 31, 2014 and 2013, the Company was paid for services provided to the Plan as the plan administrator. Additionally, certain recordkeeping and other services to the Plan were provided by third party administrators and Stadion Money Management (an entity affiliated with Lincoln). Aggregate fees paid to these and other service providers during 2014 and 2013 amounted to \$2,268,747 and \$2,764,755, respectively. These amounts have been recorded as administrative expenses on the statements of changes in net assets available for benefits.

Additionally, during the years ended December 31, 2014 and 2013, the Plan received \$555,136 and \$403,168, respectively, in revenue sharing from Lincoln. These amounts are included in other income on the statements of changes in net assets available for benefits.

(12) **Plan fees**

ERISA and the DOL's regulations authorize the payment from the Plan's assets for Plan related expenses including but not limited to investment management or custodial fees, recordkeeping fees, and reporting and disclosure expenses. Additional non-recurring Plan related expenses may also be billed to the Plan. The list below provides information on various expenses that are billed to the assets of the Plan:

Lincoln Asset Fees

Lincoln's quarterly account asset charge is deducted from participant account balances to cover the costs of providing individual investment accounts in the Lincoln National Director contract. Lincoln's services include trust accounting for investment options, daily account investment transfers, quarterly account statements including a newsletter, an internet service center to monitor and control investments, a customer service center, and a 24-hour toll free telephone voice response system.

Plan Expense Reimbursement Account

A plan expense reimbursement account per quarter is credited to the trustees of the Plan. The fund is used to pay ongoing Plan related expenses such as legal fees, audit fees, and investment advisory firm fees.

Administrative Fees

During 2014, fees paid to Slavic include an administration fee which is billed quarterly at a fixed amount, and an asset-based fee, which is charged pro-rata to participant accounts based upon the quantification of assets in the Plan associated with the participant's employer.

OASIS RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(12) Plan fees (continued)

Administrative Fees (continued)

During 2013, Pinnacle charged quarterly account asset charges that were deducted from participant account balances. Pinnacle provided annual recordkeeping, tax reporting, and testing services to assist the Plan in maintaining compliance with the laws and regulations of the IRS and the DOL.

Investment Management and Underlying Mutual Fund Fees

Investment management and underlying mutual fund fees are charges against the variable assets in the contract to cover investment management expenses. A portion of these fees may be paid to Lincoln for services provided to track and trade the funds. These fees vary by type of fund and are based upon the complexity, research, and trading cost associated with each. The fees are assessed daily in the unit value calculations and are not shown as a specific deduction on quarterly statements.

Participant Transaction Fees

Transaction fees such as account closing fee, transfer fee, loan fee, hardship fees, etc., are charged to individual participant accounts as applicable.

(13) Excess contributions refundable

Certain adopting employers within the Plan failed limitation and discrimination tests in connection with participant contributions applicable to the years ended December 31, 2014 and 2013. Accordingly, the Plan has recorded excess contributions refundable in the amounts of \$1,085,339 and \$1,199,583 on the statements of net assets available for benefits at December 31, 2014 and 2013, respectively.

(14) Reconciliations of financial statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2014 and 2013 to Schedule H of Form 5500:

	December 31,	
	2014	2013
Net assets available for benefits per the financial statements	\$ 462,663,921	\$ 398,734,979
Add: difference in reported amount for other assets	-	88,322
Net assets available for benefits per Schedule H of Form 5500	<u>\$ 462,663,921</u>	<u>\$ 398,823,301</u>

OASIS RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(14) **Reconciliations of financial statements to Schedule H of Form 5500 (continued)**

The following is a reconciliation of the increase in net assets available for benefits per the financial statements for the years ended December 31, 2014 and 2013 to Schedule H of Form 5500:

	Years Ended December 31,	
	2014	2013
Net increase in net assets available for benefits per the financial statements	\$ 63,928,942	\$ 52,454,009
Add (less): miscellaneous timing difference from the preceding year	(88,322)	88,322
Net increase in net assets available for benefits per Schedule H of Form 5500	<u>\$ 63,840,620</u>	<u>\$ 52,542,331</u>

Additionally, other differences between the information reported on Schedule H of Form 5500 and the accompanying financial statements at December 31, 2014 and 2013 and for the years then ended, arise from classification differences for certain items. These classification differences have no impact on net assets available for benefits at December 31, 2014 and 2013, or changes in net assets available for benefits for the years then ended.

(15) **Delinquent participant contributions**

Defined contribution plans are required to remit participant contributions to the Plan as soon as they can be reasonably segregated from the employer's general assets. While all participant contributions have been remitted to the Plan, contributions aggregating \$19,700 and \$3,375,785 were not remitted within the required time period during the years ended December 31, 2013 and December 31, 2011, respectively. In December 2014, the Company remitted lost earnings associated with the delinquent contributions from the year ended December 31, 2011. The Company is in the process of remitting lost earnings associated with the delinquent contributions from the year ended December 31, 2013.

(16) **Subsequent events**

The Plan has evaluated subsequent events through October 14, 2015, which is the date the financial statements were available to be issued. Other than as discussed below, no significant matters were identified for disclosure during this evaluation.

In January 2015, the Plan received a letter from the DOL stating that the Plan was selected for an investigation to determine whether the Plan is conforming to the provisions of ERISA. As of October 14, 2015, the investigation has not yet been completed.

SUPPLEMENTAL SCHEDULES

OASIS RETIREMENT SAVINGS PLAN

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

December 31, 2014

EIN: 65-0731524

Plan number: 333

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
*	Vanguard Target Ret 2030	Pooled separate account	(1)	\$ 87,907,559
*	Vanguard Target Ret 2020	Pooled separate account		74,754,748
*	Vanguard Target Ret 2040	Pooled separate account		62,918,951
*	Vanguard Target Ret 2050	Pooled separate account		25,209,810
*	Vanguard Target Ret 2010	Pooled separate account		17,910,829
*	Stadion Managed Growth SATG	Pooled separate account		13,590,505
*	Stadion Managed Moderate SATM	Pooled separate account		13,330,593
*	SSgA S&P Mid Cap Idx Non-Ln	Pooled separate account		13,257,956
*	Fidelity VIP ContraFund SA35	Pooled separate account		11,513,136
*	LVIP SSgA S&P 500 Index SA27	Pooled separate account		10,961,190
*	Guaranteed Stable Value Account	Guaranteed stable value account		10,114,949
*	Invesco Growth & Income SA28	Pooled separate account		8,823,736
*	MFS VIT Utilities Series SA67	Pooled separate account		7,907,762
*	LVIP Delaware Bond SA12	Pooled separate account		7,876,420
*	AmerFunds Invest Co Amer SA49	Pooled separate account		7,526,795
*	MFS VIT Growth SA65	Pooled separate account		7,419,286
*	Fed Gov Ultrashort Dur SA14	Pooled separate account		6,829,474
*	AmerFunds Small Cap World SA46	Pooled separate account		6,518,856
*	AB Small Mid Cap Value SA39	Pooled separate account		6,494,904
*	LVIP SSgA Small Cap Index SA36	Pooled separate account		5,399,049
*	LVIP Mon Int'l Value SA22	Pooled separate account		5,153,740
*	WF Advantage Discovery SA63	Pooled separate account		4,981,134
*	Franklin High Income SA20	Pooled separate account		4,717,730
*	LVIP Clarion Global Real Estate SA55	Pooled separate account		4,591,957
*	Oppenheimer Dvlping Mrkts SA94	Pooled separate account		4,509,543
*	Delaware VIP Small Cap Value SA56	Pooled separate account		4,471,725
*	Mgd Prin Protect Portfolio	Guaranteed stable value account		4,350,645
*	Temp Global Bond Securities SA86	Pooled separate account		4,144,867
*	PIMCO Total Return SALM	Pooled separate account		2,629,015
*	Stadion Managed Balanced SATB	Pooled separate account		1,976,201
*	Stadion Mgd Conservative SATC	Pooled separate account	↓	1,062,589
				<u>\$ 448,855,654</u>
*	Notes receivable from participants with interest rates ranging from 1.5% to 9.25% per annum with maturities through July 2038.		-	<u>\$ 10,925,133</u>

* Party-in-interest as defined by ERISA.

(1) Cost information may be omitted for Plan assets which are participant-directed.

OASIS RETIREMENT SAVINGS PLAN

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

Year Ended December 31, 2014

EIN: 65-0731524
Plan number: 333

Participant Contributions Transferred Late to Plan	Check Here if Late Participant Loan Repayments are Included	Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under the VFCP and Prohibited Transaction Exemption 2002-51
		Contributions Not Corrected	Contributions Corrected Outside the Voluntary Fiduciary Correction Program ("VFCP")	Contributions Pending Correction in the VFCP	
Year Ended December 31, 2013:					
\$ 19,700	X	\$ 19,700	* \$ -	\$ -	\$ -
Year Ended December 31, 2011:					
\$ 3,375,785	X	\$ -	\$ 3,375,785	\$ -	\$ -

* The Company is in the process of remitting lost earnings associated with these delinquent contributions.

Multiple-Employer Plan Participating Employer Information

OASIS RETIREMENT SAVINGS PLAN PLAN #333 EIN #: 65-0731524		
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
8412	03-0375372	0.32%
9466	30-0133230	0.27%
14537	26-0522672	0.00%
6404	59-2943954	0.02%
10852	84-1716900	0.20%
827	65-0853833	0.05%
9881	90-0544639	0.05%
5280	54-0966612	0.15%
11881	56-2566723	0.03%
11232	84-1699712	1.01%
11850	58-2318582	0.01%
12011	20-2434907	0.52%
12695	59-0135648	0.01%
3688	86-1076236	0.16%
12036	46-1891425	0.04%
7687	27-1083068	0.09%
229	65-0489791	0.00%
4851	38-3719307	0.57%
1819	33-0958267	0.52%
4852	20-5266681	0.15%
3960	75-2966741	0.04%
8564	27-4546603	0.01%
9325	20-1309425	0.10%
9468	04-3479856	0.17%
13329	46-3252326	0.01%
12380	52-2276257	0.02%
1200	65-0462207	0.13%
10720	45-5446757	0.01%
3657	20-0086009	0.06%
11509	46-2028993	0.01%
11564	56-2064386	0.00%
6803	26-4212408	0.09%
1356	59-3255687	0.02%
7059	42-1532694	0.04%
9341	59-2283941	0.05%
2066	58-1842628	0.01%
7338	51-0570695	0.02%
12041	80-0901180	0.13%
6125	59-3055513	0.10%
10267	27-2967414	0.14%
1373	65-0081264	0.03%
9372	20-8940081	0.01%
8089	84-0884730	0.03%
10371	59-3120638	0.15%
7503	20-2781096	0.04%
9428	26-0002897	0.48%
4306	57-0635882	0.33%
10729	76-0277108	0.22%
2456	74-1658801	0.04%
1113	59-2765778	0.01%
12405	45-2734649	0.06%
8904	27-3007766	0.01%
12421	43-4130167	0.04%
1105	65-0257374	0.06%
401	58-2291410	0.01%
2942	84-1300000	0.02%
13236	59-2118699	0.01%
12310	84-1471437	0.09%
6556	26-0380042	0.03%
10186	74-2415696	1.12%

(a) Name of participating employer	(b)EIN	(c) Percent of Total Contributions
10168	27-2790495	0.01%
12020	46-1156270	0.19%
10779	26-3813172	0.08%
13227	46-5543216	0.00%
6099	65-0273454	0.06%
6104	65-0091524	0.01%
8843	75-2484872	0.30%
12828	46-3405802	0.04%
7404	84-1490917	0.05%
10699	65-1117869	0.09%
12223	20-1390005	0.25%
12290	46-1327251	0.02%
2932	20-1402785	0.02%
5307	22-2485221	0.17%
3496	20-0524761	0.00%
3496	20-0524761	0.05%
1378	65-0953811	0.02%
10130	20-0521510	0.04%
7902	65-0151050	0.07%
11088	86-0898452	0.18%
12486	30-0781368	0.01%
13207	59-3169433	0.07%
12052	59-1936363	0.02%
13321	84-0829264	0.01%
7688	61-1339803	0.14%
729	27-1511060	0.06%
8592	65-1028884	0.01%
9077	26-1926046	0.06%
11194	46-0783945	0.02%
7494	65-0996449	0.01%
3678	59-3791870	0.05%
358	65-0159999	0.21%
1076	59-3135685	0.04%
5363	95-4891781	0.83%
8030	84-1485869	0.02%
9658	26-3829936	0.01%
9311	20-3655998	0.02%
9740	59-6019851	0.17%
9779	27-2545570	0.05%
6461	22-3893601	0.21%
10661	34-1836174	0.35%
8817	30-0609165	0.32%
12407	45-3712657	0.00%
9816	26-1447346	0.23%
7114	58-2405642	0.19%
11533	11-0585380	0.04%
7930	76-0185843	0.13%
6239	02-0591175	0.07%
10016	13-3688242	0.23%
1362	59-6173620	0.06%
1324	59-2169828	0.09%
14592	75-2451006	0.77%
3367	20-0456013	0.09%
9500	20-0872397	0.02%
13337	45-3555603	0.02%
6090	06-1495600	0.05%
977	65-0198197	0.07%
9731	04-3609270	0.12%
4629	80-3884816	0.02%
8780	26-1603279	0.12%
9938	45-4635440	0.00%
12802	45-2047218	0.05%

(a) Name of participating employer	(b)EIN	(c) Percent of Total Contributions
12144	46-1151804	0.04%
8661	59-3340085	0.01%
9636	59-2126216	0.00%
9974	26-0804803	0.25%
7413	20-4761498	0.01%
11634	26-4532948	0.03%
11635	26-4498500	0.01%
11636	26-4019886	0.07%
7666	36-3665353	0.13%
3512	58-1172087	0.41%
1367	65-0149423	0.20%
11971	65-0712618	0.04%
13228	45-4974980	0.00%
12773	65-0736955	0.03%
11274	46-1526176	0.12%
3076	54-1560447	0.01%
9042	45-3365754	0.02%
3157	20-1080235	0.02%
9801	51-0475156	0.37%
5422	58-2631622	0.24%
5594	06-7381282	0.01%
8315	20-3320135	0.14%
9315	84-1525857	0.08%
8068	20-5671250	0.04%
12080	94-3347578	0.08%
7312	59-3757174	0.20%
13283	65-0033115	0.07%
9579	77-0535619	0.04%
11192	90-0912877	0.70%
10289	26-2418428	0.00%
10780	80-0170026	0.06%
209	73-1004991	0.03%
4121	20-5771252	0.15%
3376	48-1109234	0.03%
5516	52-2247544	0.04%
12843	23-7245037	0.03%
10560	59-3437745	0.01%
10864	74-3044994	0.02%
10455	26-1091283	0.29%
9044	27-1221693	0.00%
11177	22-1855473	0.18%
11545	56-2571058	0.05%
2541	58-1835987	0.02%
9672	20-0309859	0.00%
12252	90-0090243	0.00%
4363	33-0230185	0.07%
11900	46-3199683	0.01%
10087	56-2180909	0.09%
11774	75-1164120	0.06%
12957	43-1524290	0.01%
12638	45-4885588	0.00%
7055	84-0735278	0.03%
12886	45-0982620	0.07%
1602	01-0698678	0.15%
10092	03-0583960	0.03%
8421	27-5208409	0.06%
5223	84-1364821	0.24%
4920	65-0527466	0.01%
9804	59-2523291	0.04%
11666	59-3216414	0.11%
7181	86-0709526	0.01%
10213	45-2508615	0.07%

(a) Name of participating employer	(b)EIN	(c) Percent of Total Contributions
12962	46-5431374	0.01%
11347	35-2448739	0.02%
3237	77-0575125	0.05%
3072	65-1078412	0.01%
3974	20-5148953	0.02%
8992	59-2460932	0.00%
8710	20-8846596	0.10%
2078	59-2612542	0.11%
11708	86-1038040	0.00%
8341	95-4653877	0.05%
1292	62-1463723	0.00%
12389	26-4761705	0.02%
6472	59-2653265	0.02%
13500	74-2565416	0.00%
11633	26-3793258	0.07%
996	59-1214282	0.03%
5372	58-1973304	0.00%
7866	02-0535554	0.04%
10792	30-0520838	0.29%
997	65-0073113	0.02%
8580	59-1550859	0.43%
6322	14-1875297	0.02%
3417	20-2661507	0.34%
11828	46-2908179	0.06%
13201	36-4580491	0.01%
11449	76-0838983	0.05%
9559	26-2123622	0.04%
12458	59-0870549	0.04%
10763	22-3601148	0.39%
13401	46-0938295	0.03%
11356	58-1911284	0.03%
7697	27-0117150	0.01%
6723	27-0548410	0.19%
4610	95-3527005	0.00%
10753	59-1856831	0.05%
12791	45-1056887	0.00%
12947	59-1141349	0.00%
11729	13-4227620	0.14%
7165	30-0502575	0.07%
4916	20-8448098	0.01%
1011	59-1813444	0.03%
10301	45-4808311	0.01%
10924	31-1790136	0.91%
10993	90-0897237	0.00%
5341	59-1493497	0.00%
12830	27-2152135	0.01%
7641	27-2770885	0.00%
11087	46-0681702	0.18%
13269	26-2049414	0.02%
3467	65-0544937	0.02%
5336	26-1403488	0.44%
9234	45-2516148	0.04%
13287	58-1611352	0.01%
9680	27-4295802	0.06%
6056	20-4405509	0.08%
12012	88-0420526	0.01%
8135	76-0469326	0.10%
12588	36-4759588	0.02%
7649	33-1031752	0.00%
7949	11-3677423	0.00%
8300	93-1118833	0.47%
9379	13-4025150	0.03%

(a) Name of participating employer	(b)EIN	(c) Percent of Total Contributions
4654	88-0279474	0.80%
10670	52-2177585	0.33%
8852	94-2145259	0.00%
9670	59-1837448	0.04%
10695	74-1956306	0.03%
6826	20-8844983	0.01%
6003	06-1004583	0.05%
7247	20-5703810	0.01%
11440	98-1015473	0.40%
12505	26-1887566	0.06%
9949	91-1886062	0.10%
5546	13-3629641	0.04%
7891	59-6142206	0.09%
10408	59-3385658	0.00%
2768	76-0287704	0.13%
1396	65-0980079	0.13%
10316	94-3129446	0.01%
4118	20-5577402	0.11%
8818	45-2772167	0.14%
12384	59-2858904	0.04%
11556	27-5042666	0.13%
9441	59-2686942	0.12%
5330	59-2714320	0.04%
7023	95-4778897	0.04%
6937	36-3258503	0.22%
13526	98-0425677	0.00%
12524	13-1950672	0.26%
9374	22-3551013	0.31%
11435	20-5040597	0.38%
12008	46-3992595	0.05%
9502	23-2935890	0.18%
6005	58-1269725	0.22%
12620	46-4575903	0.01%
3708	65-6152134	0.04%
8226	20-3116223	0.15%
7406	59-2979963	0.02%
3596	29-9400561	0.00%
5375	20-1377322	0.56%
13325	39-3920758	0.02%
13115	11-1855301	0.03%
4583	95-4354033	0.00%
9328	65-0236217	0.00%
5288	22-3532161	0.01%
8385	22-1638818	0.14%
12318	20-8124042	0.09%
11825	42-1772414	0.03%
22231	59-3383429	0.07%
13113	20-3966581	0.04%
13565	59-3619115	0.02%
12359	32-0338373	0.04%
2304	65-0381409	0.11%
7548	20-8540348	0.55%
13377	65-1124055	0.00%
14189	59-3531779	0.10%
10583	26-1403450	0.13%
5478	20-8594440	0.15%
1043	59-1617100	0.00%
13156	58-1497801	0.00%
10659	26-0180894	0.03%
7233	20-1935344	0.07%
1371	65-0825869	0.02%
12241	56-0889613	0.00%

(a) Name of participating employer	(b)EIN	(c) Percent of Total Contributions
2523	31-1828673	0.05%
7918	33-0756139	0.04%
2653	20-0344180	0.67%
6175	65-0002925	0.06%
6486	59-0542388	0.18%
6247	26-3826749	0.00%
9362	26-4281396	0.19%
11575	38-3901158	0.08%
12200	26-1418121	0.02%
5836	65-0531333	0.01%
10913	46-1268760	0.02%
2769	65-0763727	0.03%
13121	46-4209169	0.59%
7363	27-1438705	0.01%
11057	99-9990001	0.02%
4036	06-1638968	0.04%
11984	59-3707649	0.03%
3393	65-0639147	0.16%
7732	65-0868877	0.07%
10619	94-3040607	0.16%
5165	23-1570212	0.01%
785	59-1860444	0.00%
383	59-1255666	0.01%
1789	84-1474365	0.00%
12306	26-0153695	0.01%
6258	26-2977943	0.01%
6733	65-0235625	0.09%
9282	45-3326332	1.44%
12554	03-0477184	0.01%
12059	20-4178825	0.04%
9981	75-2859293	0.05%
9340	65-0791905	0.17%
3797	20-0466118	0.01%
279	65-1134741	0.06%
3059	65-0071524	0.01%
1880	59-6002321	0.26%
3896	20-4186900	0.03%
9268	20-1885100	0.04%
12517	45-4825077	0.06%
5990	26-3426398	0.03%
12903	65-0211424	0.08%
11429	20-3376180	0.19%
1702	59-1448478	0.05%
6044	58-1899309	0.29%
8381	27-4815951	0.11%
4152	20-4901615	0.07%
12549	20-8082795	0.03%
12179	20-8400799	0.01%
7605	37-1460817	0.00%
5779	26-2089163	0.18%
7827	27-3509554	0.01%
10771	20-8651089	0.12%
8172	59-1774167	0.06%
5675	59-3321421	0.00%
12881	46-3079663	0.06%
8643	20-0499338	0.10%
5224	74-2742797	1.03%
12583	46-3345634	0.01%
7750	33-0061377	0.01%
7971	74-2942733	0.08%
9565	36-3394043	0.14%
7120	43-1002807	0.07%

(a) Name of participating employer	(b)EIN	(c) Percent of Total Contributions
1331	59-2190121	0.01%
10279	26-3542814	0.04%
9616	45-4109483	0.01%
12798	91-2007478	0.20%
7286	27-1250572	0.07%
12945	48-1264292	0.05%
1684	65-0065985	0.02%
10334	32-0327707	0.01%
3438	26-4170795	0.01%
7889	59-2580014	0.38%
7766	65-0794113	0.06%
11689	13-3924649	0.25%
9197	45-3025093	0.04%
12293	20-4796637	0.13%
8289	20-2052866	0.00%
10749	16-1646487	0.03%
6454	95-1695540	0.05%
2020	65-0466559	0.33%
1872	65-0216638	9.23%
1843	58-2512961	0.02%
6907	95-3541750	0.06%
1499	59-2663774	0.06%
13085	75-3035413	0.02%
23931	27-3627438	0.01%
8291	95-4084546	0.01%
9954	83-0485053	0.01%
12260	62-1856308	0.36%
12832	27-4216720	0.22%
3413	59-3364793	0.03%
9022	27-2145222	0.12%
12623	27-2496183	0.01%
13206	46-4089399	0.01%
13420	27-1484286	0.00%
8927	06-1505775	0.20%
4179	95-4718890	0.07%
1034	59-2366899	0.00%
5368	13-3731004	0.05%
11297	75-2737130	0.11%
8775	61-1414091	0.07%
11412	76-0744153	0.00%
5666	84-0795654	0.07%
1737	59-1400596	0.07%
11514	59-1031980	0.11%
5654	59-1665257	0.02%
7172	59-3266817	0.03%
10083	75-2923492	0.01%
12320	86-0703937	0.58%
12558	20-8834474	0.36%
10464	59-2445926	0.02%
10420	46-0756375	0.01%
2402	94-3311099	0.03%
12564	77-0500105	0.08%
8001	20-2371894	0.16%
8948	20-1616544	0.06%
2576	59-3010534	0.16%
12348	26-0250418	0.01%
9272	04-3702379	0.00%
8785	95-3315653	0.36%
9316	33-0614593	0.00%
5283	58-1381739	0.03%
9281	56-1685160	0.04%
7931	33-0384686	0.04%

(a) Name of participating employer	(b)EIN	(c) Percent of Total Contributions
13361	65-0244281	0.00%
7733	80-0269136	0.14%
7917	11-3706445	0.03%
6709	27-0501192	0.05%
7890	56-2647548	0.13%
9467	84-1251613	0.35%
908	59-2077753	0.01%
7941	20-3487768	0.12%
11227	90-0700144	0.07%
9610	45-1448468	0.00%
4912	65-0314246	0.04%
5650	95-4649229	0.24%
12042	76-0509077	0.04%
8526	32-0042743	0.01%
9258	20-0643170	0.27%
9612	42-1575520	0.06%
3915	20-4685075	0.00%
10746	73-1577374	1.12%
8168	59-2438551	0.01%
9317	20-8334347	0.48%
4263	20-3519736	0.04%
8115	33-0115599	0.01%
9470	58-2513460	0.55%
13914	13-5581829	0.91%
4991	20-8808655	0.09%
12922	46-0971651	0.12%
6337	20-5116429	0.04%
13162	76-0341511	0.01%
9570	95-4383131	0.31%
10489	59-2560783	0.04%
6004	26-3427453	0.09%
4314	88-0355123	0.04%
6963	38-3751012	0.07%
12292	65-1081882	0.05%
11958	90-0403875	0.09%
7464	20-2126847	0.15%
4037	65-0041605	0.00%
8290	22-3689773	0.00%
10849	36-4565693	0.00%
10040	33-0681290	0.00%
8343	20-3281353	0.01%
10000	84-1394733	0.00%
2517	59-1676046	0.00%
7469	61-1520540	0.06%
13328	20-0252039	0.04%
8328	59-3486797	0.06%
9273	04-3702380	0.02%
3147	59-2792934	0.02%
7240	76-0648931	0.01%
9274	20-0063684	0.04%
12984	53-0238820	0.08%
5533	20-5290047	0.05%
9964	27-2370843	0.02%
214	59-2957805	0.00%
5257	20-2886391	0.07%
1720	59-2433423	0.04%
4131	05-0511338	1.62%
4181	14-1682569	0.04%
9710	45-0651088	0.01%
12376	35-2454288	0.13%
11744	26-4147737	0.05%
5181	59-3708254	0.13%

(a) Name of participating employer	(b)EIN	(c) Percent of Total Contributions
1833	65-0898491	0.18%
7128	56-2518360	0.03%
8832	41-2116973	0.11%
12258	20-8386013	1.17%
11503	22-3118012	0.10%
1719	59-2570434	0.03%
10108	27-4524820	0.13%
9769	45-2388269	0.04%
9568	95-2876276	0.22%
10116	45-4423347	0.00%
13306	75-2829371	0.04%
8426	27-2016428	0.03%
1000	65-0731524	1.86%
11656	42-1774691	0.41%
9517	90-0779057	0.03%
11282	65-1120392	0.04%
12559	45-3726003	0.05%
11447	75-2314450	0.40%
7327	95-3010572	0.04%
8756	20-2277365	0.01%
13411	30-0565233	0.01%
6942	95-4816692	0.14%
12381	35-2121143	0.08%
10631	95-4839446	0.01%
1958	75-3071677	0.02%
1310	65-1128120	0.02%
10341	26-0288838	0.00%
11500	45-0521427	0.17%
6701	52-2197299	0.25%
8484	58-2539909	0.04%
1369	65-0943118	0.15%
8225	26-4122762	0.14%
12543	20-8032857	1.11%
5942	26-3353967	0.05%
3012	58-0165544	0.03%
4344	95-4148287	0.00%
14117	20-5694427	0.05%
7334	52-2336000	0.01%
7972	74-2942860	0.09%
7485	26-2285957	0.27%
11326	46-1195153	0.01%
163	65-1128263	0.03%
1364	65-0286289	0.09%
7712	65-0294494	0.00%
12353	86-0986452	0.07%
5468	13-1247390	0.01%
12560	27-1648433	0.03%
10612	26-4316509	0.00%
4323	95-6000759	0.02%
8513	45-2042488	0.01%
8241	26-1669496	0.01%
11929	46-1851763	2.02%
11379	33-0025531	0.01%
5578	09-5384308	0.01%
5577	57-6377373	0.00%
5544	05-1327897	0.02%
5325	20-5194878	0.33%
6523	26-4579301	0.00%
7755	04-3686630	0.00%
10287	77-0452081	0.16%
13027	30-0174583	0.03%
12715	34-1200546	0.01%

(a) Name of participating employer	(b)EIN	(c) Percent of Total Contributions
7908	26-3441644	0.00%
9966	33-0897841	0.35%
9827	48-1298435	0.74%
6110	26-0362894	0.81%
6725	65-0273104	0.13%
6448	33-1021776	0.22%
9229	80-0372209	0.01%
23426	26-3168480	0.00%
8982	74-2193738	0.32%
3634	20-3493880	0.00%
1317	59-2432829	0.31%
11343	65-0622370	0.01%
11407	46-2036441	0.00%
9919	65-0910832	0.06%
12504	20-5136220	0.02%
5258	59-1890272	0.21%
8626	82-0544936	0.33%
6655	95-2109596	0.01%
11701	65-0484026	0.01%
7571	43-1791451	0.04%
12701	58-2522786	0.00%
1204	43-1768849	0.04%
12319	58-2094840	0.13%
1325	65-0401524	0.01%
3485	27-0027707	0.04%
10484	20-0817435	0.52%
5595	59-1095059	0.14%
4168	65-0385620	0.11%
6700	31-1393419	0.06%
8494	20-5251262	0.06%
11802	27-3197568	0.08%
4642	94-3323661	0.12%
12232	59-2445193	0.03%
9233	35-2263030	0.01%
5937	20-5622907	0.00%
9291	26-1951793	0.34%
7116	59-2701430	0.01%
12360	11-3163094	0.18%
11239	27-1477561	0.25%
4135	20-3308849	0.01%
5356	74-3164413	0.11%
10406	01-0551817	0.00%
10381	58-2442998	0.00%
8869	20-3580853	0.06%
2241	43-1945665	0.04%
10296	20-5061187	0.00%
6533	26-4385630	0.01%
7709	65-0242971	0.32%
7710	65-1183730	0.13%
12180	45-2458516	0.05%
5113	20-1481137	0.04%
5913	59-1774000	0.08%
13346	59-2355736	0.00%
7939	26-3864026	0.01%
3243	06-1319589	0.05%
10949	59-3276909	0.73%
11300	43-1972573	0.00%
8180	59-3714557	0.00%
10158	45-5443411	0.05%
10288	45-5479450	0.04%
12003	59-1799124	0.01%
4223	22-3802935	0.16%

(a) Name of participating employer	(b)EIN	(c) Percent of Total Contributions
5302	84-1465482	0.04%
4820	59-6018404	0.03%
5479	74-3242057	0.08%
9712	45-4407589	0.11%
7486	94-3389398	0.11%
5615	14-1790052	0.00%
1294	93-1164908	0.00%
9196	65-0950107	0.07%
1361	59-2457479	0.00%
10572	22-2332789	0.66%
9401	43-1856076	0.08%
9503	27-5102329	0.03%
1472	59-0554150	0.02%
9969	27-4011784	0.04%
7068	65-0388060	0.30%
8868	57-1155068	0.29%
13990	26-3964489	0.01%
7248	20-5575494	0.00%
12433	59-3639242	0.11%
7702	20-8253745	0.01%
10860	93-0550918	0.28%
12159	04-2867081	0.02%
12456	20-1655392	0.03%
5670	38-3672069	0.04%
8113	20-1583740	0.06%
11428	46-1872360	0.01%
11223	23-7419867	0.02%
11248	72-1549994	0.00%
10777	43-0652684	0.04%
3400	59-3455778	0.22%
13104	58-2473225	0.31%
7206	59-3112541	0.03%
9035	58-2363251	0.08%
11655	76-0096884	0.02%
7195	22-3483707	0.03%
7024	23-3046760	0.02%
13060	26-3462629	0.00%
10855	13-4995710	0.23%
10617	90-0891101	0.00%
13134	80-0873424	0.00%
12712	47-1019324	0.00%
8812	80-0738963	0.22%
5292	84-1173949	0.11%
3065	59-3582664	0.05%
9262	56-2352627	0.00%
9624	20-8181963	0.14%
10374	33-0676880	0.02%
12822	03-0569171	0.60%
11219	27-1489638	0.02%
12119	27-0959769	0.00%
12963	36-2695636	0.03%
11947	57-0661503	0.07%
170	74-1679217	0.03%
8891	59-2639835	0.10%
11023	26-0425789	1.01%
7039	59-2390702	0.11%
1340	59-2670974	0.04%
9307	27-1486691	0.02%
9963	73-1700285	0.04%
1754	59-3172662	0.01%
4963	65-0583089	0.05%
5780	06-1829380	0.17%

(a) Name of participating employer	(b)EIN	(c) Percent of Total Contributions
12309	84-0953929	0.08%
5747	65-0397386	0.14%
3445	20-3098907	0.01%
9339	59-2649349	0.03%
9997	74-2069034	0.50%
10752	36-4504849	0.41%
5980	74-2932337	0.01%
3846	59-3598437	0.01%
5267	57-1218432	0.07%
1681	59-2808612	0.03%
4102	59-1801747	0.02%
8714	84-1437511	0.14%
10109	26-0897774	0.07%
4751	65-0311444	0.11%
8012	65-0348726	0.07%
7651	59-1929720	0.09%
8051	27-3981621	0.00%
2486	01-0733180	0.05%
6507	84-0174190	0.11%
6103	65-0329328	0.00%
9471	59-1673859	0.06%
12625	84-0688506	0.14%
6419	43-1661647	0.26%
9434	13-3841050	0.27%
4191	22-2875017	0.16%
5943	65-0522900	0.06%
9394	56-1696630	0.20%
7955	45-2483781	0.33%
3497	20-2537421	0.00%
5677	59-1910887	0.00%
8072	04-2627806	0.22%
8014	20-5688305	1.38%
5639	59-3541167	0.04%
8668	24-0411275	0.26%
9741	30-0720127	0.01%
11362	43-1304395	0.01%
10458	01-0657040	0.01%
11515	46-2163419	0.00%
8102	80-0007891	0.16%
5315	30-0195028	0.01%
12090	27-0796526	0.05%
12468	58-2358577	0.05%
13065	46-5529887	0.00%
10015	25-3590982	0.00%
8556	84-1084656	0.05%
2697	84-1266964	0.25%
8429	33-0513985	0.00%
12024	46-1731318	0.00%
13254	11-3673736	0.00%
11366	90-0808400	0.01%
10660	13-4238973	0.01%
9065	22-3339894	0.25%
2525	59-1954518	0.00%
7948	56-1419124	0.09%
10602	90-0894263	0.00%
10625	80-0855620	0.01%
731	59-1009062	0.13%
11162	59-0932319	0.00%
7813	20-3029908	0.00%
12454	56-2632414	0.01%
9829	16-1746030	0.02%
8918	35-2239295	0.02%

(a) Name of participating employer	(b)EIN	(c) Percent of Total Contributions
5256	54-1211846	0.07%
11631	74-2176078	0.98%
8091	27-2779224	0.01%
8156	81-0575683	0.04%
12796	46-4737999	0.03%
9380	02-0731076	0.10%
5174	26-0846767	0.38%
12122	20-5211980	0.00%
12635	59-2852509	0.00%
12005	75-3078315	0.20%
13280	20-5461083	0.02%
13278	47-1148201	0.01%
6043	58-2205239	0.26%
13493	35-2493212	0.04%
12479	99-0364067	0.08%
8414	20-2772310	0.22%
7559	75-2978885	0.05%
10194	32-0377735	0.35%
12236	86-0259271	0.04%
3814	65-1070914	0.02%
4968	59-3152422	0.09%
12288	35-1631715	0.14%
8041	63-1195016	0.37%
6105	65-0378480	0.03%
1237	43-1186827	0.17%
3085	35-2162199	0.00%
12322	20-8661192	0.03%
8907	45-2697138	0.33%
1429	59-3670830	0.04%
6035	20-0279895	0.02%
6612	27-0322435	0.47%
8569	62-1458512	0.13%
10104	27-4196710	0.07%
4643	55-9765369	0.07%
2709	59-7349734	0.07%
2867	14-1873643	0.02%
6037	59-0594442	0.00%
6639	59-3471405	0.12%
13561	13-4269325	0.02%
3904	75-3146721	0.44%
10685	59-3328859	0.11%
12272	01-0560270	0.07%
12156	46-3049016	0.08%
9728	27-5535705	0.10%
11278	20-0837806	0.05%
1765	59-1369073	0.06%
12063	90-0939047	0.01%
6608	86-0457836	0.00%
2036	59-3194342	0.08%
12166	73-1728184	0.03%
9207	37-1494913	0.34%

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

OASIS RETIREMENT SAVINGS PLAN

PLAN #333

EIN #: 65-0731524

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date rate of interest, collateral, par, or maturity value	(d) cost	(e) Current value
	AB Small Mid Cap Value	Pooled separate account		6,494,904
	AmerFunds Invest Co Amer	Pooled separate account		7,526,795
	AmerFunds SMALLCAP World	Pooled separate account		6,518,856
	BlackRock Enrgy&Resources	Pooled separate account		-
	Delaware VIP SmCap Value	Pooled separate account		4,471,725
	Fed Gov Ultrashort Dur	Pooled separate account		6,829,474
	Fidelity VIP ContraFund	Pooled separate account		11,513,136
	Fidelity VIP Mid Cap	Pooled separate account		-
	Franklin High Income	Pooled separate account		4,717,730
	Guaranteed Stable Value Acct	Guaranteed stable value account		10,114,949
	Invesco Growth & Income	Pooled separate account		8,823,736
	LVIP Clarion Gbl Real Est	Pooled separate account		4,591,957
	LVIP Delaware Bond	Pooled separate account		7,876,420
	LVIP Managed Risk Pr 2010	Pooled separate account		-
	LVIP Managed Risk Pr 2020	Pooled separate account		-
	LVIP Managed Risk Pr 2030	Pooled separate account		-
	LVIP Managed Risk Pr 2040	Pooled separate account		-
	LVIP Managed Risk Pr 2050	Pooled separate account		-
	LVIP Mon Int'l Value	Pooled separate account		5,153,740
	LVIP SSgA S&P 500 Index	Pooled separate account		10,961,190
	LVIP SSgA Small-Cap Index	Pooled separate account		5,399,049
	MFS VIT Growth	Pooled separate account		7,419,285
	MFS VIT Utilities Series	Pooled separate account		7,907,762
	Mgd Prin Protect Portfolio	Guaranteed stable value account		4,299,754
	Oppenheimer Dvlping Mrkts	Pooled separate account		4,509,543
	PIMCO Total Return	Pooled separate account		2,629,015
	SSgA S&P MidCp Idx Non-Ln	Pooled separate account		13,257,956
	Stadion Managed Balanced	Pooled separate account		1,976,201
	Stadion Managed Growth	Pooled separate account		13,590,505
	Stadion Managed Moderate	Pooled separate account		13,330,593
	Stadion Mgd Conservative	Pooled separate account		1,062,589
	Templeton Global Bond VIP	Pooled separate account		4,144,867
	Vanguard Target Ret 2010	Pooled separate account		17,910,829
	Vanguard Target Ret 2020	Pooled separate account		74,754,748
	Vanguard Target Ret 2030	Pooled separate account		87,907,559
	Vanguard Target Ret 2040	Pooled separate account		62,918,951
	Vanguard Target Ret 2050	Pooled separate account		25,209,810
	VG LifeStrategy Cons Grw	Pooled separate account		-
	WF Advantage Discovery	Pooled separate account		4,981,134
	Participant Loans	1.5% - 9.25%		10,925,133