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

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
ERRG, INC 401(K) RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2000

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
ENGINEERING REMEDIATION RESOURCES GROUP, INC.

4585 PACHECO BOULEVARD
SUITE 200
MARTINEZ, CA 94553

2b Employer Identification Number (EIN)
94-3283543

2c Plan Sponsor's telephone number
925-969-0750

2d Business code (see instructions)
541600

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.	08/31/2016	FERNANDO LOPEZ
	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)

Preparer's telephone number

3a Plan administrator's name and address [X] 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**	172
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)**	108
a(2) Total number of active participants at the end of the plan year	**6a(2)**	116
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	68
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	184
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f Total. Add lines **6d** and **6e**.	**6f**	185
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	170
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2A 2E 2F 2G 2J 2K 2S 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**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) [X]	Trust	**(3)** [X]	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

(1) [X] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [ ] ___ **A** (Insurance Information)

(4) [X] **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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2015** **This Form is Open to Public Inspection.**

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
ERRG, INC 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ENGINEERING REMEDIATION RESOURCES GROUP, INC.

D Employer Identification Number (EIN)
94-3283543

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).. . . . . [X] 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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65	RECORDKEEPER	6770	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

LPL FINANCIAL CORPORATION

95-2834236

(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?
55	ADVISOR	0	Yes [X] No [ ]	Yes [ ] No [X]	15232	Yes [ ] No [X]

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

FINANCIAL TELESIS

68-0279977

(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?
55	ADVISOR	0	Yes [X] No [ ]	Yes [ ] No [X]	9736	Yes [ ] No [X]

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)

NATIONAL FINANCIAL SERVICES LLC

04-3523567

(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?
61	PAYING AGENT	0	Yes [X] No [ ]	Yes [X] No [ ]	453	Yes [ ] No [X]

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
ALGER CAP APPREC A - STATE STREET 04-0025081	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
ALZGI NFJ INTL VAL A - BOSTON FINA 330 W. 9TH STREET KANSAS CITY, MO 66160	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
BLKRK GLOBAL ALLOC A - BNY MELLON P.O. BOX 9793 PROVIDENCE, RI 02940	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
CALVERT EQUITY A - BOSTON FINANCIA P.O. BOX 8480 BOSTON, MA 02266	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
GS GROWTH OPPS A - GOLDMAN, SACHS 13-5108880	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
HEARTLAND SEL VAL IV - ALPS FUND S 20-3247785	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
LD ABBETT DEV GRTH A - DST SYSTEMS 43-1581814	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
OPPHMR EQUITY INC A - OFI GLOBAL A 225 LIBERTY STREET NEW YORK, NY 10281	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PIM TOTAL RETURN A - BOSTON FINANC BFDS BUILDING, 30 DAN ROAD CANTON, MA 02021	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PUTN EQUITY INCOME A - PUTNAM INVE 04-2539562	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PUTN HGH YLD ADV A - PUTNAM INVEST 04-2539562	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TRP INTL GR & INC R - T. ROWE PRIC 52-2269240	0.40%

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
FINANCIAL TELESIS	55	9736

(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.
NATIONAL FINANCIAL SERVICES LLC 04-3523567	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
LPL FINANCIAL CORPORATION	55	15232

(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.
NATIONAL FINANCIAL SERVICES LLC 04-3523567	

(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

(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

(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

(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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
ERRG, INC 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ENGINEERING REMEDIATION RESOURCES GROUP, INC.

D Employer Identification Number (EIN)
94-3283543

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	26558
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	120688	176765
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	242090	191633
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7766895	8051959
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	8129673	8446915
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	8130
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	8130
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	8129673	8438785

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	0	
	(B) Participants	2a(1)(B)	706893	
	(C) Others (including rollovers)	2a(1)(C)	28752	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		735645
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	38	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	9388	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		9426
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	409351	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		409351
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(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)	0	
	(B) Other	2b(5)(B)	0	
	(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-529858
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		624564
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	282583	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		282583
f Corrective distributions (see instructions)	2f		8130
g Certain deemed distributions of participant loans (see instructions)	2g		17969
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	6770	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		6770
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		315452
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		309112
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: DZH PHILLIPS **(2)** EIN: 26-4677183

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:		Yes	No	N/A	Amount
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.)	4a		X		
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.)	4b		X		

			Yes	No	N/A	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		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.)	4d		X		
e	Was this plan covered by a fidelity bond?	4e	X			1000000
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		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?	4g		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?	4h		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.)	4i	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.)	4j		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?	4k		X		
l	Has the plan failed to provide any benefit when due under the plan?	4l		X		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		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.	4n		X		
o	Did the plan trust incur unrelated business taxable income?	4o			X	
p	Were in-service distributions made during the plan year?	4p				

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

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

Part V Trust Information

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

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

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

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
ERRG, INC 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ENGINEERING REMEDIATION RESOURCES GROUP, INC.

D Employer Identification Number (EIN)
94-3283543

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): 04-6568107

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 of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____ (See instructions for tax law changes and codes).

22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

ERRG, Inc. 401(k) Retirement Plan

FINANCIAL STATEMENTS
AND
INDEPENDENT AUDITORS' REPORT

December 31, 2015 and 2014

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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
Engineering Remediation Resources Group, Inc.

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of ERRG, Inc. 401(k) Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, 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

Plan 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 our audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's 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 F, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2015 and 2014, that the information provided to the plan administrator by the trustee 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

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The Supplemental Schedule of Assets Held for Investment at End of Year, which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the Supplemental Schedule referred to above.

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

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

DZH Phillips LLP

San Francisco, California
July 26, 2016

ERRG, Inc. 401(k) Retirement Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2015 and 2014

	2015	2014
ASSETS		
Investments - at fair value	$ 8,228,724	$ 7,887,583
Receivables		
Employee contributions receivable	26,558	-
Notes receivable from participants	213,585	242,090
	8,468,867	8,129,673
LIABILITIES		
Excess contributions refundable - employees	8,130	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 8,460,737	$ 8,129,673

The accompanying notes are an integral part of these statements.

ERRG, Inc. 401(k) Retirement Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended December 31, 2015 and 2014

	2015	2014
CHANGES IN NET ASSETS ATTRIBUTED TO:		
Investment income (loss)		
Interest and dividends	$ 409,388	$ 548,370
Net depreciation in fair value of investments	(529,856)	(143,579)
	(120,468)	404,791
Interest income from participant notes receivable	9,572	10,694
Employee contributions	727,515	692,706
	616,619	1,108,191
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	278,785	231,108
Administrative expenses	6,770	7,387
	285,555	238,495
Net increase in assets available for benefits	331,064	869,696
Net assets available for benefits - beginning of year	8,129,673	7,259,977
Net assets available for benefits - end of year	$ 8,460,737	$ 8,129,673

The accompanying notes are an integral part of these statements.

ERRG, Inc. 401(k) Retirement Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2015 and 2014

NOTE A - PLAN DESCRIPTION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following description of ERRG, Inc. 401(k) Retirement Plan (the "Plan"), is provided for general information only. Reference should be made to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all non-union employees who have completed at least one month of service during the Plan year and are age 21 or older. Employees begin participation in the Plan as of the first day of the following month that they meet the eligibility requirements. For matching employer contributions employees become eligible the first day of the year where they earned at least 1,000 hours of service and can begin participation in the Plan as of the first day of each month. For non-elective employer contributions employees become eligible the first day of the year where they earned at least 1,000 hours of service and can begin participation in the Plan as of the first day of fourth, seventh, and tenth months. The Plan is subject to the provisions of the Employee Retirement Income Securities Act of 1974 (ERISA) and was amended to comply with subsequent legislation.

Contributions

Participants may elect to make a contribution into the Plan of up to the lesser of 90% of eligible compensation or $18,000 in 2015 and $17,500 in 2014. All participants who have reached the age of 50 are eligible to make an additional contribution of $6,000 in 2015 and $5,500 in 2014, in accordance with the Code. Participants direct the investment of their contributions and employer matching contributions into various investment options offered by the Plan. Maximum annual contributions from all sources (elective deferrals, employer's contributions, matches, and allocated forfeitures) are the lesser of $53,000 for 2015 and $52,000 in 2014, or 100% of participant's includable compensation. Employer's matching contributions are discretionary. For the years ended December 31, 2015 and 2014, the Company elected not to make any matching contributions.

NOTE A - PLAN DESCRIPTION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Participants' accounts and vesting

Employer's contributions are allocated to each eligible participant account based upon the participant's contributions during the year. Earnings are allocated based upon the participant's account balance at the end of the preceding year adjusted for withdrawals during the year. A forfeiture is determined at the distribution of the entire vested portion of a participant's account. The unvested participant account balance upon participant's departure is forfeited. Forfeitures of matching contributions are used to reduce the Company's matching contribution or administrative expenses. For the years ended December 31, 2015 and 2014, $3,000 of the unallocated forfeitures, each, was used to reduce administrative expenses.

For the years ended December 31, 2015 and 2014, forfeitures incurred were $472 and $1,601, respectively. At December 31, 2015 and 2014, unallocated forfeitures balance that is available to reduce future administrative expenses and employer contributions was $7,470 and $10,001, respectively.

Participants' account balances vest at the rate of 20% per year after one year of service, and are fully vested at the earliest of five years of service, normal retirement (which is age sixty-five), or termination due to disability or death.

On termination of service, participants may elect to receive vested benefits in a lump-sum distribution or periodic installments, payable at least annually.

Basis of accounting

The Plan prepares its financial statements on the accrual basis of accounting.

Use of estimates in preparing financial statements

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets available for benefits and changes therein. Actual results could differ from those estimates.

NOTE A - PLAN DESCRIPTION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investments

Mutual funds are stated at fair value based on quoted market prices. The related unrealized appreciation or depreciation of investments is recorded in the statements of changes in net assets available for benefits. Investment transactions are recorded on a trade-date basis. Unrealized gain and loss is determined based on the fair value of net assets at the end of the Plan year. Interest income is recorded on the accrual basis.

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

There is significant evaluation by Congress and other agencies of regulatory and accounting issues surrounding employee benefit plans. It is possible future changes in regulations may have a significant effect on the Plan operations and/or investments.

Administrative expenses

All reasonable expenses necessary to operate and administer the Plan are shared by the Plan and the Company.

Notes receivable from participants

Under the Plan's provisions, participants may obtain personal loans from their account balances. A participant may borrow the lesser of $50,000 or 50% of the account balance for a period not to exceed five years, except for loans used to purchase a primary residence for which longer loan terms of up to ten years are permitted. Participant loans bear interest at the prime rate plus 1% as required under the loan policy and are collateralized by the participant's vested account balance. Repayment of principal and interest is made through payroll deductions. Loan transactions with participants are considered party-in-interest transactions.

NOTE A - PLAN DESCRIPTION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Notes receivable from participants (continued)

A loan that is in default is treated as a taxable distribution from the Plan of the entire outstanding balance of the loan (a "deemed distribution"). For the year ended December 31, 2015, deemed distributions were $6,855, and were included in distributions on the statements of changes in net assets available for benefits. For the year ended December 31, 2014, deemed distributions were $(27,248).

Payment of benefits

Benefits are recorded when paid.

Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. However, no such action may deprive any participant or beneficiary under the Plan of any vested rights. In the event of Plan's termination, participants' accounts will be revalued and become fully vested.

Subsequent events

Management has evaluated events and transactions for potential recognition or disclosure through July 26, 2016, which represents the date the financial statements were available to be issued.

NOTE B - FAIR VALUE MEASUREMENTS

At December 31, 2015 and 2014, the Plan's Level 1 investments are reported at fair value in the accompanying statements of net assets available for benefit, as follows:

	2015	2014
Mutual funds		
Balanced funds	$ 5,701,947	$ 5,566,158
Stock funds	1,861,947	1,743,597
Bond funds	488,065	457,140
Money market funds	176,765	120,688
	$ 8,228,724	$ 7,887,583

The three-level hierarchy for fair value measurement is defined as follows:

Level 1

Inputs to the valuation methodology are quoted prices in active markets for identical assets that the Plan has the ability to access at the measurement date.

Level 2

Inputs to the valuation methodology are inputs other than quoted prices included within Level 1 that are observable for the asset, either directly or indirectly. Fair value can be determined through the use of models or other valuation methodologies.

Level 3

Inputs to the valuation methodology are unobservable inputs for the asset. Unobservable inputs are those that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing the asset developed, based on the best information available.

NOTE B - FAIR VALUE MEASUREMENTS (continued)

At December 31, 2015 and 2014, the following is a description of the valuation methodologies used by the Plan for assets measured at fair value:

Level 1 Fair Value Measurements

The fair value of mutual funds and money market funds is based on quoted net asset value ("NAV") of the shares held by the Plan at year-end.

Level 2 Fair Value Measurements

At December 31, 2015 and 2014, there were no Level 2 investments.

Level 3 Fair Value Measurements

At December 31, 2015 and 2014, there were no Level 3 investments.

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

NOTE C - INVESTMENTS

At December 31, 2015, investments that represent 5% or more of the Plan's assets are as follows:

Investments at fair value as determined by	
Quoted market price	
Fidelity Freedom 2025	$ 1,197,245
Fidelity Freedom 2035	1,176,127
Fidelity Freedom 2030	1,122,267
Fidelity Freedom 2040	709,665
Fidelity Freedom 2015	619,055
Fidelity Freedom 2045	430,993

NOTE C - INVESTMENTS (continued)

At December 31, 2014, investments that represent 5% or more of the Plan's assets are as follows:

Investments at fair value as determined by		
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Fidelity Freedom 2025	$	1,212,030
Fidelity Freedom 2035		1,158,640
Fidelity Freedom 2030		1,047,649
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Fidelity Freedom 2040		660,913
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NOTE D - EXCESS CONTRIBUTIONS REFUNDABLE

The excess contributions refundable, employee and employer, reflects the amounts refundable by the Plan to participants and the Plan sponsor, respectively, for contributions made in excess of the amounts allowed by the Internal Revenue Service.

NOTE E - INCOME TAX STATUS

The Plan operates under Fidelity’s prototype plan and basic plan document. The Plan documents are qualified pursuant to the appropriate section of the Internal Revenue Code, and, accordingly, the trust's net income is exempt from income taxes. The Plan received a favorable opinion letter from the Internal Revenue Service dated January 16, 2002, under the volume/mass submitter program. The Plan has been amended since the date of the determination letter. The Plan Administrator believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the IRC. Accordingly, no provision for income taxes is provided in the Plan’s financial statements.

NOTE E - INCOME TAX STATUS (continued)

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that at December 31, 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE F - INFORMATION CERTIFIED BY TRUSTEE

The following is a summary of the unaudited information regarding the Plan, included in the Plan's financial statements and supplemental schedule, that was prepared by or derived from information prepared by Fidelity Management Trust Company, the trustee of the Plan, and furnished by the plan administrator. The plan administrator has obtained certifications from the trustees that such information is complete and accurate at December 31, 2015 and 2014 and for the years then ended:

1. Statements of Net Assets Available for Benefits - Investments
2. Statements of Changes in Net Assets Available for Benefits - Investment Income (loss)
3. Note C - Investments
4. Supplemental Information - Schedule of Assets Held for Investment at End of Year

NOTE G - RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by a company related to Fidelity Management Trust Company, the trustee of the Plan, and therefore these transactions qualify as party-in-interest transactions. Recordkeeping services are provided by another company related to Fidelity Management Trust Company and these transactions also qualify as party-in-interest transactions. For the years ended December 31, 2015 and 2014, administrative expenses paid by the Plan for the recordkeeping company were $6,770 and $7,387, respectively.

NOTE G - RELATED PARTY TRANSACTIONS (continued)

For the years ended December 31, 2015 and 2014, fees paid for mutual fund advisory fees were included as a reduction of the return earned on each fund and were $25,441 and $13,816, respectively. These transactions qualify as party-in-interest transaction. In addition, loan transactions with participants are considered party-in-interest transactions.

NOTE H - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

On the Form 5500, the plan administrator presents delinquent participant loans that have been deemed distributed during the plan year as an expense, if as of the end of the plan year the participant is not continuing to make repayments under the loan. In the financial statement, however, the Plan reports delinquent loans for active participants as participant loans since no distributable event occurred, in accordance with accounting principles generally accepted in the United States of America. The following is a reconciliation of net assets available for benefits per financial statements at December 31, 2015, to Schedule H of Form 5500:

	2015	2014
Notes receivable from participants	$ 213,585	$ 242,090
Loans in default - active participants	(21,952)	-
Net assets available for benefits per Schedule H to the Form 5500	$ 191,633	$ 242,090

	2015	2014
Net assets available for benefits per financial statements	$ 8,460,737	$ 8,129,673
Deemed distributions - active participants	(21,952)	-
Net assets available for benefits per Schedule H to the Form 5500	$ 8,438,785	$ 8,129,673

SUPPLEMENTAL INFORMATION

ERRG, Inc. 401(k) Retirement Plan

SCHEDULE OF ASSETS HELD FOR INVESTMENT AT END OF YEAR

Schedule H, Part IV, Line 4a
EIN #94-3283543 PLAN #002

December 31, 2015

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Date of Interest, Collateral, Par or Maturity Value	(e) Current Value
*	*Fidelity Management Trust Company*		
	Mutual funds		
	Balanced Funds:		
*	Fidelity Freedom 2025	97,894 Shares	$ 1,197,245
*	Fidelity Freedom 2035	94,773 Shares	1,176,127
*	Fidelity Freedom 2030	86,395 Shares	1,122,267
*	Fidelity Freedom 2040	53,398 Shares	709,665
*	Fidelity Freedom 2015	52,911 Shares	619,055
*	Fidelity Freedom 2045	42,007 Shares	430,993
*	Fidelity Freedom 2050	19,596 Shares	199,682
*	Fidelity Freedom 2020	7,381 Shares	91,670
*	Fidelity Freedom Income	8,166 Shares	85,669
*	Fidelity Freedom 2055	6,168 Shares	68,160
*	Fidelity Freedom 2060	146 Shares	1,414
			5,701,947
	Stock Funds:		
	Lord Abbett Developing Growth	14,281 Shares	263,479
*	Fidelity Real Estate Investment A	9,413 Shares	214,334
	Putnam Equity Income A	10,367 Shares	199,572
	Spartan Mid Cap Index Adv	10,679 Shares	174,274
	Spartan 500 Index Adv	2,306 Shares	165,602
	Alger Capital Appreciation	7,386 Shares	148,896
*	Fidelity Emerging Asia A	4,418 Shares	120,570
	Spartan Sm Cap Index Adv	7,151 Shares	110,563
	Oppenheimer Equity Income A	3,505 Shares	92,844
	Heartland Select Value IV	3,380 Shares	91,527
*	Fidelity Stock Selector All Cap	1,780 Shares	59,779
	Calvert Equity A	1,347 Shares	53,923
	Goldman Sachs Growth Opportunities A	2,342 Shares	48,320
	T. Rowe Price International Growth & Income	2,787 Shares	36,682
*	Fidelity Worldwide A	1,432 Shares	31,506
	BlackRock Global Allocation Inv A	1,039 Shares	18,535
	Spartan Em Mkts Index Adv	1,826 Shares	14,099
	Allianz NFJ International Value	686 Shares	12,330
*	Fidelity Small Cap Value A	310 Shares	5,112
			1,861,947
	Bond Funds:		
*	Fidelity Government Income A	18,559 Shares	191,533
	Putnam High Yield Advantage A	25,172 Shares	135,175
*	Fidelity Strategic Income A	10,160 Shares	115,014
	PIMCO Total Return A	3,637 Shares	36,625
	Sptn US Bond Indx Adv	846 Shares	9,718
			488,065
	Short-Term Investments (Money Market):		
*	Fidelity Government MM	176,765 Shares	176,765
			8,228,724
*	Loans to participants	Participant notes receivable (interest at 4.25% - 7.75%, maturing through 2021)	213,585
			$ 8,442,309

* Party-in-Interest

Column (d) Cost is not required to be presented.

See independent auditors' report.

ERRG, Inc. 401(k) Retirement Plan

FINANCIAL STATEMENTS
AND
INDEPENDENT AUDITORS' REPORT

December 31, 2015 and 2014

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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
Engineering Remediation Resources Group, Inc.

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of ERRG, Inc. 401(k) Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, 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

Plan 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 our audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's 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 F, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2015 and 2014, that the information provided to the plan administrator by the trustee 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

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The Supplemental Schedule of Assets Held for Investment at End of Year, which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the Supplemental Schedule referred to above.

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

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

DZH Phillips LLP

San Francisco, California
July 26, 2016

ERRG, Inc. 401(k) Retirement Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2015 and 2014

	2015	2014
ASSETS		
Investments - at fair value	$ 8,228,724	$ 7,887,583
Receivables		
Employee contributions receivable	26,558	-
Notes receivable from participants	213,585	242,090
	8,468,867	8,129,673
LIABILITIES		
Excess contributions refundable - employees	8,130	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 8,460,737	$ 8,129,673

The accompanying notes are an integral part of these statements.

ERRG, Inc. 401(k) Retirement Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended December 31, 2015 and 2014

	2015	2014
CHANGES IN NET ASSETS ATTRIBUTED TO:		
Investment income (loss)		
Interest and dividends	$ 409,388	$ 548,370
Net depreciation in fair value of investments	(529,856)	(143,579)
	(120,468)	404,791
Interest income from participant notes receivable	9,572	10,694
Employee contributions	727,515	692,706
	616,619	1,108,191
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	278,785	231,108
Administrative expenses	6,770	7,387
	285,555	238,495
Net increase in assets available for benefits	331,064	869,696
Net assets available for benefits - beginning of year	8,129,673	7,259,977
Net assets available for benefits - end of year	$ 8,460,737	$ 8,129,673

The accompanying notes are an integral part of these statements.

ERRG, Inc. 401(k) Retirement Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2015 and 2014

NOTE A - PLAN DESCRIPTION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following description of ERRG, Inc. 401(k) Retirement Plan (the "Plan"), is provided for general information only. Reference should be made to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all non-union employees who have completed at least one month of service during the Plan year and are age 21 or older. Employees begin participation in the Plan as of the first day of the following month that they meet the eligibility requirements. For matching employer contributions employees become eligible the first day of the year where they earned at least 1,000 hours of service and can begin participation in the Plan as of the first day of each month. For non-elective employer contributions employees become eligible the first day of the year where they earned at least 1,000 hours of service and can begin participation in the Plan as of the first day of fourth, seventh, and tenth months. The Plan is subject to the provisions of the Employee Retirement Income Securities Act of 1974 (ERISA) and was amended to comply with subsequent legislation.

Contributions

Participants may elect to make a contribution into the Plan of up to the lesser of 90% of eligible compensation or $18,000 in 2015 and $17,500 in 2014. All participants who have reached the age of 50 are eligible to make an additional contribution of $6,000 in 2015 and $5,500 in 2014, in accordance with the Code. Participants direct the investment of their contributions and employer matching contributions into various investment options offered by the Plan. Maximum annual contributions from all sources (elective deferrals, employer's contributions, matches, and allocated forfeitures) are the lesser of $53,000 for 2015 and $52,000 in 2014, or 100% of participant's includable compensation. Employer's matching contributions are discretionary. For the years ended December 31, 2015 and 2014, the Company elected not to make any matching contributions.

NOTE A - PLAN DESCRIPTION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Participants' accounts and vesting

Employer's contributions are allocated to each eligible participant account based upon the participant's contributions during the year. Earnings are allocated based upon the participant's account balance at the end of the preceding year adjusted for withdrawals during the year. A forfeiture is determined at the distribution of the entire vested portion of a participant's account. The unvested participant account balance upon participant's departure is forfeited. Forfeitures of matching contributions are used to reduce the Company's matching contribution or administrative expenses. For the years ended December 31, 2015 and 2014, $3,000 of the unallocated forfeitures, each, was used to reduce administrative expenses.

For the years ended December 31, 2015 and 2014, forfeitures incurred were $472 and $1,601, respectively. At December 31, 2015 and 2014, unallocated forfeitures balance that is available to reduce future administrative expenses and employer contributions was $7,470 and $10,001, respectively.

Participants' account balances vest at the rate of 20% per year after one year of service, and are fully vested at the earliest of five years of service, normal retirement (which is age sixty-five), or termination due to disability or death.

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

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All reasonable expenses necessary to operate and administer the Plan are shared by the Plan and the Company.

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Notes receivable from participants (continued)

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NOTE B - FAIR VALUE MEASUREMENTS (continued)

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Certain Plan investments are shares of mutual funds managed by a company related to Fidelity Management Trust Company, the trustee of the Plan, and therefore these transactions qualify as party-in-interest transactions. Recordkeeping services are provided by another company related to Fidelity Management Trust Company and these transactions also qualify as party-in-interest transactions. For the years ended December 31, 2015 and 2014, administrative expenses paid by the Plan for the recordkeeping company were $6,770 and $7,387, respectively.

NOTE G - RELATED PARTY TRANSACTIONS (continued)

For the years ended December 31, 2015 and 2014, fees paid for mutual fund advisory fees were included as a reduction of the return earned on each fund and were $25,441 and $13,816, respectively. These transactions qualify as party-in-interest transaction. In addition, loan transactions with participants are considered party-in-interest transactions.

NOTE H - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

On the Form 5500, the plan administrator presents delinquent participant loans that have been deemed distributed during the plan year as an expense, if as of the end of the plan year the participant is not continuing to make repayments under the loan. In the financial statement, however, the Plan reports delinquent loans for active participants as participant loans since no distributable event occurred, in accordance with accounting principles generally accepted in the United States of America. The following is a reconciliation of net assets available for benefits per financial statements at December 31, 2015, to Schedule H of Form 5500:

	2015	2014
Notes receivable from participants	$ 213,585	$ 242,090
Loans in default - active participants	(21,952)	-
Net assets available for benefits per Schedule H to the Form 5500	$ 191,633	$ 242,090

	2015	2014
Net assets available for benefits per financial statements	$ 8,460,737	$ 8,129,673
Deemed distributions - active participants	(21,952)	-
Net assets available for benefits per Schedule H to the Form 5500	$ 8,438,785	$ 8,129,673

SUPPLEMENTAL INFORMATION

ERRG, Inc. 401(k) Retirement Plan

SCHEDULE OF ASSETS HELD FOR INVESTMENT AT END OF YEAR

Schedule H, Part IV, Line 4a
EIN #94-3283543 PLAN #002

December 31, 2015

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Date of Interest, Collateral, Par or Maturity Value	(e) Current Value
*	*Fidelity Management Trust Company*		
	Mutual funds		
	Balanced Funds:		
*	Fidelity Freedom 2025	97,894 Shares	$ 1,197,245
*	Fidelity Freedom 2035	94,773 Shares	1,176,127
*	Fidelity Freedom 2030	86,395 Shares	1,122,267
*	Fidelity Freedom 2040	53,398 Shares	709,665
*	Fidelity Freedom 2015	52,911 Shares	619,055
*	Fidelity Freedom 2045	42,007 Shares	430,993
*	Fidelity Freedom 2050	19,596 Shares	199,682
*	Fidelity Freedom 2020	7,381 Shares	91,670
*	Fidelity Freedom Income	8,166 Shares	85,669
*	Fidelity Freedom 2055	6,168 Shares	68,160
*	Fidelity Freedom 2060	146 Shares	1,414
			5,701,947
	Stock Funds:		
	Lord Abbett Developing Growth	14,281 Shares	263,479
*	Fidelity Real Estate Investment A	9,413 Shares	214,334
	Putnam Equity Income A	10,367 Shares	199,572
	Spartan Mid Cap Index Adv	10,679 Shares	174,274
	Spartan 500 Index Adv	2,306 Shares	165,602
	Alger Capital Appreciation	7,386 Shares	148,896
*	Fidelity Emerging Asia A	4,418 Shares	120,570
	Spartan Sm Cap Index Adv	7,151 Shares	110,563
	Oppenheimer Equity Income A	3,505 Shares	92,844
	Heartland Select Value IV	3,380 Shares	91,527
*	Fidelity Stock Selector All Cap	1,780 Shares	59,779
	Calvert Equity A	1,347 Shares	53,923
	Goldman Sachs Growth Opportunities A	2,342 Shares	48,320
	T. Rowe Price International Growth & Income	2,787 Shares	36,682
*	Fidelity Worldwide A	1,432 Shares	31,506
	BlackRock Global Allocation Inv A	1,039 Shares	18,535
	Spartan Em Mkts Index Adv	1,826 Shares	14,099
	Allianz NFJ International Value	686 Shares	12,330
*	Fidelity Small Cap Value A	310 Shares	5,112
			1,861,947
	Bond Funds:		
*	Fidelity Government Income A	18,559 Shares	191,533
	Putnam High Yield Advantage A	25,172 Shares	135,175
*	Fidelity Strategic Income A	10,160 Shares	115,014
	PIMCO Total Return A	3,637 Shares	36,625
	Sptn US Bond Indx Adv	846 Shares	9,718
			488,065
	Short-Term Investments (Money Market):		
*	Fidelity Government MM	176,765 Shares	176,765
			8,228,724
*	Loans to participants	Participant notes receivable (interest at 4.25% - 7.75%, maturing through 2021)	213,585
			$ 8,442,309

* Party-in-Interest

Column (d) Cost is not required to be presented.

See independent auditors' report.