Form 5500-SF	partment of the Treasury Benefit Plan			oyee	OMB Nos. 12				
Department of the Treasury Internal Revenue Service				etirement	2015				
Department of Labor Employee Benefits Security Administration	Department of Labor Employee Benefits Security Administration Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).					orm is Open to ic Inspection			
Pension Benefit Guaranty Corporation	Complete all entries in		structions to the Form 55	00-SF.					
Part I Annual Report I For calendar plan year 2015 or fis	Identification Information cal plan year beginning 01/01/		and ending 12	/31/2015					
A This return/report is for:	a single-employer plan       a one-participant plan		r plan (not multiemployer) employer information in ac	•	-				
<b>B</b> This return/report is	the first return/report an amended return/report	the final return/repo	rt turn/report (less than 12 m	onths)					
C Check box if filing under:	Form 5558	automatic extensio	n	DFVC program					
Part II Basic Plan Info	rmation—enter all requested in								
<b>1a</b> Name of plan STREAMLINE CXO RETIREMENT				(PN)	number	001 plan			
2a Plan sponsor's name (employ				•	oyer Identif	I/2014 ication Number			
	n, apt., suite no. and street, or P.0 a, country, and ZIP or foreign pos		nstructions)	(EIN) 61-1652553 2c Sponsor's telephone number 205-870-1414					
10 OLD MONTGOMERY HIGHWAY					205-870-1414 2d Business code (see instructions)				
JITE 200 RMINGHAM, AL 35209					2389	00			
<b>3a</b> Plan administrator's name and address       Same as Plan Sponsor.         TREAMLINE CXO       10 OLD MONTGOMERY HIGHWAY				<b>3b</b> Administrator's EIN 45-2918414					
	SUITE 2 BIRMINO	00 GHAM, AL 35209		3c Admi	nistrator's te 205-87	elephone number 0-1414			
	plan sponsor has changed since ber from the last return/report.	the last return/report file	d for this plan, enter the	<b>4b</b> EIN <b>4c</b> PN					
<b>5a</b> Total number of participants a	at the beginning of the plan year			5a		35			
	at the end of the plan year			5b		81			
C Number of participants with a	account balances as of the end of	the plan year (defined b	enefit plans do not	5c	5c				
d(1) Total number of active part	ticipants at the beginning of the p	lan year		5d(1)		30			
d(2) Total number of active par	ticipants at the end of the plan ye	ar		5d(2)		76			
than 100% vested	erminated employment during the			5e		0			
Caution: A penalty for the late o Under penalties of perjury and oth SB or Schedule MB completed an belief, it is true, correct, and comp	er penalties set forth in the instru d signed by an enrolled actuary,	ctions, I declare that I ha	ve examined this return/rep	ort, includir	ng, if applica				
SIGN Filed with authorized/valid electronic signature. 10/05/2016 JOSEPH C. DANIEL,					, JR.				
HERE Signature of plan ac		Date		dividual signing as plan administrator					
SIGN HERE Signature of omploy	vor/plan spansor	Data	Entor nome of individu	ual aigning -		r or plan anonar			
Preparer's name (including firm na		Date nclude room or suite nun	Enter name of individu		as employe telephone				

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Ye	s 🗌 No		
	<ul> <li>Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</li> </ul>								X Yes No			
	If the plan is a defined benefit plan, is it covered under the PBGC in							No	Not dete	rmined		
Par			5 X		,		1					
	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End	d of Year			
	Total plan assets	. 7a	(, = • g		513		68388					
· · · ·	Total plan liabilities	7b										
С	Net plan assets (subtract line 7b from line 7a)	7c		40513					68388			
-	Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b) Total				
	Contributions received or receivable from: (1) Employers	8a(1)										
	(2) Participants	8a(2)		29763								
	(3) Others (including rollovers)	8a(3)										
b	Other income (loss)	8b		-1	198							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							28	565		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		690								
е	Certain deemed and/or corrective distributions (see instructions)	8e										
f	Administrative service providers (salaries, fees, commissions)	8f										
	Other expenses	8g				_						
	Total expenses (add lines 8d, 8e, 8f, and 8g)							690				
	Net income (loss) (subtract line 8h from line 8c)	8i				_			27	875		
<u> </u>	Transfers to (from) the plan (see instructions)	8j										
Par 9a		facture	dea from the List of D	on Cha	rootori	atia Cr	adaa in	the inetri	untin no.			
Ja	If the plan provides pension benefits, enter the applicable pension 2E $$ 2F $$ 2G $$ 2J $$ 2K $$ 2T $$ 3D	leature co			lacteri		Jues III		uctions.			
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Pla	n Chara	acterist	ic Co	des in th	ne instruc	ctions:			
Part	V Compliance Questions											
10	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? (See instructions and DOL's Voluntary Fiduciary Correction Program).						X						
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10a 10b		х						
с					Х					10000		
d				10c 10d	~	x				10000		
e						х						
f						Х						
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Х						
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					Х						
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			10h 10i								
j	Did the plan trust incur unrelated business taxable income?			10j								
Part				10]	<u>I</u>	1	1	1				
11												

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)					No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40 11a					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA	?		Yes	X	No

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a 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 letter ruling granting the waiver									
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		<b>.</b>				
<b>b</b> Enter the minimum required contribution for this plan year									
<b>C</b> Enter the amount contributed by the employer to the plan for this plan year									
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d					
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A		
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Υe	es X No			
		es," enter the amount of any plan assets that reverted to the employer this year		13a					
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou							
	of th	e PBGC?	-			Yes X	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the plan(s) to						
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)		
Part	VIII	Trust Information	-						
14a	Name	e of trust		14b Trust's EIN					
14c Name of trustee or custodian					<b>14d</b> Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is th	e plan a 401(k) plan?		Ye	es	No	No		
<ul><li><b>15b</b> 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)?</li></ul>					esign- ased safe arbor nethod		ADP/ACP test		
15c 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))?					es				
<b>16a</b> 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		
<b>16b</b> 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?				Ye	es	No			
<b>17a</b> Has the plan been timely amended for all required tax law changes?				Ye	es	No	N/A		
17b 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).									
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinion	or		
17d 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/									
18					Yes				
19 Were in-service distributions made during the plan year?					Yes No				
If "Yes," enter amount									
20	20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?					No	N/A		