Form 5500-SF	Short Form Ann	•	ort of Small Empl	OMB Nos. 2				
Department of the Treasury Internal Revenue Service	This form is required to be fi	Benefit Pla		etirement	2015			
Department of Labor Employee Benefits Security Administration	Income Security Act of 197		6057(b) and 6058(a) of the		orm is Open to c Inspection			
Pension Benefit Guaranty Corporation			nstructions to the Form 5	500-SF.	rubii			
Part IAnnual ReporFor calendar plan year 2015 or	t Identification Informatio		and ending 12	2/31/2015				
	a single-employer plan		er plan (not multiemployer)		king this bo	x must attach a		
<b>A</b> This return/report is for:	a one-participant plan		g employer information in ac		-			
<b>B</b> This return/report is	the first return/report	the final return/rep	ort eturn/report (less than 12 m	onths)				
<b>C</b> Check box if filing under:	Form 5558	automatic extensi		· _	FVC progra	ım		
	special extension (enter des							
	ormation—enter all requested i	nformation						
<b>1a</b> Name of plan EVOLVEHR 401(K) RETIREMEN	IT PLAN			1b Three plan r (PN)	number	001		
				1c Effect	ive date of			
	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.				•	cation Number		
	ce, country, and ZIP or foreign pos		instructions)	(EIN) 2c Spons		69194 one number 3-1845		
				2d Busine		ee instructions)		
35 THIRD ST. SOUTH, SUITE 3 ST. PETERSBURG, FL 33701	00				56130	00		
<b>3a</b> Plan administrator's name a	and address XSame as Plan Spo	nsor.		<b>3b</b> Admir	nistrator's E	IN		
				3c Admir	histrator's te	lephone number		
4 If the name and/or EIN of the	ne plan sponsor has changed since	e the last return/report fi	ed for this plan, enter the	4b EIN	20-54	69194		
	umber from the last return/report.			<b>4C</b> PN	00			
5a Total number of participant	s at the beginning of the plan year			5a		29		
	s at the end of the plan year			5b		21		
	account balances as of the end o		•	5c		12		
• •	articipants at the beginning of the			5d(1)		36		
	articipants at the end of the plan y	•		5d(2)		16		
e Number of participants that than 100% vested	t terminated employment during th	e plan year with accrue	benefits that were less	5e	Pak - 4	0		
Under penalties of perjury and o	or incomplete filing of this retu ther penalties set forth in the instr- and signed by an enrolled actuary, nplete.	uctions, I declare that I h	ave examined this return/re	port, includin	g, if applica			
SIGN Filed with authorized	d/valid electronic signature.	10/10/2016	NORMAN A LECLAIR					
HERE Signature of plan	administrator	Date	Enter name of individ	ual signing a	s plan admi	nistrator		
SIGN HERE Signature of omp	oyer/plan sponsor	Date	Enter name of individ	uol cianina -	o omolouer			
	name, if applicable) and address (			Preparer's				
For Paperwork Reduction Act Not	ice and OMB Control Numbers, see t	he instructions for Form 4	500-SF		F	orm 5500-SF (2015)		

<b>6a</b> Were all of the plan's assets during the plan year invested in eligi	ole assets?	(See instructions.)					Yes No
<b>b</b> Are you claiming a waiver of the annual examination and report of	an indeper	ndent qualified public a	ccount	ant (IQ	PA)		
under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can							X Yes No
<b>C</b> If the plan is a defined benefit plan, is it covered under the PBGC i							No Not determined
Part III Financial Information		0 (		,		1	
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End of Year
a Total plan assets	. 7a	() <b></b>		916			4421
<b>b</b> Total plan liabilities	. 7b						
C Net plan assets (subtract line 7b from line 7a)	. 7c		436	916			4421
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoເ	unt				(b) Total
a Contributions received or receivable from:			0	986			
(1) Employers	. 8a(1)		-	029	-		
(2) Participants	. 8a(2)		20	029			
(3) Others (including rollovers)			20	688			
<b>b</b> Other income (loss)	. 8b		20	000	-		55703
<ul> <li>C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</li> <li>d Benefits paid (including direct rollovers and insurance premiums</li> </ul>	. 8c						55705
to provide benefits)	. 8d		14	214			
e Certain deemed and/or corrective distributions (see instructions)	. 8e						
f Administrative service providers (salaries, fees, commissions)	. 8f		3	921			
g Other expenses	. 8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						18135
i Net income (loss) (subtract line 8h from line 8c)	. 8i						37568
j Transfers to (from) the plan (see instructions)	. 8j		-470	063			
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2T	n feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the instructions:
<b>B</b> If the plan provides welfare benefits, enter the applicable welfare	feature cod	es from the List of Pla	n Chara	acterist	ic Coo	des in th	ne instructions:
Part V Compliance Questions							
<b>10</b> During the plan year:				Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a		x		
<b>b</b> Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		Х		
C Was the plan covered by a fidelity bond?			10c		x		
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	s fidelity bo	nd, that was caused	10d		х		
e Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides so the plan? (See instructions.)	her person ne or all of	s by an insurance the benefits under	10e	x			547
f Has the plan failed to provide any benefit when due under the pla	an?		10f		Х		
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount	as of year e	end.)	10g	1	Х		
<b>h</b> If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10h		х		
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the required	d notice or one of the	10i				
j Did the plan trust incur unrelated business taxable income?			10j				
Part VI Pension Funding Compliance			)	1	1	1	

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)	Yes 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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					1				
(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	Enter	the minimum required contribution for this plan year		12b					
-		the amount contributed by the employer to the plan for this plan year		12c					
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?			Ye	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 h 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	of trust		14b	Trusťs E	IN			
14c	Nam	e of trustee or custodian		14d		's or custodi ne number	an's		
Par	t IX	IRS Compliance Questions							
15a	Is th	e plan a 401(k) plan?		Ye	es	No			
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					ADP/ACP test		
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?							
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentag est		erage nefit test		
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No			
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A		
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions		
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable 	IRS opinion	or		
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable			
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Ye	S	No			
19	Were	in-service distributions made during the plan year?		Ye	es	No			
	lf "Y€	es," enter amount		19					
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A		

## MULTIPLE-EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION

Plan Name: Evolve HR 401(k) Retirement Plan

Contract Number: 932106

Employer Identification Number: 20-5469194

Plan Identification Number: 001

Plan Year End: December 31, 2015

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
Evolve HR I, Inc.	20-5469195	0.00%
Suspended Animation Inc. dba Vita Biotechnology	46-0446700	98.87%
Victory Living Programs, Inc.	65-0162567	1.13%
The Fries Group, LLC dba ATS Staffing	20-1467785	0.00%
Cove Inn Management, Inc.	59-1718355	0.00%
First Benefits, Inc.	58-2193730	0.00%

Benefit Plan         Encode (11)         Encode (11) <thencode (11)<="" th=""> <thencode (11)<="" th=""></thencode></thencode>	Form 5500-S	F	Short Form Annu			of Small Empl	oyee		OMB Nos. 1210-0110 1210-0089			
Development of Lator         Discovery         This Recently Add of 1974 (ERISA), and sections 805(0) and 805(0) of the Internal Revenue Code (the Code).         This Revenue Code (the Code).           Part I         Annual Report Identification Information         a compete all entries in accordance with the instructions to the Form 500.8.5.         This Return 1000000000000000000000000000000000000			This form is required to be file			065 of the Employee R	etirement	1	2015			
Product Reset Gausser Copyoster              - Complete all entries in accordance with the instructions to the Form 5506.SF.         Public Inspection           Part II         Annual Report Identification Information         and ending 12/31/2015                Proceedendu prove and 2016 of factors             is and participant part and and the participant part and and the participant part and and the participant part and the principant part and the principant part and participant part and participant part and participant part and participant part and the participant part and the part and		istration		4 (ERISA), and	sections 605	7(b) and 6058(a) of the		This F	orm is Open to			
Part I       Annual Report Identification Information         For calendar plan, year 2015 or fiscal plan year beginning 010(2015)       and ending 12(21)(2015)         A This return/report is for:       a single employer plan       a nultiple employer plan (bit multiemployer) (files checking this hox must attach a single employer plan)         B This return/report is       It the first return/report       a ne-participant plan       a torp atom part return/report (ses than 12 months)         C Check box if filing under:       Porm 5558       a automatic extension       DFVC program         Part II       Basic Plan Information-enter all requested information       1       D Three-digit plan number         IA harmor of pan       pocial extension (enter description)       001       1       C Enclove date of plan Otom 2000         VOLVEHR 401(K) RETIREMENT PLAN       1       D Three-digit plan number (FI) for a single-employer plan)       001       1       C Enclove date of plan Otom 2006         VOLVEHR N. NO.       2       Plan administrator's name (amployer, if for a single-employer plan)       2       2       D Three-digit plan number (FIN)       2         355 THIRD ST. SOUTH, SUITE 300       37. PETERSBURO, FL 33701       3       Administrator's seles instructions)       3       Administrator's EN       3       2       B annot plan number from the last return/report filed for this plan, enter the ramme, ENN, and the plan number fro			Complete all entries in	• • • • • • • • • • • • • • • • • • •	Public Inspe							
A       This return/report is for:       a single-employer plan       a nutletic-employer plan (not multiemployer) (Firs checking this box must attach a is dro participant plan         B       This return/report is       a one-participant plan       a foreign plan         B       This return/report is       the first return/report       a short plan year return/report (less than 12 months)         C       Check box if filing under:       Form 5558       automatic extension       DFVC program         B       This return/report       a short plan year return/report       DFVC program         Is Name of plan       Special extension (enter description)       DFVC program         Part II       Basic Plan Informationenter all requested information       1         Is Name of plan       There-digit plan number       001         YOLVEHR 401(K) RETIREMENT PLAN       1D       Three-digit plan number         City or lown, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       2b       Employer Honthitiston Number         215 HIRD ST. SOUTH, SUTE 300       31       Administrator's talephone number       (72) 803-1484         32       Plan administrator's name and address       Same as Plan Sponsor.       3b       Administrator's EIN         33       Administrator's talephone number       5a       29       5a			dentification Information	า								
A This return/report is for:              a nen-participant plan	For calendar plan year 201	5 or fisc	al plan year beginning 01/01/20									
a one-participant plan       a foreign plan         B This return/report is       the first return/report       a short plan year return/report (less than 12 months)         C Check box if filing under:       Form 5558       automatic extension       DFVC program         Part II       Basic Plan Information—enter all requested information       DFVC program         Part II       Basic Plan Information—enter all requested information       1b       There-digit plan mighter         QUVEHR 401(K) RETIREMENT PLAN       1b       There-digit plan mighter       001         2a Plan sponsor's name (employer, if for a single-employer plan)       Maling address (include room, apt, suite or province, country, and street, or P.O. Box)       2b       Employer Identification Number (EN) 20-4861194         CUVEHR, INC.       2b       Employer Identification Number (RIN 20-4861194       2c       Sponsor's telephone number (RIN 20-4861194         2a Sponsor's name and address (Same as Plan Sponsor.       3b       Administrator's EIN       3c       Administrator's telephone number (RIN 20-5469194         3a Plan administrator's name and address (Same as other ed) of the plan year.       5b       21       Sponsor's name EVOLVE HR, INC.         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the administrator's telephone number       5d       21         5a Total number of parti	A	1	a single-employer plan		(19) 19 (19) (19) (19) (19) (19) (19) (1		•	S100 170 170				
A fit the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name and/or EIN of the plan sponsor is a the beginning of the plan year.	A This return/report is for	. [	a one-participant plan	'		ployer information in ac	cordance	with the form	rinstructions)			
Image: Content of the plan general content of the plan	<b>B</b> This return/report is	[	the first return/report	the final re	turn/report							
Image: Part II       Basic Plan Information—enter all requested information         1a Name of pin       1b       Three-digit plan number (PN)         2VOLVEHR 401(K) RETIREMENT PLAN       1b       Three-digit plan number (PN)         2a Plan sponsor's name (employer, if for a single-employer plan)       1c       Effective date of plan O10/02006         2a Plan sponsor's name (employer, if for a single-employer plan)       2b       Employer Identification Number (EIN) 20-5469194         2b: VOLVEHR, INC.       2c       Sponsor's telephone number (ICN) 20-5469194       2c         2b: STHIRD ST. SOUTH, SUITE 300       3t       Administrator's name and address [Same as Plan Sponsor.       3b       Administrator's EIN         3a Plan administrator's name and address [Same as Plan Sponsor.       3b       Administrator's EIN       3c       Administrator's EIN         3b Tall number of participants at the beginning of the plan year       5a       29       25       21         b Total number of participants at the beginning of the plan year       5c       12       26       12         comparticipants with account balances as of the end of the plan year       5c       12       26       13         complete institute of participants at the beginning of the plan year       5c       12       26       13       26       13       26       13       26		ĺ	an amended return/report	a short pla	an year return	/report (less than 12 m	onths)					
Part II       Basic Plan Information—enter all requested information         1a Name of plan       001         EVOLVEHR 401(K) RETIREMENT PLAN       1b Three-digit plan number (PN) b         2a Plan sponsor's name (employer, if for a single-employer plan) Maling 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)       2b Employer Identification Number (EN) 20-5469194         2b THIRD ST, SOUTH, SUITE 300       2c Sponsor's telephone number (727) 903-1845         3r. PETERSBURG, FL 33701       3b Administrator's telephone number         3a Plan administrator's 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 for the last return/report.       3b Administrator's telephone number         5a Total number of participants at the beginning of the plan year.       5a       29         5b Total number of participants at the end of the plan year.       5a       20         3c Number of participants at the end of the plan year.       5a       29         5b 121       3c       5c       12         5c       12       3c       5d(1)       3a         9b Total number of participants with account balances as of the end of the plan year.       5a       20       3c         61(1) Total number of participants with account balances forth in the instreturn/report.	C Check box if filing under	er:	X Form 5558	automatic	extension			DFVC prog	ram			
1a Name of plan       1b Three-digit plan number (PN) *       001         2volVEHR 401(K) RETIREMENT PLAN       1c Effective date of plan 01/01/208       1c Effective date of plan 01/01/208         2a Plan sponsor's name (employer, if for a single-employer plan)       1c Effective date of plan 01/01/208       2b Employer Identification Number (EIN) 20-5469194         2a Third ST, SOUTH, SUITE 300       2c Sponsor's telephone number (272) 803-1845       2d Business code (see instructions) 561300         3a Plan administrator's name and address (Same as Plan Sponsor.       3b Administrator's EIN       3c Administrator's telephone number (272) 803-1845         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.       3c Administrator's telephone number         3 Sponsor's name EVOLVE HR, INC.       4c PN 001         5a Total number of participants at the beginning of the plan year.       5a 29         b Total number of participants at the end of the plan year.       5b 21         c Number of participants what excumt balances as of the end of the plan year.       5c 12         d(1) Total number of participants at the edginning of the plan year.       5c 12         d(2) Total number of participants at the edgin the plan year.       5c 12         d(2) Total number of participants at the edgin the plan year.       5c 12         d(1) Total number of participants weart the end		6	special extension (enter desc	cription)								
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2a Plan sponsor's name (employer, if for a single-employer plan)       1c Effective date of plan         Mailing address (include rom, apt., suite no. and street, or P.O. Box)       2b Employer Identification Number         City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       2b Employer Identification Number         SVOLVEHR, INC.       2b Employer Identification Number       (EIN) 20-5469194         235 THIRD ST, SOUTH, SUITE 300       3t. PETERSBURG, FL 33701       3b Administrator's name and address Same as Plan Sponsor.         3a Plan administrator's name and address Same as Plan Sponsor.       3b 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.       3c Administrator's telephone number         5a Total number of participants at the beginning of the plan year.       5a 29       29         5b Total number of participants at the edo of the plan year.       5d (2)       16         61(1) Total number of participants at the edo of the plan year.       5d (2)       16         61(2) Total number of participants at the edo of the plan year.       5d (2)       16         61(2) Total number of participants at the edo of the plan year.       5d (2)       16         61(2) Total number of participants at the edo of the plan year.       5d (2)       16			•				1b Th	ree-digit				
2a       Plan sponsor's name (employer, if for a single-employer plan) Maling 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)       2b       Employer Identification Number (EIN) 20-5469194         2voLVEHR, INC.       2c       Sponsor's telephone number (Z2) 003-1845       2c         235 THIRD ST. SOUTH, SUITE 300       3th Print administrator's name and address (Same as Plan Sponsor.       3b       Administrator's EIN         3a       Plan administrator's name and address (Same as Plan Sponsor.       3b       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.       3b       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.       3c       Administrator's telephone number         5       5       11       5c       12         6       Total number of participants at the end of the plan year.       5b       21         5       5d(1)       36       36         6       Number of participants with account balances as of the end of the plan year.       5d(2)       16         7       Number of par	EVOLVEHR 401(K) RETIRI	EMENT	PLAN						001			
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apl., 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)       2b Employer Identification Number (EN) 20-486194         2c Sponsor's telephone number       (727) 803-1845         2d Business code (isse instructions)       2d Business code (isse instructions)         33 THIRD ST. SOUTH, SUITE 300       3b Administrator's name and address (Same as Plan Sponsor.         3a Plan administrator's name and address (Same as Plan Sponsor.       3b Administrator's EIN         3c Administrator's 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 20-5469194         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.       3c Administrator's telephone number         5a Total number of participants at the edginning of the plan year       5a       29         5b 211       5c       12         6d(1) Total number of participants at the edginning of the plan year.       5c       12         6d(2) Total number of active participants at the edginning of the plan year.       5d       5d(1)       36         6d(2) Total number of active participants at the edginning of the plan year.       5c       0       5d(2)									f plan			
Mailing address (include room, apt. suite no. and street, or P.O. Box)       (EIN) 20-5469194         City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       2C         EVOLVEHR, INC.       2C         State of the province, country, and ZIP or foreign postal code (if foreign, see instructions)       2C         State of the province, country, and ZIP or foreign postal code (if foreign, see instructions)       2C         State of the province, country, and ZIP or foreign postal code (if foreign, see instructions)       2C         335 THIRD ST. SOUTH, SUITE 300       3D         316 Administrator's name and address (Same as Plan Sponsor.       3D         326 Administrator's telephone number       3C         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.       3D         350 Donsor's name EVOLVE HR, INC.       5S       21         540 Total number of participants at the beginning of the plan year.       5S       21         550 Concepted this item)       5C       12         c Number of participants at the edo of the plan year.       5C       12         64(1) Total number of active participants at the edo of the plan year.       5C       12         64(1) Total number of active participants at the edo of the plan year.       5	s <u></u>											
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235 THIRD ST. SOUTH, SUITE 300       561300         3a Plan administrator's name and address Same as Plan Sponsor.       3b Administrator's EIN         3c Administrator's name and address Same as Plan Sponsor.       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 20-5469194         a Sponsor's name EVOLVE HR, INC.       5a 29         5a Total number of participants at the beginning of the plan year.       5a 29         5 D Total number of participants at the end of the plan year.       5b 21         c Number of participants at the end of the plan year.       5c 12         d(1) Total number of active participants at the end of the plan year.       5c 12         d(2) Total number of active participants at the end of the plan year.       5d(1) 36         d(2) Total number of active participants at the end of the plan year.       5e 0         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 1 have examined this return/report, including, if applicable, a Schedule BS or Schedule MB completed and signing of this return/report will be assessed unless reasonable cause is established.         Under penalties of perjury and other penalties to the noreled actuary, as well as the electronic version of this return/report,	EVOLVEHR, INC.							(727)	803-1845			
33. PETERSBURG, FL 33701       3b Administrator's telephone number         3a Plan administrator's name and address Same as Plan Sponsor.       3b 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 20-5469194         a Sponsor's name EVOLVE HR, INC.       4c PN 001         5a Total number of participants at the beginning of the plan year.       5a 29         b Total number of participants with account balances as of the end of the plan year.       5b 211         c Number of participants with account balances as of the plan year.       5c 112         d(1) Total number of active participants at the beginning of the plan year.       5d(1) 36         d(2) Total number of active participants at the end of the plan year.       5d(2) 16         e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.       5e 0         Caution: A penalty for the late or incomplete filting of this return/report will be assessed unless reasonable cause is established.       5a         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, and to the best of my knowledge and bellef, it is true, corrept, and complete and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and bellef. It is true, corept, and complete and signed by an enrolled act		UTE 000										
3a Plan administrator's name and address Same as Plan Sponsor.       3b Administrator's EIN         3c Administrator's telephone number       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 20-5469194         a Sponsor's name EVOLVE HR, INC.       4c PN 001         5a Total number of participants at the beginning of the plan year.       5a 29         b Total number of participants with account balances as of the end of the plan year.       5b 211         c Number of participants with account balances as of the end of the plan year.       5c 12         d(1) Total number of active participants at the end of the plan year.       5d(1) 36         d(2) Total number of active participants at the end of the plan year.       5d(2) 16         e Number of active participants at the end of the plan year.       5d         caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.         Under penalties of perium/and other parties at find in the instructors. I declare that I have examined this return/report, and to the best of my knowledge and bellef. It is true, correct, and cobjete.         Signature of participants at the parter       Date         e Signature of and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and bellef. It is true,	235 THIRD ST. SOUTH, SU	JITE 300	)				50	1500				
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5a       Total number of participants at the beginning of the plan year       5a       29         b       Total number of participants at the end of the plan year       5b       21         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       12         d(1)       Total number of active participants at the beginning of the plan year       5d(1)       36         d(2)       Total number of active participants at the end of the plan year       5d(2)       16         e       Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       0         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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and cobplete.         SiGN       IMADAL       Norman A       Lectart         HERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor	name, EIN, and the p	lan num	ber from the last return/report.		report med te	or this plan, enter the			154			
b       Total number of participants at the end of the plan year       5b       21         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       12         d(1)       Total number of active participants at the beginning of the plan year       5d(1)       36         d(2)       Total number of active participants at the beginning of the plan year       5d(2)       16         e       Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.       5e       0         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       0       0         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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       Norme       Leffer       Enter name of individual signing as plan administrator         HERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor	a Sponsor's name EVO	LVE HR	, INC.				(A.C.)	001				
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complete this item)       12         d(1) Total number of active participants at the beginning of the plan year       5d(1)       36         d(2) Total number of active participants at the end of the plan year       5d(2)       16         e       Number of participants that terminated employment during the plan year with accrued benefits that were less       5e       0         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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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       Norman A Lecter         HERE       Signature/of plan administrator         Date       Enter name of individual signing as plan administrator         SIGN       Norman A Lecter         HERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor		2000						· · · · · · · · · · · · · · · · · · ·	21			
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e       Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       0         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       0         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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       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	d(1) Total number of ac	tive part	ticipants at the beginning of the p	plan year					36			
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HERE         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	1	A	Ta	N	door	Norman A	Lec	lair				
SIGN HERE         IDIDEDIDI         Norman A. LeChur           Signature of employer/plan sponsor         Date         Enter name of individual signing as employer or plan sponsor	HERE Signature of	f plan a	Impistrator	Date	- [	Enter name of individ	dual signin	g as plan ad	ministrator			
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	SIGN	$-\Pi$	12	101	recla			11				
Preparer's name (including firm name, if applicable) and address (include room or suite number ) Preparer's telephone number	Signature of				-1							
	Preparer's name (includin	g firm na	ame, if applicable) and address (	(include room or	suite numbe	er)	Prepare	r's telephone	number			
									11 m 11 m 11 m 11 m			

Form 5500-SF 2015

Pa	t III Financial Information	
с	f the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? 🗌 Yes 🗌 No 📋	Not determined
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
	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.)	X Yes 🗌 No
	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes 🗌 No

7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	436916	4421
b	Total plan liabilities	7b		
с	Net plan assets (subtract line 7b from line 7a)	7c	436916	4421
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)	9986	
	(2) Participants	8a(2)	25029	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	20688	
с	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		55703
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	14214	
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	3921	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		18135
i	Net income (loss) (subtract line 8h from line 8c)	8i		37568
j	Transfers to (from) the plan (see instructions)	8j	-470063	

## **Plan Characteristics** Part IV

9a	If the p	lan p	rovide	s pen	sion b	penefit	s, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:	
	2E	2F	2G	2J	2K	3D	2T	

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

## 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)	10a		x		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х		
С	Was the plan covered by a fidelity bond?	10c		x		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		x		
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).	10e	x			547
f	Has the plan failed to provide any benefit when due under the plan?	10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x		
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	10i				
j	Did the plan trust incur unrelated business taxable income?	10j				
Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions 5500) and line 11a below)					Form
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 4	0			11a	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of t	he Coc	le or se	ection	302 of EF	RISA? Yes X No

Form 5500-SF 2015

Page **3 -** 1

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
<b>a</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see insigranting the waiver,	lonth	nter the da Day	ate of the le Yea		ng
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.				
<b>b</b> Enter the minimum required contribution for this plan year		12b			
C Enter the amount contributed by the employer to the plan for this plan year		12c			
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le negative amount)		12d			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		Y	es N	o	N/A
art VII Plan Terminations and Transfers of Assets					
13a Has a resolution to terminate the plan been adopted in any plan year?			Yes X	No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			-
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?		S. D. S. P. S. S. S. P. S.	Ye	s 🗙 I	No
<b>C</b> If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	y the plan(s) to				
13c(1) Name of plan(s):	13c(2) E	EIN(s)	1	3c(3) P	N(s)
Part VIII Trust Information			-		
<b>4a</b> Name of trust		14b Tru	st's EIN		
14c Name of trustee or custodian			ustee's or c ephone nur		ın's
Part IX IRS Compliance Questions					
15a Is the plan a 401(k) plan?		Yes		No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Designation base harborneth	d safe	ADP test	/ACP
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cutesting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42(a)(2)(ii))?		Yes	[	No	
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section		Ratio perce test	entage		rage efit test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com this plan with any other plans under the permissive aggregation rules?	Ŷ	Yes	[	No	
17a Has the plan been timely amended for all required tax law changes?		Yes	[	No	N/A
17b Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the a	pplicable (	code (	See ins	struction
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla advisory letter, enter the date of that favorable letter and the letter's serial	number				or
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, er determination letter		the plan's	last favora	ble	-
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes		] No	
19 Were in-service distributions made during the plan year?		Yes		No	
If "Yes," enter amount		19			
20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of where the retired), as required under section 401(a)(9)?		Yes		No	[] N/A