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
CROSS COUNTRY HEALTHCARE, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1995

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)
CROSS COUNTRY HEALTHCARE, INC.

6551 PARK OF COMMERCE BLVD.
BOCA RATON, FL 33487

2b Employer Identification Number (EIN) 13-4066229

2c Plan Sponsor's telephone number 800-998-5164

2d Business code (see instructions) 561300

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2016	ELLEN FERRER
	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**	11448
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)**	9123
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	12074
b	Retired or separated participants receiving benefits	**6b**	13
c	Other retired or separated participants entitled to future benefits	**6c**	2210
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	14297
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	14298
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	3763
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	377
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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
CROSS COUNTRY HEALTHCARE, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CROSS COUNTRY HEALTHCARE, INC.

D Employer Identification Number (EIN)
13-4066229

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

FIFTH THIRD BANK RETIREMENT SERVICE

38 FOUNTAIN SQUARE PLAZA
CINCINNATI, OH 45263

(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?
64	RECORDKEEPER	294038	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

CAPTRUST FINANCIAL ADVISORS

102 WEST WHITING STREET, SUITE 400
TAMPA, FL 33602

(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?
27	INVESTMENT ADVISOR	52000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GLADSTONE & COMPANY, LLC

13794 NW 4TH STREET, STE 203
SUNRISE, FL 33325

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	10000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

(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 ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

(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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

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
CROSS COUNTRY HEALTHCARE, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CROSS COUNTRY HEALTHCARE, INC.

D Employer Identification Number (EIN)
13-4066229

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM STABLE VALUE FUND

b Name of sponsor of entity listed in (a): PUTNAM FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3159710-202	C	11280492

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
CROSS COUNTRY HEALTHCARE, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CROSS COUNTRY HEALTHCARE, INC.

D Employer Identification Number (EIN)
13-4066229

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	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(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)	1032510	885260
(9) Value of interest in common/collective trusts	1c(9)	11179245	11280492
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	93328209	92135347
(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	105539964	104301099
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	105539964	104301099

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)	790280	
(B) Participants	2a(1)(B)	6335647	
(C) Others (including rollovers)	2a(1)(C)	3886626	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		11012553
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(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)	36953	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		36953
(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)	5982270	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		5982270
(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)		627307
(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)		-5367775
c Other income	2c		-172156
d Total income. Add all **income** amounts in column (b) and enter total	2d		12119152
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12949898	
(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)		12949898
f Corrective distributions (see instructions)	2f		5411
g Certain deemed distributions of participant loans (see instructions)	2g		46505
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	10000	
(2) Contract administrator fees	2i(2)	294038	
(3) Investment advisory and management fees	2i(3)	52000	
(4) Other	2i(4)	165	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		356203
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		13358017
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1238865
l Transfers of assets:			
(1) To this plan	2l(1)		
(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: GLADSTONE & COMPANY, CPAS **(2)** EIN: 20-4111312

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			2500000
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				
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
CROSS COUNTRY HEALTHCARE, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CROSS COUNTRY HEALTHCARE, INC.

D Employer Identification Number (EIN)
13-4066229

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** 0

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): 20-3691658

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

CROSS COUNTRY HEALTHCARE, INC. 401(K) PLAN

FINANCIAL STATEMENTS

For the Years Ended December 31, 2015 and 2014

CROSS COUNTRY HEALTHCARE, INC. 401(K) PLAN

FINANCIAL STATEMENTS

For the Years Ended December 31, 2015 and 2014

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GLADSTONE & Company LLC
CERTIFIED PUBLIC ACCOUNTANTS

To the Participants and Administrator
Cross Country Healthcare, Inc. 401(k) Plan

INDEPENDENT AUDITOR'S REPORT

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Cross Country Healthcare, Inc. 401(k) 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis of 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 C, which was certified by Fifth Third Bank, 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.

Member of Florida Institute of Certified Public Accountants and American Institute of Certified Public Accountants

13794 NW 4th Street, Suite 203 - Sunrise, FL 33325
Tel: 954.514.7337 / 561.988.9990 - Fax: 954.530.8076 / 561.988.9908 - www.gladstoneCPA.com

To the Participants and Administrator
Cross Country Healthcare, Inc. 401(k) Plan

Other Matter

The supplemental Schedule of Assets (Held at End of Year), is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental 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.

Gladstone & Company, LLC
Certified Public Accountants
Sunrise, Florida
August 25, 2016

CROSS COUNTRY HEALTHCARE, INC. 401 (k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2015 and 2014

	December 31,	
	2015	2014
ASSETS:		
Investments:		
Interest in Common/Collective Trusts	$ 11,280,492	$ 11,179,245
Registered Investment Companies, at Fair Value	92,135,347	93,328,209
Total Investments	103,415,839	104,507,454
Contribution Receivable - Employees	41,479	331,370
Contribution Receivable - Employers	5,021	50,514
Total Contributions Receivable	46,500	381,884
Loans to Participants	885,260	1,032,510
NET ASSETS AVAILABLE FOR BENEFITS	$ 104,347,599	$ 105,921,848

The accompanying notes are an integral part of these financial statements.

CROSS COUNTRY HEALTHCARE, INC. 401 (k) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31, 2015 and 2014

	December 31,	
	2015	2014
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
INVESTMENT INCOME:		
Interest and Dividends	$ 6,019,223	$ 6,232,628
Net (Depreciation) In Fair Value of Investments	(5,367,775)	(291,489)
Net Investment Gain from Common/Collective Trusts	627,307	585,877
Other Income	-	37,722
Total Investment Income	1,278,755	6,564,738
CONTRIBUTIONS:		
Employer's	744,787	591,139
Participants'	6,045,756	4,361,395
Others (Including Rollovers)	3,886,626	340,509
Total Contributions	10,677,169	5,293,043
Total Additions	11,955,924	11,857,781
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits Paid to Participants	12,949,898	12,064,710
Deemed Distributions of Participant Loans	46,505	108,397
Deemed Distributions of Participant Loans - Prior Periods	144,662	-
Other Expenses	27,494	-
Corrective Distributions	5,411	-
Administrative Expenses	356,203	309,303
Total Deductions	13,530,173	12,482,410
Net (Decrease)	(1,574,249)	(624,629)
NET ASSETS AVAILABLE FOR BENEFITS:		
Balance at Beginning of Year	105,921,848	106,544,040
Net Assets Transferred To Plan	-	2,437
End of Year	$ 104,347,599	$ 105,921,848

The accompanying notes are an integral part of these financial statements.

NOTE A - DESCRIPTION OF PLAN

The Plan was originally established as the Cross Country Staffing, Inc. Corporate 401(k) Plan, effective as of January 1, 1999 and was subsequently amended and restated effective as of August 1, 1999. The Plan was amended and restated effective January 1, 2001 and renamed the Cross Country Healthcare, Inc. 401(k) Plan. The Plan was also amended and restated effective January 1, 2009 and January 1, 2014. The following description of the Cross Country Healthcare, Inc. 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

(1) General

The Plan is a defined contribution plan covering all employees who have reached the age of eighteen and have completed the earlier of (i) 260 hours of service during any consecutive 90-day period or (ii) one year of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan is registered with the Trustee, Fifth Third Bank. Fifth Third Bank maintains the contributions in an unallocated general account and a number common/collective trust accounts. Contributions not designated by participants are credited to the target retirement fund.

Upon retirement, participants have the option to (1) receive a lump sum benefit; or (2) receive a lump sum to be applied to the purchase of an annuity contract.

(2) Contribution Policy

A Participant may enter into a Salary Reduction Agreement with his or her Employer to have the Employer make contributions to the Participant's 401(k) Contribution Account on behalf of the Participant for such Plan Year, in accordance with Code Section 404 (k), of one percent (1%) to fifty (50%) of his or her Compensation. Each year, the Company can elect to match a percentage of each employee's contribution, as determined by the Company's Board of Directors.

(3) Participant Accounts

Each participant account is credited with the participant's contribution and an allocation of (a) the Company's contributions, (b) Plan earnings or losses and (c) forfeitures of terminated participants' non-vested accounts, used to reduce Company contributions. Allocations are based on participant earnings or account balances as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account and the participant's vested interest in employer contributions.

(4) Investments

Participants direct their investment of their contributions into various investment options offered by the Plan. Company contributions are also invested based on the participant's elections. The Plan offers a variety of options which include various funds and insurance and annuity, as well as well as mutual funds. (See Note C)

(5) Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Participants become 100 percent vested in the Company's matching contribution portion of their accounts after three years of credited service.

NOTE A - DESCRIPTION OF PLAN (Continued)

(6) Forfeited Accounts

At December 31, 2015 and 2014, forfeited non-vested accounts totaled $23,890 and $96,450, respectively. These accounts will be used to reduce future employer contributions. During the year ended December 31, 2015, employer contributions were reduced by $97,441 from forfeited non-vested accounts.

(7) Plan Termination

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

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

(1) Basis of Accounting

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America.

(2) Use of Estimates

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

(3) Risks and Uncertainties

The Plan utilizes various investment instruments that include funds that are comprised of stocks and bonds. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, 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 change could materially affect the amounts reported in the financial statements

(4) Valuation of Investments (Investment Contracts)

The Plan's investments are stated at fair value. Fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Shares of mutual funds are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. Participant loans are valued at the outstanding loan balances, which approximates fair value.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - (Continued)

(5) Funding Policy

The Company makes annual contributions to the Plan at the discretion of the Company's Board of Directors. The Company contributed $744,787 and $591,139 to the plan for the years ended December 31, 2015 and 2014, respectively.

(6) Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service which indicates that the Plan, in form, meets the requirements under Section 401 of the Internal Revenue Code and that the Plan's trust is exempt from federal income tax. The Plan administrator believes the Plan is operating in accordance with its provisions and, therefore, the Plan's trust is exempt from tax.

(7) Administrative Expenses

Certain administrative expenses were paid by the Plan, as permitted by the Plan document. All other administrative expenses were paid by the Company.

(8) Recent Account Pronouncements

In May 2015, the Financial Accounting Standards Board issued Accounting Standards Update 2015-07, Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent) ("ASU 2015-07"). ASU 2015-07 removes the requirements to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. However, sufficient information must be provided to permit a reconciliation of the fair value of assets categorized within the fair value hierarchy to the amounts presented in the statement of financial position. ASU 2015-07 also removes the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the net asset value per share practical expedient. Cross Country Healthcare, Inc. is required to adopt the provisions of ASU 2015-07 for reporting periods beginning after December 15, 2015, but early adoption is permitted. Cross Country Healthcare, Inc. will adopt ASU 2015-07 for the 2016 plan year. The adoption of ASU 2015-07 will not have a material impact on the face of the Plan's financial statements.

In July 2015, the Financial Accounting Standards Board issued Accounting Standards Update No. 2015-12, Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans Topic 962) and Health and Welfare Benefit Plans (Topic 965): Part I – Fully Benefit-Responsive Investment Contracts, Part II - Plan Investment Disclosures and Part III - Measurement Date Practical Expedient ("ASU 2015-12"). The amendments in this update remove the requirement to record fully benefit-responsive investment contracts at fair value and designate contract value as the only required measure for these contracts. The amendments also remove the requirement to disclose (a) individual investments that represent five percent or more of net assets available for benefits and (b) the net appreciation or depreciation for investments by general type, however, the net appreciation or depreciation in investments is still required to be presented in aggregate. This amendment also provides a practical expedient to permit plans to measure investments and investment related accounts as of a month end date that is closest to the plan's fiscal year end when the fiscal year period does not coincide with month end. The amendments in this Update are effective for fiscal years beginning after December 15, 2015. Early adoption is permitted. Upon adoption, the amendments shall be applied retrospectively to all periods presented. The adoption of ASU 2015-12 will not have a material impact on the face of the Plan's financial statements. The Plan will be required to modify various disclosures for fully benefit-responsive investment contracts and eliminate certain disclosures related to the Plan's investments.

NOTE C – INVESTMENTS

The Plan has a trustee who is responsible for the overall functions of the Plan. Fifth Third Bank has been appointed the Trustee of the Plan. The Trustee maintains all records of investment transactions, determines the valuation of the investment portfolio, and maintains a complete record of the trust. Information with respect to investments held and their market values, interest income and reportable transactions included in the financial statements and supplementary schedules has been certified by the custodian as being complete and accurate.

Upon enrollment in the Plan, a participant may direct its voluntary contributions into any of several investment options including guaranteed interest accounts and registered investment companies. Participants may change their investment options at their discretion. The employer's contribution is made in accordance with the employee's investment allocation percentages. If investment options have not been selected, then the contribution will be credited to the target retirement fund.

The following table provides details of investments at December 31,

2015		2014	
T. ROWE PRICE RETIREMENT BALANCED R	593,188	T. ROWE PRICE RETIREMENT BALANCED R	513,441
T. ROWE PRICE RETIREMENT 2015 FUND R	1,534,736	T. ROWE PRICE RETIREMENT 2015 FUND R	1,671,148
T. ROWE PRICE RETIREMENT 2025 FUND R	4,852,570	T. ROWE PRICE RETIREMENT 2025 FUND R	4,026,854
T. ROWE PRICE RETIREMENT 2035 FUND R	6,622,864	T. ROWE PRICE RETIREMENT 2035 FUND R	5,985,471
T. ROWE PRICE RETIREMENT 2045 FUND R	3,126,773	T. ROWE PRICE RETIREMENT 2045 FUND R	2,487,534
T. ROWE PRICE RETIREMENT 2055 FUND R	868,311	T. ROWE PRICE RETIREMENT 2055 FUND R	286,991
AMERICAN FUNDS EUROPACIFIC GROWTH FUND R3	2,731,535	AMERICAN FUNDS EUROPACIFIC GROWTH FUND R3	2,974,266
LAZARD EMERGING MARKETS OPEN	537,133	LAZARD EMERGING MARKETS OPEN	534,272
OPPENHEIMER GLOBAL FUND A	8,532,414	OPPENHEIMER GLOBAL FUND A	8,937,001
T. ROWE PRICE REAL ESTATE FUND	1,132,986	T. ROWE PRICE REAL ESTATE FUND	847,508
COLUMBIA SMALLCAP INDEX FUND - A	7,245,620	COLUMBIA SMALLCAP INDEX FUND - A	8,120,899
JP MORGAN SMALL CAP GROWTH FUND A	1,461,945	JPMORGAN SMALL CAP GROWTH FUND A	1,241,047
PERKINS SMALL CAP VALUE A	703,512	PERKINS SMALL CAP VALUE A	676,143
BARON GROWTH FUND	4,821,932	COLUMBIA ACORN FUND - A	5,429,855
COLUMBIA MID CAP INDEX A	1,460,356	COLUMBIA MID CAP INDEX A	1,544,143
T. ROWE PRICE MID CAP VALUE - ADV	1,551,370	T. ROWE PRICE MID CAP VALUE - ADV	1,410,925
COLUMBIA LARGE CAP INDEX Z	4,683,988	COLUMBIA LARGE CAP INDEX Z	4,508,975
FMI LARGE CAP	10,034,392	FMI LARGE CAP	11,090,767
HARBOR CAPITAL APPRECIATION ADM	10,543,777	HARBOR CAPITAL APPRECIATION ADM	10,682,841
INVESCO VAN KAMPEN GROWTH AND INC	4,175,043	INVESCO VAN KAMPEN GROWTH AND INC	4,551,929
AMERICAN FUNDS AMERICAN BALANCED FU	8,893,469	AMERICAN FUNDS AMERICAN BALANCED FU	9,130,309
DODGE & COX INCOME FUND	5,515,724	PIMCO REAL RETURN FUND - A	489,998
VANGUARD INFLATION - PROTECTED SECS ADM	495,278	PIMCO TOTAL RETURN - A	6,105,366
PUTNAM STABLE VALUE FUND	11,273,033	PUTNAM STABLE VALUE FUND	11,163,321
FIFTH THIRD INSTITUTIONAL MONEY MARKET	23,890	FIFTH THIRD INSTITUTIONAL MONEY MARKET	96,450
TOTALS	$103,415,839	TOTALS	$104,507,454

NOTE D - LOANS TO PARTICIPANTS

The Plan permits loans to be made to participants in the event of need by the participant, within certain limitations as defined in the Plan's provisions. At December 31, 2015 and 2014, loans to participants amounted to $885,260 and $1,032,510 respectively, and bear interest at a rate of approximately 4.25% to 10.00% per annum. The loans are secured by the participant's vested account balance in the Plan.

NOTE E – PARTY IN INTEREST TRANSACTIONS

For the year ended December 31, 2015 some of the Plan's funds were in investments managed by Fifth Third Institutional Services. Fifth Third Institutional Services was the custodian of the Plan for the year then ended; therefore, these transactions qualify as party-in-interest transactions.

Loans to participants also qualify as party-in-interest transactions.

NOTE F - FAIR VALUE MEASUREMENTS

FASB ASC No. 820, *Fair Value Measurements and Disclosures,* establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted process in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC No. 820 are described as follows:

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

The following table set financial assets measures at fair value in the Statement of Net Assets Available for Plan Benefits and the respective levels to which the fair value measurements are classified within the fair value hierarchy as of December 31, 2015:

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

NOTE F - FAIR VALUE MEASUREMENTS (Continued)

2015

	Assets Measured at Fair Value at December 31, 2015			
Investment Category	Total as of December 31, 2015	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Registered Investment Companies	$ 92,135,347	$ 92,135,347	$ -	$ -
Common/Collective Trusts	11,280,492	-	11,280,492	-
Participant Loans	885,260	-	-	885,260
	$ 104,301,099	$ 92,135,347	$ 11,280,492	$ 885,260

The table below sets forth a summary of the change in the fair value of the Plan's level 3 investment assets for the year ended December 31, 2015

	Total	Participant Loans
Beginning Balance	$ 1,032,510	$ 1,032,510
Total gains or losses (realized and unrealized)	-	-
Interest credited	36,953	36,953
Purchases, issuances and settlements (net)	(184,203)	(184,203)
Ending Balances	$ 885,260	$ 885,260

2014

	Assets Measured at Fair Value at December 31, 2014			
Investment Category	Total as of December 31, 2014	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Registered Investment Companies	$ 93,328,209	$ 93,328,209	$ -	$ -
Common/Collective Trusts	11,179,245	-	11,179,245	-
Participant Loans	1,032,510	-	-	1,032,510
	$ 105,539,964	$ 93,328,209	$ 11,179,245	$ 1,032,510

The table below sets forth a summary of the change in the fair value of the Plan's level 3 investment assets for the year ended December 31, 2014

	Total	Participant Loans
Beginning Balance	$ 916,051	$ 916,051
Total gains or losses (realized and unrealized)	-	-
Interest credited	28,731	28,731
Purchases, issuances and settlements (net)	87,728	87,728
Ending Balances	$ 1,032,510	$ 1,032,510

NOTE G – DATE OF MANAGEMENT REVIEW

Plan management have evaluated material events and transactions that have occurred after the balance sheet date and concluded that no subsequent events have occurred through the date the financial statements were issued, that require adjustment to or disclosure in these financial statements.

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

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2015 and 2014 to Schedule H of Form 5500:

	2015	2014
Net assets available for benefits per the financial statements	$ 104,347,599	$ 105,921,848
Contributions Receivable	(46,500)	(381,884)
Net assets available for benefits per Schedule H of Form 5500	$ 104,301,099	$105,539,964

SUPPLEMENTARY INFORMATION

CROSS COUNTRY HEALTHCARE, INC. 401 (k) PLAN
Plan Sponsor: Cross Country Healthcare, Inc.
EIN#13-4066229
Plan #001
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
For the Years Ended December 31, 2015 and 2014

(a) PARTY-IN INTEREST	(b) IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT	(d) COST		(e) CURRENT VALUE
	2015				
	T. ROWE PRICE RETIREMENT BALANCED R	Mutual Fund	584,238		593,188
	T. ROWE PRICE RETIREMENT 2015 FUND R	Mutual Fund	1,357,930		1,534,736
	T. ROWE PRICE RETIREMENT 2025 FUND R	Mutual Fund	4,461,403		4,852,570
	T. ROWE PRICE RETIREMENT 2035 FUND R	Mutual Fund	5,765,256	*	6,622,864
	T. ROWE PRICE RETIREMENT 2045 FUND R	Mutual Fund	2,774,331		3,126,773
	T. ROWE PRICE RETIREMENT 2055 FUND R	Mutual Fund	894,307		868,311
	AMERICAN FUNDS EUROPACIFIC GROWTH FUND R3	Mutual Fund	2,433,516		2,731,535
	LAZARD EMERGING MARKETS OPEN	Mutual Fund	708,457		537,133
	OPPENHEIMER GLOBAL FUND A	Mutual Fund	6,922,629	*	8,532,414
	T. ROWE PRICE REAL ESTATE FUND	Mutual Fund	968,944		1,132,986
	COLUMBIA SMALLCAP INDEX FUND - A	Mutual Fund	6,307,345	*	7,245,620
	JP MORGAN SMALL CAP GROWTH FUND A	Mutual Fund	1,487,103		1,461,945
	PERKINS SMALL CAP VALUE A	Mutual Fund	850,114		703,512
	BARON GROWTH FUND	Mutual Fund	5,629,461		4,821,932
	COLUMBIA MID CAP INDEX A	Mutual Fund	1,433,432		1,460,356
	T. ROWE PRICE MID CAP VALUE - ADV	Mutual Fund	1,598,601		1,551,370
	COLUMBIA LARGE CAP INDEX Z	Mutual Fund	3,646,348		4,683,988
	FMI LARGE CAP	Mutual Fund	9,673,024	*	10,034,392
	HARBOR CAPITAL APPRECIATION ADM	Mutual Fund	7,994,624	*	10,543,777
	INVESCO VAN KAMPEN GROWTH AND INC	Mutual Fund	3,620,012		4,175,043
	AMERICAN FUNDS AMERICAN BALANCED FU	Mutual Fund	7,038,406	*	8,893,469
	DODGE & COX INCOME FUND	Mutual Fund	5,641,623	*	5,515,724
	VANGUARD INFLATION - PROTECTED SECS ADM	Mutual Fund	507,432		495,278
	PUTNAM STABLE VALUE FUND	Mutual Fund	11,273,033	*	11,273,033
**	FIFTH THIRD INSTITUTIONAL MONEY MARKET	Money Market	23,890		23,890
	PARTICIPANT LOANS	Rates 4.25% to 10.00%	-		885,260
		TOTAL	$93,595,459		$104,301,099
	2014				
	T. ROWE PRICE RETIREMENT BALANCED R	Mutual Fund	476,946		513,441
	T. ROWE PRICE RETIREMENT 2015 FUND R	Mutual Fund	1,365,787		1,671,148
	T. ROWE PRICE RETIREMENT 2025 FUND R	Mutual Fund	3,290,047		4,026,854
	T. ROWE PRICE RETIREMENT 2035 FUND R	Mutual Fund	4,583,264	*	5,985,471
	T. ROWE PRICE RETIREMENT 2045 FUND R	Mutual Fund	1,891,047		2,487,534
	T. ROWE PRICE RETIREMENT 2055 FUND R	Mutual Fund	264,383		286,991
	AMERICAN FUNDS EUROPACIFIC GROWTH FUND R3	Mutual Fund	2,497,725		2,974,266
	LAZARD EMERGING MARKETS OPEN	Mutual Fund	595,708		534,272
	OPPENHEIMER GLOBAL FUND A	Mutual Fund	6,961,687	*	8,937,001
	T. ROWE PRICE REAL ESTATE FUND	Mutual Fund	690,778		847,508
	COLUMBIA SMALLCAP INDEX FUND - A	Mutual Fund	6,013,979	*	8,120,899
	JPMORGAN SMALL CAP GROWTH FUND A	Mutual Fund	1,082,320		1,241,047
	PERKINS SMALL CAP VALUE A	Mutual Fund	717,340		676,143
	COLUMBIA ACORN FUND - A	Mutual Fund	4,950,746	*	5,429,855
	COLUMBIA MID CAP INDEX A	Mutual Fund	1,269,624		1,544,143
	T. ROWE PRICE MID CAP VALUE - ADV	Mutual Fund	1,236,060		1,410,925
	COLUMBIA LARGE CAP INDEX Z	Mutual Fund	3,263,352		4,508,975
	FMI LARGE CAP	Mutual Fund	9,289,745	*	11,090,767
	HARBOR CAPITAL APPRECIATION ADM	Mutual Fund	8,037,742	*	10,682,841
	INVESCO VAN KAMPEN GROWTH AND INC	Mutual Fund	3,409,436		4,551,929
	AMERICAN FUNDS AMERICAN BALANCED FU	Mutual Fund	6,720,245	*	9,130,309
	PIMCO REAL RETURN FUND - A	Mutual Fund	531,241		489,998
	PIMCO TOTAL RETURN - A	Mutual Fund	6,426,745	*	6,105,366
	PUTNAM STABLE VALUE FUND	Mutual Fund	11,163,321	*	11,163,321
**	FIFTH THIRD INSTITUTIONAL MONEY MARKET	Money Market	96,450		96,450
	PARTICIPANT LOANS	Rates 4.25% to 10.00%	-		1,032,510
		TOTAL	$86,825,718		$105,539,964

* Investments represents 5% or more of total net assets

** A party in interest, as defined by the Employee Retirement Income Security Act of 1974, as amended

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

The Cross Country Healthcare, Inc. 401(k) Plan
01-JAN-15 to 31-DEC-15

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1RRTIX			584,238.04	593,188.35
1RRTMX			1,357,930.47	1,534,736.00
1RRTNX			4,461,403.06	4,852,569.93
1RRTPX			5,765,256.48	6,622,863.81
1RRTRX			2,774,330.69	3,126,773.01
1RRTVX			894,307.17	868,310.95
1RERCX			2,433,515.75	2,731,535.05
1LZOEX			708,456.80	537,132.59
1OP-GLB			6,922,629.19	8,532,414.48
1TRREX			968,943.72	1,132,985.92
1NMSAX			6,307,345.24	7,245,620.04
1PGSGX			1,487,102.86	1,461,945.39
1JDSAX			850,114.49	703,511.79
1BGRFX			5,629,461.48	4,821,932.07
1NTIAX			1,433,431.81	1,460,356.43
1TAMVX			1,598,600.61	1,551,370.28
1NINDX			3,646,347.50	4,683,987.59
1FMIHX			9,673,024.07	10,034,392.27
1HRCAX			7,994,623.70	10,543,776.55
1ACGLX			3,620,011.72	4,175,043.38
1RLBCX			7,038,406.30	8,893,469.07
1DC-INC			5,641,623.05	5,515,723.94
1VAIPX			507,431.50	495,277.94
1PCSV25			11,273,032.84	11,273,032.82
			93,571,568.54	**103,391,949.65**
PARTICIPANT LOANS	VARIOUS	4.250-10.000	886,005.56	885,260.01
FORFEITURES			23,889.79	23,889.79

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 13-4066229

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

The Cross Country Healthcare, Inc. 401(k) Plan
01-JAN-15 to 31-DEC-15

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1RRTIX	T. Rowe Price Retirement Balanced R	1RRTMX	T. Rowe Price Retirement 2015 R
1RRTNX	T. Rowe Price Retirement 2025 R	1RRTPX	T. Rowe Price Retirement 2035 R
1RRTRX	T. Rowe Price Retirement 2045 R	1RRTVX	T. Rowe Price Retirement 2055 R
1RERCX	American Funds EuroPacific Gr R3	1LZOEX	Lazard Emerging Markets Open
1OP-GLB	Oppenheimer Global Fund A	1TRREX	T. Rowe Price Real Estate
1NMSAX	Columbia Small Cap Index A	1PGSGX	J P Morgan Small Cap Growth A
1JDSAX	Perkins Small Cap Value A	1BGRFX	Baron Growth Fund
1NTIAX	Columbia Mid Cap Index A	1TAMVX	T. Rowe Price Mid Cap Value - Adv
1NINDX	Columbia Large Cap Index Z	1FMIHX	FMI Large Cap
1HRCAX	Harbor Capital Appreciation Adm	1ACGLX	Invesco Growth & Income R
1RLBCX	American Funds American Balanced R3	1DC-INC	Dodge & Cox Income Fund
1VAIPX	Vanguard Inflation-Protected Secs Adm	1PCSV25	Putnam Stable Value Fund

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year