

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 <u>01/01/2015</u> and ending <u>12/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>ASC 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u> 1c Effective date of plan <u>05/01/2002</u>
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) <u>ALTERNATIVE SERVICE CONCEPTS, LLC</u> <u>2501 MCGAVOCK PIKE SUITE 802</u> <u>NASHVILLE, TN 37214</u>	2b Employer Identification Number (EIN) <u>43-1954328</u> 2c Plan Sponsor's telephone number <u>615-360-1346</u> 2d Business code (see instructions) <u>524290</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/14/2016</u>	<u>PAMELA FINCH</u>
	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 ☒ 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: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 156
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) 119
a(2) Total number of active participants at the end of the plan year	6a(2) 118
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 34
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 152
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 152
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 124
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 7
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 3B 3D	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (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) ☒ 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) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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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 A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110
		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 ASC 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 ALTERNATIVE SERVICE CONCEPTS, LLC	D Employer Identification Number (EIN) 43-1954328	

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

(a) Name of insurance carrier
GREAT WEST LIFE AND ANNUITY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	454850-01	63	01/01/2015	12/31/2015

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
2860	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

RAYMOND JAMES FINANCIAL SERVICES
150 3RD AVE S STE 800
NASHVILLE, TN 37201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2860			3

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

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	930432
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year	7b	939645
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c Additions: (1) Contributions deposited during the year	7c(1)	73279	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	11408	
(4) Transferred from separate account	7c(4)	75158	
(5) Other (specify below)	7c(5)	11408	
▶ LOAN PAYMENTS			

(6) Total additions	7c(6)	171253
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d Total of balance and additions (add lines 7b and 7c(6))	7d	1110898
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	78828	
(2) Administration charge made by carrier	7e(2)	359	
(3) Transferred to separate account	7e(3)	101279	
(4) Other (specify below)	7e(4)		
▶			

(5) Total deductions	7e(5)	180466
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	930432
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	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 ASC 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ALTERNATIVE SERVICE CONCEPTS, LLC	D Employer Identification Number (EIN) 43-1954328	

Part I	Service Provider Information (see instructions)
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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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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)

RAYMOND JAMES FINANCIAL SERVICES

880 CARILON PARKWAY
ST PETERSBURG, FL 33716

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55	BROKER/ADVISER	0	Yes ☒ No ☐	Yes ☐ No ☒	17811	Yes ☐ No ☒

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

ADVISED ASSET GROUP

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
28	INVESTMENT MGMT	3292	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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	350	Yes ☒ No ☐	Yes ☒ No ☐	0	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
RAYMOND JAMES FINANCIAL SERVICES	55	17811

(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.
GREAT-WEST LIFE & ANNUITY INSURANCE 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	OTHER COMMISSIONS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 <u>01/01/2015</u> and ending <u>12/31/2015</u>		
A Name of plan <u>ASC 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ALTERNATIVE SERVICE CONCEPTS, LLC</u>	D Employer Identification Number (EIN) <u>43-1954328</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	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)	143636	118948
	(9) Value of interest in common/collective trusts	1c(9)	0	0
	(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)	5687944	5793352
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	939645	930432
	(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	6771225	6842732

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	6771225	6842732
---	-----------	---------	---------

Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	177012	
(B) Participants	2a(1)(B)	410651	
(C) Others (including rollovers)	2a(1)(C)	8801	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		596464

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)	5647	
(F) Other	2b(1)(F)	11408	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		17055
(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)	404120	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		404120
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-519366
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		498273

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	409405	
(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)		409405
f Corrective distributions (see instructions)	2f		10333
g Certain deemed distributions of participant loans (see instructions)	2g		3386
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	350	
(3) Investment advisory and management fees	2i(3)	3292	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		3642
j Total expenses. Add all expense amounts in column (b) and enter total	2j		426766

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		71507
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) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: **STONE, RUDOLPH AND HENRY, PLC**

(2) EIN: **62-0811623**

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

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

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

A Name of plan <u>ASC 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ALTERNATIVE SERVICE CONCEPTS, LLC</u>	D Employer Identification Number (EIN) <u>43-1954328</u>

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	<u>0</u>
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): <u>20-3691708</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____			
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2015
v. 150123

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
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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

ASC 401(K) PLAN

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2015 AND 2014

TABLE OF CONTENTS

Independent Auditor's Report.....	1
Financial Section:	
Statements of Net Assets Available for Benefits.....	3
Statements of Changes in Net Assets Available for Benefits.....	4
Notes to Financial Statements.....	5
Supplemental Information:	
Schedule H, line 4i -- Schedule of Assets (Held at End of Year).....	15



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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
ASC 401(k) Plan
Nashville, Tennessee

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of ASC 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

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Great-West Trust Company, LLC, the custodian for the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2015 and 2014, that the information provided to the Plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2015 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 custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Stone Rudolph & Henry, PLC

Clarksville, Tennessee
September 30, 2016

ASC 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2015 AND 2014

	<u>ASSETS</u>	
	<u>2015</u>	<u>2014</u>
Investments, at fair value:		
Mutual funds	\$ 5,793,352	\$ 5,687,944
Guaranteed investment contract	<u>930,432</u>	<u>939,645</u>
Total investments	6,723,784	6,627,589
Receivables:		
Notes receivable from participants	<u>118,948</u>	<u>143,636</u>
Total assets	6,842,732	6,771,225
	<u>LIABILITIES</u>	
Liabilities	<u>-</u>	<u>-</u>
Net assets available for benefits	<u>\$ 6,842,732</u>	<u>\$ 6,771,225</u>

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

ASC 401(K) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2015 AND 2014

	<u>2015</u>	<u>2014</u>
Additions to net assets:		
Contributions:		
Employer	\$ 177,012	\$ 160,632
Participant	410,651	399,284
Rollover	8,801	-
	<u>596,464</u>	<u>559,916</u>
Investment income:		
Interest and other income from:		
Mutual funds and corporate bonds	404,120	382,216
Guaranteed investment contracts	11,408	10,694
Notes receivable from participants	5,647	5,267
	<u>421,175</u>	<u>398,177</u>
Net appreciation (depreciation) in fair value of investments	<u>(519,366)</u>	<u>25,420</u>
Total additions	<u>498,273</u>	<u>983,513</u>
Deductions from net assets:		
Administrative fees	3,642	3,330
Benefits paid to participants	423,124	427,397
Total deductions	<u>426,766</u>	<u>430,727</u>
Net increase in net assets	71,507	552,786
Net assets available for benefits:		
Beginning of year	<u>6,771,225</u>	<u>6,218,439</u>
End of year	<u><u>\$ 6,842,732</u></u>	<u><u>\$ 6,771,225</u></u>

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

ASC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2015 AND 2014

1. Description of Plan

The following description of the ASC 401(k) Plan (the “Plan”) is provided for general information purposes only. Participants may review the Plan adoption agreement for a more complete presentation of the Plan’s provisions. The Plan was adopted on May 1, 2002, by its sponsor, Alternative Service Concepts, LLC (the “Company”).

General

The Plan is a defined contribution plan that provides retirement and other benefits for all eligible employees of the Company. Employees are eligible to participate after completing three months of employment and may enroll on the first day of any quarter. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Plan Administration

Administration of the Plan is the responsibility of the Company and the Plan administrator, a designated Senior Vice President of the Company. In addition, Great-West Trust Company, LLC, has been appointed “Trustee” of the Trust which serves as custodian of the Plan assets. Great West Retirement Services serves as Agent of the Trustee. The Agent of the Trustee is responsible for executing various transactions and performing other trustee duties as specified in the Trust Agreement. The Company pays certain operating expenses incurred in the ongoing administration of the Plan.

Contributions

Participants in the Plan may elect to contribute through salary deferrals (i.e. payroll deductions) an amount not less than one percent or more than twenty percent of their earnings, as defined in the Plan’s adoption agreement. The maximum annual contribution for each participant (\$18,000 and \$17,500 for calendar years 2015 and 2014, respectively) may be adjusted annually for inflation by federal statute. Participants may elect to change their contribution percentage or cease salary deferrals into the Plan effective with the first payroll of each month.

Additional contributions, called “catch-up” contributions, are allowed for employees who are age 50 or older by the end of the calendar year in which the catch-up contributions are made. Qualifying participants can make the additional contributions (limited to \$6,000 and \$5,500 for calendar years 2015 and 2014, respectively) once the participant’s regular contributions have reached the maximum annual deferral limit prescribed by federal statute. Catch-up contributions are excluded from the Company’s matching contributions.

During 2015 and 2014, the Company made matching contributions to the Plan equal to 100% of the lesser of: (1) each participant’s total contributions to the Plan, or (2) 3% of the participant’s earnings. Company matching contributions are allocated to participants each pay period.

Participant Accounts

Each participant's account is credited with the participant's salary deferral contributions, the Company's matching contributions and an allocable portion of the Plan’s net investment earnings. Participant accounts are charged with an allocable portion of Plan losses and administrative expenses. Allocations are based on participant account balances, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

ASC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS (CONT'D)
DECEMBER 31, 2015 AND 2014

1. Description of Plan (Cont'd)

Vesting

Participants are immediately vested in their voluntary contributions, including any rollovers, plus actual earnings thereon. Vesting in the remainder of the account is based on years of service, as follows:

<u>Years of Service</u>	<u>Vesting</u>
1	20%
2	40%
3	60%
4	80%
5 or more	100%

Forfeitures

At December 31, 2015 and 2014, forfeited nonvested accounts totaled \$2 and \$3, respectively. These accounts will be used to reduce future employer contributions. During the years ended December 31, 2015 and 2014, employer contributions were reduced by \$7,341 and \$14,363, respectively, from forfeited nonvested accounts.

Investment Options

All investments within the Plan are participant directed. An investment election form is initially completed by each participant upon enrollment in the Plan. Participants may elect to invest their entire account, or any portion thereof, in one or more of the following investment options:

Mutual Funds: Twenty-six options that offer participants the opportunity to invest in shares of specified mutual funds.

Corporate Bonds: Two options that offer participants the opportunity to invest in bonds of corporate entities.

Guaranteed Investment Contract: A group annuity contract that offers participants a stable value option for their principal balances while earning interest at an annually guaranteed rate (1.20% for 2015 and 1.25% for 2014). The underlying contract value is backed by the general assets of Great West Life and Annuity Insurance Company and represents a concentration of credit risk. The Plan typically does not obtain collateral with respect to financial instruments subject to credit risk.

Distributions to Participants

Upon termination of service due to attainment of normal retirement age, death, or permanent disability (each as defined by the Plan), a participant will receive the vested value of his or her account in a lump sum distribution. The participant may delay the distribution of the vested value if his or her account exceeds \$5,000. Upon termination of employment for any reason other than retirement, death, or disability, the vested value of the participant's account will be paid in a lump sum distribution, if not greater than \$5,000, or as directed by participant if exceeding \$5,000.

ASC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS (CONT'D)
DECEMBER 31, 2015 AND 2014

1. Description of Plan (Cont'd)

Distributions to Participants (Cont'd)

Withdrawal of part or all of a participant's account may be authorized by the Plan administrator prior to termination of employment if the participant experiences a financial hardship, as defined. Participants who receive a hardship withdrawal may not make additional contributions to the Plan for a period of at least six months.

Notes Receivable from Participants

Participant loans are limited to the lesser of 50% of the vested portion of a participant's account balance or \$50,000 less the highest outstanding total loan balance during the previous twelve-month period. The minimum amount of each loan is \$1,000. Loans are secured by the balance of the participant's account and bear interest at a commercially reasonable rate and are repaid through payroll deductions over a period generally not to exceed five years, unless the loan is used to acquire a home at which time the loan term would be extended over a reasonable period of time. Interest income is recorded on the accrual basis. Credit risk for participant loans is considered to be minimal. A non-refundable setup and maintenance fee of \$150 per loan is charged to the participant and deducted from his or her account after the loan is processed.

Plan Termination

The Company expects the Plan to continue indefinitely. However, the Company retains the right under the Plan to discontinue Company contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event of Plan termination, the participants shall become 100% vested in their accounts.

Date of Management's Review

Subsequent events have been evaluated through September 30, 2016, which is the date the financial statements were available to be issued.

2. Summary of Significant Accounting Policies

Basis of Accounting

The Plan prepares its financial statements in conformity with U. S. generally accepted accounting principles using the accrual method of accounting.

Plan Year End

The Plan year end is December 31.

Valuation of Investments

The Plan's investments are stated at fair value based upon quoted market prices of the underlying investment, as certified by Great-West Trust Company, LLC. Fair value is the price that would be received to sale an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Net realized gains or losses from dispositions and the net unrealized gain or loss from changes in fair value are combined and presented in the "Statement of Changes in Net Assets Available for Benefits" as "Net appreciation (depreciation) in fair value of investments." Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis using the simple interest method.

ASC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS (CONT'D)
DECEMBER 31, 2015 AND 2014

2. Summary of Significant Accounting Policies (Cont'd)

Contributions Receivables

The Plan records a receivable at December 31 whenever employer or participant contributions attributable to that Plan year are not received by the Plan until the following Plan year. Due to the nature of the receivable, an allowance for uncollectible contributions receivable is generally unnecessary.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates. Significant estimates used in preparing these financial statements principally include those assumed in establishing the fair values and contract value of investments. It is at least reasonably possible that the significant estimates used by the Plan administrator will change within the next year and that such changes could materially affect the amounts reported in the financial statements.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. An allowance for uncollectible notes receivable from participants is generally considered unnecessary because the outstanding loan balances are collateralized by the vested portions of the respective participants' account balances.

Payment of Benefits

Benefit payments to participants are recorded upon distribution. Amounts allocated to accounts of persons who have elected to withdraw from the Plan but have not yet been paid were \$-0- at December 31, 2015 and 2014.

3. Related Party Transactions

All Plan investments are managed by Great-West Trust Company, LLC, the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Great-West serves as the third party administrator of the Plan. Therefore, these transactions also qualify as party-in-interest transactions. Fees paid to the trustee and the third party administrators by the Plan were \$3,642 and \$3,330 for the years ended December 31, 2015 and 2014, respectively.

4. Investments and Related Information Certified by the Trustee

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan's independent auditor did not perform any auditing procedures with respect to the information certified to as complete and accurate by Great-West Trust Company, LLC, except for comparing such information to the related financial statements and supplemental schedule of assets (held at end of year). Accordingly, all information presented in the accompanying financial statements and supplemental schedule pertaining to investments held at December 31, 2015 and 2014, and investment income and net appreciation (depreciation) in fair value of investments for the Plan years then ended, was obtained from certifications by Great-West Trust Company, LLC, and is therefore unaudited.

ASC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS (CONT'D)
DECEMBER 31, 2015 AND 2014

4. Investments and Related Information Certified by the Trustee (Cont'd)

Following is a summary of unaudited information pertaining to the Plan:

	<u>2015</u>	<u>2014</u>
STATEMENTS OF NET ASSETS:		
Investments:		
Mutual funds and bonds	\$ 5,793,352	\$ 5,687,944
Guaranteed investment contract	930,432	939,645
Notes receivable from participants	<u>118,948</u>	<u>143,636</u>
Total unaudited assets	<u>\$ 6,842,732</u>	<u>\$ 6,771,225</u>
STATEMENTS OF CHANGES IN NET ASSETS		
Investment income:		
Net appreciation (depreciation)		
in fair value of investments	\$ (519,366)	\$ 25,420
Mutual funds and corporate bonds	404,120	382,216
Guaranteed investment contract	11,408	10,694
Notes receivable from participants	<u>5,647</u>	<u>5,267</u>
Total unaudited investment income (loss)	<u>\$ (98,191)</u>	<u>\$ 423,597</u>

The Plan's investments that represented five percent (5%) or more of the Plan's "Net Assets Available for Benefits" at December 31, 2015 and 2014, were as follows:

	<u>2015</u>	<u>2014</u>
American Funds Growth Fund	\$ 760,935	\$ 730,034
Dreyfus Opportunistic Midcap Value Fund	485,009	576,097
Great-West S&P 500 Index Fund	406,414	416,121
MFS Value A Fund	968,252	967,057
Oakmark Equity & Income II Fund	602,561	767,205
PIMCO Total Return Fund	550,763	537,412
Guaranteed investment contract	930,432	939,645

5. Fair Value Measurements

FASB ASC 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 prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurement). The three levels of the fair value hierarchy under FASB ASC 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.

ASC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS (CONT'D)
DECEMBER 31, 2015 AND 2014

5. Fair Value Measurements (Cont'd):

Level 2: Inputs to the valuation methodology include:

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

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

The asset 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 maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value.

Level 1 Fair Value Measurements: The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year end. The fair value of corporate bonds are valued at the closing price reported in the active market in which the bond is traded.

Level 3 Fair Value Measurements: The guaranteed investment contract with an insurance company is not actively traded and significant other observable inputs are not available. The fair value is based on the discounted cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015:

	Assets at Fair Value			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
U.S. growth funds	\$ 1,631,459	\$ -	\$ -	\$ 1,631,459
U.S. blend funds	950,252	-	-	950,252
U.S. value funds	1,343,059	-	-	1,343,059
International growth funds	557,215	-	-	557,215
International blend	490,654	-	-	490,654
International value funds	174,499	-	-	174,499
Corporate bonds	646,214	-	-	646,214
Guaranteed investment contract	-	-	930,432	930,432
Total	<u>\$ 5,793,352</u>	<u>\$ -</u>	<u>\$ 930,432</u>	<u>\$ 6,723,784</u>

ASC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS (CONT'D)
DECEMBER 31, 2015 AND 2014

5. Fair Value Measurements (Cont'd)

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

	<u>Assets at Fair Value</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds:				
U.S. growth funds	\$ 1,642,429	\$ -	\$ -	\$ 1,642,429
U.S. blend funds	828,593	-	-	828,593
U.S. value funds	1,427,824	-	-	1,427,824
International growth funds	428,185	-	-	428,185
International blend	578,905	-	-	578,905
International value funds	160,391	-	-	160,391
Corporate bonds	621,617	-	-	621,617
Guaranteed investment contract	-	-	939,645	939,645
Total	<u>\$ 5,687,944</u>	<u>\$ -</u>	<u>\$ 939,645</u>	<u>\$ 6,627,589</u>

The following table sets forth a summary of changes in the fair value of the plan's level 3 assets for the year ended December 31, 2015:

	<u>Level 3 Assets</u>
	<u>Guaranteed Investment Contract</u>
Balance at December 31, 2014	\$ 939,645
Realized gains/(losses)	-
Interest income	11,408
Purchases, sales, issuances and settlements (net)	(20,621)
Balance at December 31, 2015	<u>\$ 930,432</u>

6. Guaranteed Investment Contract with Great-West Life & Annuity Insurance Company

In 2002, the Plan entered into a fully benefit-responsive guaranteed investment contract with Great-West Life & Annuity Insurance Company ("Great-West"). Great-West maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at fair value with an adjustment to contract value in arriving at net assets available for benefits. Contract value, as reported to the Plan by Great-West, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

ASC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS (CONT'D)
DECEMBER 31, 2015 AND 2014

6. Guaranteed Investment Contract with Great-West Life & Annuity Insurance Company (Cont'd)

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are reviewed on an quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator believes that any events that would limit the Plan's ability to transact at contract value with participants are probable of not occurring. Either party to the guaranteed investment contract may terminate the contract with at least 60 days advance written notice to the other party.

The average yields earned by the guaranteed investment contract are as follows:

Average yields:	<u>2015</u>	<u>2014</u>
Based on actual earnings	1.20%	1.25%
Based on interest rate credited to participants	1.20%	1.25%

7. Tax Status

The Company's Plan is based on a "prototype non-standardized profit sharing plan with cash or deferred arrangement" that was developed by a commercial benefit plan provider. The "prototype" form was submitted to the Internal Revenue Service, who responded to the commercial plan provider in its letter dated August 7, 2001, that the form of the "prototype" plan is acceptable under Section 401 for use by employers for the benefit of their employees. Although a determination letter has not been requested specifically for the Company's Plan, as amended, the Plan administrator believes the plan is designed and currently being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, the Plan's administrator believes that the Plan was duly qualified as a tax-exempt trust as of the latest financial statement date and intends for the Plan to continue in such a manner. The Plan is no longer subject to federal, state and local income tax examinations by tax authorities for fiscal years ended before December 31, 2012.

Plan participants are not subject to federal income taxes on contributions to their accounts or the related account earnings until they receive a distribution from the Plan. Distributions that are rolled over to another qualified retirement plan generally continue to be tax deferred until ultimate distribution to the participant.

8. Risks and Uncertainties – Investments

Financial instruments that potentially subject the Plan to significant concentrations of credit risk consist principally of cash, a guaranteed investment contract and mutual funds. The Plan places its cash with federally-insured financial institutions. The Plan's investment in a guaranteed investment contract is also subject to credit risk in that the collectability of the contract principal and earnings is not insured or guaranteed, but rather is dependent upon the financial ability of the contract issuer to make such payments at maturity. The Plan's mutual funds include investments which are inherently exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk

ASC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS (CONT'D)
DECEMBER 31, 2015 AND 2014

8. Risks and Uncertainties – Investments (Cont'd)

associated with certain mutual funds, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participant account balances and the amounts reported in the accompanying “Statement of Net Assets Available for Benefits.”

9. Reconciliation of Financial Statements to Form 5500

In accordance with the instructions to IRS Form 5500, investment income from registered investment companies is to be reported as a component of the “Net investment gain (loss)” for the reporting period. For financial reporting purposes, investment income from such investments is to be reported as a separate line item on the “Statement of Changes in Net Assets Available for Benefits.”

The financial statement caption “Net assets available for benefits,” presented on pages 3 and 4 of the accompanying financial statements, is synonymous with the caption “Net assets” presented in Part 1, Line 11 of Schedule H to Form 5500.

The financial statement caption “Net increase (decrease) in net assets,” presented on page 4 of the accompanying financial statements for the year ended December 31, 2015, is synonymous with the caption “Net income (loss)” presented in Part II, Line 2k of Schedule H to Form 5500.

SUPPLEMENTAL SCHEDULE

ASC 401(K) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2015

Name of plan ASC 401(k) Plan	Three-digit plan number	001
Plan sponsor's name as shown on line 2a of Form 5500 Alternative Service Concepts, LLC	Employer Identification Number 43-1954328	

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	Great-West Life & Annuity Insurance Co.	American Funds Europacific Gr R3	N/A	\$ 245,638
*	Great-West Life & Annuity Insurance Co.	American Funds Fundamental Inv R3	N/A	50,905
*	Great-West Life & Annuity Insurance Co.	American Funds Growth Fund of Amer R3	N/A	760,935
*	Great-West Life & Annuity Insurance Co.	American Funds New Perspective R3	N/A	71,463
*	Great-West Life & Annuity Insurance Co.	BlackRock Health Sciences Opps Inv A	N/A	87,225
*	Great-West Life & Annuity Insurance Co.	Clearbridge Small Cap Growth A	N/A	135,713
*	Great-West Life & Annuity Insurance Co.	Dreyfus Opportunistic Midcap Value A	N/A	485,009
*	Great-West Life & Annuity Insurance Co.	Eaton Vance Atlanta Capital SMID-Cap A	N/A	16,670
*	Great-West Life & Annuity Insurance Co.	Great-West Aggressive Profile II Fund I	N/A	5,519
*	Great-West Life & Annuity Insurance Co.	Great-West Conserv Profile II Fund I	N/A	12,291
*	Great-West Life & Annuity Insurance Co.	Great-West Lifetime 2015 Fund II T1	N/A	40,856
*	Great-West Life & Annuity Insurance Co.	Great-West Lifetime 2025 Fund II T1	N/A	236,457
*	Great-West Life & Annuity Insurance Co.	Great-West Lifetime 2035 Fund II T1	N/A	20,306
*	Great-West Life & Annuity Insurance Co.	Great-West Lifetime 2045 Fund II T1	N/A	97,732
*	Great-West Life & Annuity Insurance Co.	Great-West Lifetime 2055 Fund II T1	N/A	35,373
*	Great-West Life & Annuity Insurance Co.	Great-West Loomis Sayles Bond Fund I	N/A	95,451
*	Great-West Life & Annuity Insurance Co.	Great-West Moderate Profile II Fund I	N/A	5,645
*	Great-West Life & Annuity Insurance Co.	Great-West S&P 500 Index Fund I	N/A	406,414
*	Great-West Life & Annuity Insurance Co.	Great-West S&P Smallcap 600 Index Fund I	N/A	44,399
*	Great-West Life & Annuity Insurance Co.	Great-West T Rowe Price Midcap Gr Fund I	N/A	219,618
*	Great-West Life & Annuity Insurance Co.	Invesco Small Cap Value A	N/A	168,431
*	Great-West Life & Annuity Insurance Co.	Ivy Science & Technology Y	N/A	506
*	Great-West Life & Annuity Insurance Co.	MFS Value A	N/A	968,252
*	Great-West Life & Annuity Insurance Co.	Oakmark Equity & Income II	N/A	602,561
*	Great-West Life & Annuity Insurance Co.	Oakmark International II	N/A	174,499
*	Great-West Life & Annuity Insurance Co.	PIMCO Total Return Admin	N/A	550,763
*	Great-West Life & Annuity Insurance Co.	Ridgeworth Mid-Cap Value Equity I	N/A	206,376
*	Great-West Life & Annuity Insurance Co.	T. Rowe Price Blue Chip Growth Adv	N/A	48,345
*	Great-West Life & Annuity Insurance Co.	Guaranteed Investment Contract	N/A	930,432
*	Notes Receivable from Participants	4.25%	-	118,948
				<u>\$ 6,842,732</u>

* Indicates party-in-interest

See independent auditor's report.

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IMX15M1			43,831.51	40,856.15
IMX25M1			262,069.54	236,456.34
IMX35M1			22,284.28	20,306.24
IMX45M1			91,280.42	97,731.97
IMX55M1			34,408.88	35,373.07
IPBA XCP			13,540.99	12,291.08
IPBAXMP			6,341.67	5,644.83
IPBAXAP			6,231.43	5,519.16
192AFEP			224,642.17	245,638.55
198AFNP			76,863.20	71,463.25
IOARIX			185,577.25	174,499.16
ISHSAX			98,963.57	87,224.64
IWSTYX			539.61	506.28
IMXIN6			48,266.56	44,398.99
IVSCAX			202,451.31	168,430.68
ISASMX			141,909.08	135,712.65
IDMCVX			653,071.91	485,008.72
IEAASX			17,560.41	16,669.97
IMGRXTM			228,723.34	219,617.82
ISMV/TX			227,034.47	206,375.39
IRFNCX			52,509.41	50,905.27
195AFGF			612,629.48	760,935.18
194MX5			296,418.75	406,414.38
IMEIAX			741,828.15	968,252.21
IPABGX			47,661.30	48,345.03
IOARBX			594,996.78	602,560.77
IBMSXLC			105,133.50	95,450.79
IPTRAX			599,002.12	550,762.46
IKGPF		1.200	881,709.20	930,431.49
			6,517,480.29	6,723,782.52
PARTICIPANT LOANS	VARIOUS	4.250-4.250	118,948.36	118,948.36
FORFEITURES			1.57	1.51

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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LEGEND

INVESTMENT OPTION:

1MX15M1 Great-West Lifetime 2015 Fund II T1
1MX35M1 Great-West Lifetime 2035 Fund II T1
1MX55M1 Great-West Lifetime 2055 Fund II T1
1PBAXMP Great-West Moderate Profile II Fund I
192AFEP American Funds EuroPacific Gr R3
1OARIX Oakmark International II
1WSTYX Ivy Science & Technology Y
1VSCAX Invesco Small Cap Value A
1DMCVX Dreyfus Opportunistic Midcap Value A
1MGRXTM Great-West T Rowe Price MidCap Gr Fund I
1RFNCX American Funds Fundamental Invs R3
194MX5 Great-West S&P 500 Index Fund I
1PABGX T. Rowe Price Blue Chip Growth Adv
1BMSXLC Great-West Loomis Sayles Bond Fund I
1KGPF Key Guaranteed Portfolio Fund

1MX25M1 Great-West Lifetime 2025 Fund II T1
1MX45M1 Great-West Lifetime 2045 Fund II T1
1PBAXCP Great-West Conserv Profile II Fund I
1PBAXAP Great-West Aggressive Profile II Fund I
198AFNP American Funds New Perspective R3
1SHSAX BlackRock Health Sciences Opps Inv A
1MXIN6 Great-West S&P SmallCap 600 Index Fund I
1SASMX ClearBridge Small Cap Growth A
1EAASX Eaton Vance Atlanta Capital SMID-Cap A
1SMVTX RidgeWorth Mid-Cap Value Equity I
195AFGF American Funds Growth Fund of Amer R3
1MEIAX MFS Value A
1OARBX Oakmark Equity & Income II
1PTRAX PIMCO Total Return Admin

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