

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
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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>EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
		1c Effective date of plan	<u>01/01/1994</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>EXECUSTAFF HR, INC.</u>			
<u>6070 HELLYER AVENUE</u>	<u>6070 HELLYER AVENUE</u>	2b Employer Identification Number (EIN)	<u>27-0037153</u>
<u>SAN JOSE, CA 95138</u>	<u>SAN JOSE, CA 95138</u>	2c Plan Sponsor's telephone number	<u>408-364-2800</u>
		2d Business code (see instructions)	<u>541990</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	Filed with authorized/valid electronic signature.	10/14/2016	SUSAN J. JOCHHEIM
	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 1204
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) 927
a(2) Total number of active participants at the end of the plan year	6a(2) 1022
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 375
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 1397
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 1397
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g 973
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (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 Department of Labor Employee Benefits Security Administration 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 EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 EXECUSTAFF HR, INC.	D Employer Identification Number (EIN) 27-0037153	

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

VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(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
71-0294708	86509	875763	973	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 117989	(b) Total amount of fees paid 23096
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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

QUINTES ADMINISTRATIVE AND INSUR
1188 PADRE DRIVE
SUITE 200
SALINAS, CA 93901

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
72649			3

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

GAWLICK RETIREMENT SERVICES
6455 ALMADEN EXPWY STE 100
SAN JOSE, CA 95120

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
45340			3

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

Schedule A (Form 5500) 2015
v. 150123

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

QUINTES ADMINISTRATIVE AND INSUR

1188 PADRE DRIVE
SUITE 200
SALINAS, CA 93901

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	23096	TPA ADMINISTRATION FEE	5

(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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	
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 ▶ OTHER-GROUP PENSION FUNDING		
b	Balance at the end of the previous year	7b	4033831
c	Additions: (1) Contributions deposited during the year	7c(1)	469358
	(2) Dividends and credits	7c(2)	0
	(3) Interest credited during the year	7c(3)	120403
	(4) Transferred from separate account	7c(4)	
	(5) Other (specify below)..... ▶ LOAN REPAYMENTS POSITIVE VALUE ADJUSTMENTS	7c(5)	18731
	(6) Total additions	7c(6)	608492
d	Total of balance and additions (add lines 7b and 7c(6))	7d	4642323
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	398832
	(2) Administration charge made by carrier	7e(2)	1984
	(3) Transferred to separate account	7e(3)	372652
	(4) Other (specify below)..... ▶ LOAN DISBURSEMENTS NEGATIVE VALUE ADJUSTMENTS	7e(4)	8977
	(5) Total deductions	7e(5)	782445
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	3859878

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)	
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)	
(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)	
(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. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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 EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 EXECUSTAFF HR, INC.	D Employer Identification Number (EIN) 27-0037153	

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
VOYA RETIREMENT INS AND ANNUITY CO
71-0294708

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

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

MORNINGSTAR

36-3297908

(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?
26 27	SERVICE PROVIDER	700	Yes ☒ No ☐	Yes ☐ No ☒	17665	Yes ☐ No ☒

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

VOYA RETIREMENT INS AND ANNUITY CO

71-0294708

(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?
26 27	SERVICE PROVIDER	0	Yes ☒ No ☐	Yes ☒ No ☐	17665	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 ☐

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
MORNINGSTAR	27	17665

(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.	
VOYA RETIREMENT INS AND ANNUITY CO 71-0294708	INVESTMENT ADVISORY	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VOYA RETIREMENT INS AND ANNUITY CO	27	17665

(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.	
VOYA RETIREMENT INS AND ANNUITY CO 71-0294708	INVESTMENT ADVISORY	

(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 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.
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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>EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>EXECUSTAFF HR, INC.</u>	D Employer Identification Number (EIN) <u>27-0037153</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: MAP CONTRACT SEPARATE ACCOUNT D

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>47672983</u>
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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)
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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)
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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)
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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 <u>01/01/2015</u> and ending <u>12/31/2015</u>		
A Name of plan <u>EXECUSTAFF HR, INC. MULTIPLE EMPLOYER 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>EXECUSTAFF HR, INC.</u>	D Employer Identification Number (EIN) <u>27-0037153</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		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	360836	371707
	(2) Participant contributions	1b(2)	17500	350
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)	376147	418083
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)	41445495	43796062
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	9775	17044
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	4033831	3859878
	(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	46243584	48463124

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	35129	68169
k Total liabilities (add all amounts in lines 1g through 1j)	1k	35129	68169

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	46208455	48394955
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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)	1296341	
(B) Participants	2a(1)(B)	6986414	
(C) Others (including rollovers)	2a(1)(C)	445383	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		8728138
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	16744	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		16744
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	118119	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		118119
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(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)		
(B) Other	2b(5)(B)		
(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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-51567
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		8811434

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

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4733831	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4733831
f Corrective distributions (see instructions)	2f		68169
g Certain deemed distributions of participant loans (see instructions)	2g		39340
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	21331	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		21331
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4862671

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3948763
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		1762263

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: ARMANINO, LLP

(2) EIN: 94-6214841

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.)		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.)		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.)		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			500000
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.				
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)
BELLWETHER 401(K) PLAN	26-1914515	001
TRINET 401(K)	48-1304650	334

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>EXECUSTAFF HR, INC. MULTIPLE EMPLOYER 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>EXECUSTAFF HR, INC.</u>	D Employer Identification Number (EIN) <u>27-0037153</u>

Part I	Distributions
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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>71-0294708</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
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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.
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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

Execustaff HR, Inc. Multiple Employer Plan

Financial Statements and
Supplemental Schedule

As of December 31, 2015 and 2014
and for the Year Ended December 31, 2015



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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
Execustaff HR, Inc. Multiple Employer Plan
San Jose, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Execustaff HR, Inc. Multiple Employer Plan, which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statement of changes in net assets available for benefits for the year ended December 31, 2015, 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 audit 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 Voya Retirement Insurance and Annuity Company, the custodian of the Plan's investment assets, 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 certifications from the custodian as of December 31, 2015 and 2014 and for the year ended December 31, 2015, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matters 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 the financial statements referred to in the first paragraph.

Emphasis of Matter - Early Adoption of New Accounting Standard

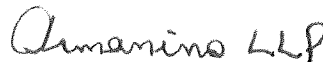
The Financial Accounting Standards Board recently issued revised accounting standards for defined contribution and other post-retirement plans. The new standard allows plans to reduce previously required disclosures surrounding significant plan assets, the fair value of fully benefit responsive investment contracts and the disclosure of investments by nature, characteristics, and risk. The Plan early adopted this standard and has applied the provision on a retrospective basis for all years presented.

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 are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the 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.



Armanino ^{LLP}
San Jose, California

October 14, 2016

EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN
Statements of Net Assets Available for Benefits
December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Investments		
Investments at fair value (See Note 3)	\$43,813,106	\$41,455,270
Investments at contract value (See Note 5)	<u>3,859,878</u>	<u>4,033,831</u>
Total participant directed funds	<u>47,672,984</u>	<u>45,489,101</u>
Receivables		
Employers' contributions	371,707	360,836
Participants' contributions	350	17,500
Notes receivable from participants	<u>418,083</u>	<u>376,147</u>
Total receivables	<u>790,140</u>	<u>754,483</u>
Total assets	48,463,124	46,243,584
Liabilities		
Corrective distributions payable	<u>68,169</u>	<u>35,129</u>
Net assets available for benefits	<u>\$48,394,955</u>	<u>\$46,208,455</u>

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

EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2015

Additions to net assets attributed to

Investment income:

Net depreciation on fair value of investments	\$ (51,567)
Dividend income	118,119
Interest income on notes receivable from participants	<u>16,744</u>
Total investment gain	<u>83,296</u>

Contributions:

Participants	6,986,414
Rollovers	445,383
Employers	<u>1,296,341</u>

Total contributions	<u>8,728,138</u>
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Total additions to net assets	<u>8,811,434</u>
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Deductions from net assets attributed to:

Benefit payments	4,773,171
Corrective distributions	68,169
Administrative expenses	21,331
Transfers of assets from plan	<u>1,762,263</u>

Total deductions from net assets	<u>6,624,934</u>
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Net increase	2,186,500
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Net assets available for benefits

Beginning of year	<u>46,208,455</u>
End of year	<u>\$48,394,955</u>

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

EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN

Notes to Financial Statements

December 31, 2015 and 2014

1. Description of Plan

The following description of the Execustaff HR, Inc. Multiple Employer Plan (the "Plan"), provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

Plan sponsor

Execustaff HR, Inc. is engaged in the business of providing human resources, payroll, and related employee benefits to its customers. To provide benefits to its customers, the employees of its customers are referred to as either "client organizations" or "co-sponsors."

General

As a multiple employer plan, each participating co-sponsor is required to follow the provisions outlined in the Plan for eligibility and participation. During 2015 and 2014, certain employers elected to have "safe-harbor" matching rules apply to their related participants.

Eligibility

Generally, the Plan provides that employees are eligible to participate in the Plan on the first day of employment. Collective bargained employees and nonresident aliens are not permitted to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income and Security Act of 1974 (ERISA) and Section 401(a) of the Internal Revenue Code.

Contributions

The Plan allows participants to contribute up to the maximum allowable amount of annual pre-tax or Roth after-tax or a combination of both pre-tax and Roth after-tax. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans.

Co-sponsors have the discretion under the Plan to treat their contributions under the "safe-harbor" rules.

Participant accounts

All of the investment assets in the Plan are directed by the participant. Participants have the option of investing their account balance as either pooled segregated accounts or in individual self-directed brokerage accounts. For participants selecting the pooled segregated account option, their account balance is derived through an allocation of the pooled segregated accounts. Each participant's pooled segregated account is credited with the participant's contribution and an allocation of investment earnings and losses pursuant to the participant's selection of investments and timing of purchase.

EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN

Notes to Financial Statements

December 31, 2015 and 2014

1. Description of Plan (continued)

Vesting and forfeitures

Generally, participants vest in discretionary plan sponsor contributions in ratable installments of 20% after the second year of service. Forfeitures on non-vested participant account balances are used to reduce the plan sponsor's current year contribution. Plan sponsor contributions relating to "safe-harbor" contributions are 100% vested.

Participant loans

Participants may borrow from their fund accounts up to a maximum of the lesser of \$50,000 or 50% of their vested account balance. No loan in an amount of less than \$1,000 will be made. Loan transactions are treated as a transfer to (from) the investment fund from (to) the Participant Notes fund. Participant loans must be repaid within 5 years (unless the loan is to be used in acquiring the participant's principal residence). Loans are segregated investments. As such, the interest that participants pay on their loans will be directly credited to their account. Loans are considered to be in default when payments are not received within 90 days. The Plan sponsor will offset a defaulted loan against the participant's account balance upon the occurrence of a distributable event.

Payment of benefits

The Plan provides for the payment of benefits to the participant (or, if applicable, the beneficiary) at retirement (age 65), disability, death, or termination of employment. In-service distributions are permitted under the Plan providing the participant is at least age 59½. In-service distributions are available from the participant's salary deferrals (upon eligibility) and from the participant's rollover portion of their account balance (regardless of age). Participants who qualify for retirement benefits and withdrawals may elect to receive their benefits in the form of joint and survivor annuity, a lump sum in cash, or in installment payments. The benefit to which a participant is entitled is the benefit that can be provided directly from the participant's vested account balance. Participants who separate from service and have vested account balances of \$5,000 or less are subject to an administrative lump sum distribution as follows: for account balances less than \$5,000 but greater than \$1,000, the Plan administrator will distribute the account balance directly to an individual retirement account; for distributions under \$1,000, the Plan administrator will distribute the account balance as a lump sum in cash.

Administrative costs

Administrative costs of the Plan are generally paid for by the Plan Sponsor.

EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN

Notes to Financial Statements

December 31, 2015 and 2014

2. Summary of Significant Accounting Policies

Basis of accounting

The financial statements of Execustaff HR, Inc. Multiple Employer Plan have been prepared on the accrual basis of accounting. Contributions are recorded when withheld from the participant. Plan sponsor contributions are recorded when approved by the various co-sponsors of the Plan. Benefit payments are recorded when paid.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Accordingly, actual results could differ from those estimates.

Investment valuation and income recognition

The Plan's investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value 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.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in the fair value of investments represents realized gains and losses bought and sold as well as held during the year.

Payment of benefits

Benefits are recorded when paid.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document.

Subsequent events

Plan management has evaluated events and transactions subsequent to December 31, 2015 for potential recognition or disclosure in the financial statements. The Plan did not have subsequent events that required recognition or disclosure in the financial statements for the fiscal year ended December 31, 2015. Subsequent events have been evaluated through the date the financial statements became available to be issued, October 14, 2016.

EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN

Notes to Financial Statements

December 31, 2015 and 2014

3. Fair Value Measurements

The Plan adopted ASC 820 for all financial assets and liabilities recognized or disclosed at fair value in the financial statements. The Plan adopted the provisions of ASC 820 for nonfinancial assets and liabilities recognized or disclosed at fair value in the financial statements on a recurring basis; no such assets or liabilities exist at the balance sheet date.

ASC 820 defines fair value as the price that would be received to sell an asset or paid to transfer a liability (an exit price) in an orderly transaction between market participants at the measurement date. It establishes a fair value hierarchy and a framework which requires categorizing assets and liabilities into one of three levels based on the assumptions (inputs) used in valuing the asset or liability. Level 1 provides the most reliable measure of fair value, while Level 3 generally requires significant management judgment.

The fair value hierarchy is categorized into three levels based on the inputs as follows:

Level 1 - Inputs are unadjusted, quoted market prices in active markets for identical assets or liabilities.

Level 2 - Inputs are observable inputs other than quoted prices included in Level 1, such as quoted prices for similar assets or liabilities in active markets or quoted prices for identical assets or liabilities in inactive markets.

Level 3 - inputs include unobservable inputs that are supported by little, infrequent, or no market activity and reflect management's own assumptions about inputs used in pricing the asset or liability. The Plan's management uses the following valuation techniques to measure fair value.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2015 and 2014:

Pooled separate accounts

These accounts, maintained by Voya in select mutual funds, are valued on a net unit value basis as determined by Voya on the last business day of the Plan year. The fair values of these investments are determined by reference to the respective fund's underlying assets, with Voya specifying the source(s) to use for underlying investment asset prices. The investments underlying the Plan's pooled separate accounts primarily include domestic and international equities and domestic fixed income securities. A portion of the pooled separate accounts is not quoted on any market; however, the unit price is based on the underlying investments which are traded in an active market and are classified as level 2.

Common stock

Valued at the closing price reported on the active market on which the individual securities are traded. Accordingly, the fair value is established using Level 1 inputs.

EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN
Notes to Financial Statements
December 31, 2015 and 2014

3. Fair Value Measurements (continued)

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

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts	\$ -	\$ 43,796,062	\$ -	\$ 43,796,062
Fixed Account	3,859,878	-	-	3,859,878
Corporate stocks	<u>17,044</u>	<u>-</u>	<u>-</u>	<u>17,044</u>
Total assets at fair value	<u>\$ 3,876,922</u>	<u>\$ 43,796,062</u>	<u>\$ -</u>	<u>\$ 47,672,984</u>

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>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts	\$ -	\$ 41,445,495	\$ -	\$ 41,445,495
Fixed Account	4,033,831	-	-	4,033,831
Corporate stocks	<u>9,775</u>	<u>-</u>	<u>-</u>	<u>9,775</u>
Total assets at fair value	<u>\$ 4,043,606</u>	<u>\$ 41,445,495</u>	<u>\$ -</u>	<u>\$ 45,489,101</u>

4. Information Prepared and Certified by Custodian

All information disclosed in the accompanying financial statements, notes and supplemental schedules related to the Plan's investment assets at December 31, 2015 and 2014, and the related net investment gain and interest income for the year ended December 31, 2015, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Voya Retirement Insurance and Annuity Company, custodian of the Plan.

EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN
Notes to Financial Statements
December 31, 2015 and 2014

5. Investment Contract with Insurance Company

The Plan holds a benefit-responsive investment contract with Voya. Voya maintains the contributions in a general account. This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses.

The contract issuer is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 3 percent. The crediting interest rate is reviewed on a quarterly basis for resetting. The contract cannot be terminated before the scheduled maturity date.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. These events may be different under each contract. Examples of such events include: (a) the Plan's failure to qualify under Section 401(a) of the Internal Revenue Code or the failure of the trust to be tax-exempt under Section 501(a) of the Internal Revenue Code; (b) premature termination of the contract; (c) Plan termination or merger; (d) changes to the Plan's prohibition on competing investment options; and (e) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuer and that also would limit the ability of the Plan to transact at contract value with the participants.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

6. Corrective Distributions Payable

In order to correct the failure of the nondiscrimination tests, the Plan recorded corrective distributions payable totaling \$68,169 and \$35,129 as of December 31, 2015 and 2014, respectively. Corrective distributions were paid to the applicable participants prior to March 15, 2016 and 2015, respectively. These corrective distributions restored the Plan to the position it would have been, had the failures not occurred.

EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN
Notes to Financial Statements
December 31, 2015 and 2014

7. Plan Termination

Although it has not expressed any interest to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions of the Employee Retirement and Income Security Act (ERISA). In the event of Plan termination, participants will become 100% vested in their accounts.

8. Income Tax Status

The Plan obtained its latest determination letter on February 8, 2007, in which the Internal Revenue Service ("IRS") stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, the Plan administrator and the plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified and the related trust was tax exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require the Plan's management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon an examination by the IRS. No uncertain positions have been identified that would require the recognition of a tax liability (or asset) or disclosure in the financial statements as of December 31, 2015 and 2014. The Plan is subject to routine audits by applicable taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for 2011 and prior years.

9. Party-In-Interest Transactions

Voya Life Insurance and Annuity Company is the service provider as defined by the Plan, therefore the investments and investment transactions identified in column (a) of the Supplemental Schedule on page 12 qualify as party-in-interest transactions.

10. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, 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 participants' account balances and the amounts reported in the statement of net assets available for benefits.

SUPPLEMENTAL SCHEDULE

EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN

Schedule of Assets (Held at End of Year)

EIN: 27-0037153 Plan 001

December 31, 2015

(a)	(b)	(c)	(d)	(e)
Party-in-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
*	Fidelity advisor new insights fund	Mutual Fund	**	\$ 4,272,910
	Voya U.S. stock index portfolio	Mutual Fund	**	\$ 3,850,537
	Vanguard variable insurance fund - diversified value	Mutual Fund	**	\$ 2,040,342
*	Voya JP Morgan mid cap value portfolio	Mutual Fund	**	\$ 2,472,910
	American Funds american balanced fund	Mutual Fund	**	\$ 2,709,079
	T Rowe Price blue chip grade	Mutual Fund	**	\$ 2,691,227
	T Rowe Price total return 2045	Mutual Fund	**	\$ 2,126,483
	American Funds new perspective fund	Mutual Fund	**	\$ 1,891,488
	T Rowe Price total return 2035	Mutual Fund	**	\$ 1,875,247
	T Rowe Price total return 2025	Mutual Fund	**	\$ 2,035,164
*	Voya Baron growth portfolio	Mutual Fund	**	\$ 1,446,537
	Oppenheimer Main St small cap fund	Mutual Fund	**	\$ 1,509,247
*	Voya money market portfolio	Mutual Fund	**	\$ 1,177,782
*	Voya intermediate bond portfolio	Mutual Fund	**	\$ 1,676,961
	MFS int'l new discovery fund	Mutual Fund	**	\$ 1,254,792
*	Voya Russell mid cap index portfolio	Mutual Fund	**	\$ 1,305,959
	Washington Mutual investors fund	Mutual Fund	**	\$ 1,320,650
	American Funds Europacific growth fund	Mutual Fund	**	\$ 1,025,830
	Voya Columbia small cap volume II	Mutual Fund	**	\$ 1,065,574
*	Voya clarion real estate portfolio	Mutual Fund	**	\$ 1,099,442
*	Voya small cap opportunity portfolio	Mutual Fund	**	\$ 968,503
	Pioneer Strategic income fund - class Y	Mutual Fund	**	\$ 753,675
	PIMCO VIT real return portfolio	Mutual Fund	**	\$ 633,289
	T Rowe Price total return 2015	Mutual Fund	**	\$ 314,085
	T Rowe Price total return 2055	Mutual Fund	**	\$ 227,052
*	Voya high yield portfolio	Mutual Fund	**	\$ 234,310
	Dodge and Cox int'l stock fund	Mutual Fund	**	\$ 210,664
	T Rowe Price retirement balanced fund	Mutual Fund	**	\$ 103,589
*	Voya T Rowe Price capital appreciation portfolio	Mutual Fund	**	\$ 279,797
	AB Global bond fund	Mutual Fund	**	\$ 362,026
	T Rowe Price total return 2040	Mutual Fund	**	\$ 122,306
	Self-directed brokerage accounts	Corporate stocks	**	\$ 17,044
	T Rowe Price total return 2050	Mutual Fund	**	\$ 128,645
	PIMCO commodity real return	Mutual Fund	**	\$ 89,823
	MFS growth allocation fund	Mutual Fund	**	\$ 71,982
	T Rowe Price total return 2005	Mutual Fund	**	\$ 2,960
	T Rowe Price total return 2030	Mutual Fund	**	\$ 118,324
	T Rowe Price total return 2020	Mutual Fund	**	\$ 254,308
	MFS aggressive growth	Mutual Fund	**	\$ 57,354
	MFS conservative allocation fund	Mutual Fund	**	\$ 11,082
	MFS moderate allocation fund	Mutual Fund	**	\$ 3,898
*	Voya fixed account	Insurance Contract Fund		\$ 3,859,878
	T Rowe Price total return 2010	Mutual Fund	**	\$ 229
*	Participant loans	4.25% to 9.25%		\$ 418,083

* Represents party-in-interest transactions to the plan.

** Not applicable as the plan is participant directed.

Attachment to 2015 Form 5500
Form 5500 Multiple Employer Plan Participating Employer Information

Plan Name: EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN

Plan sponsor's Name: EXECUSTAFF HR, INC.

EIN: 27-0037153

PN: 001

Name of participating employer	EIN	Percent of Total Contributions
ActiveState Software, Inc.	98-0628630	0.00%
Altair Semiconductor, Inc.	26-2963106	1.35%
Actenum Corporation	98-1062803	0.19%
California Teacher Development Collaborative	32-0001315	0.32%
Besser Associates, Inc.	77-0445002	0.50%
Bandwith 10	80-0714187	0.71%
Brite: Bill Limited	98-1096628	0.31%
Caerus Molecular Diagnostics, Inc.	26-4149921	0.00%
DataScience, Inc.	46-5042778	0.77%
CK12 Foundation	20-8007128	4.79%
Beyond 12	27-1275246	0.41%
CPQD	22-3707242	0.22%
Catalyst Resources	94-3363575	0.20%
Catellus Development Corporation	27-4348983	9.55%
Datorama, Inc.	45-5305683	1.72%
Educate78	47-4248922	0.21%
Edan Medical USA, Inc	45-4978198	1.92%
eLearning Guild	80-0015989	2.52%
Eureka Genomics Corporation	26-1320502	0.10%
Execustaff HR, Inc.	27-0037153	2.26%
Fitech Source Inc.	37-1614598	0.27%
Watermark	77-0409688	0.04%
Gener8, Inc.	38-3664122	3.36%
Giva, Inc.	77-0516918	0.00%
Global Catalyst, LLC	42-1678015	0.84%
HSI USA, Inc.	46-3389051	3.39%
HumaNature Studios	20-5034584	0.00%
Investigen	68-0416837	0.10%
Khan Lab School	46-5742553	0.84%
Labyrinth Learning	94-3275555	0.28%
LINGOs Global	20-3100992	0.75%
Mastery Design Collaborative, Inc.	46-4316933	0.58%
MCA, Inc.	77-0276947	0.38%
Brighter, Inc.	27-1713977	2.12%
Media Lario	20-1058747	0.09%
METTTL, Inc.	46-2961871	0.15%
Moraware, Inc	34-2004949	1.34%
Martone Radio Technology, Inc.	20-2167687	0.72%

Attachment to 2015 Form 5500
Form 5500 Multiple Employer Plan Participating Employer Information

Plan Name: EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN

Plan sponsor's Name: EXECUSTAFF HR, INC.

EIN: 27-0037153

PN: 001

Name of participating employer	EIN	Percent of Total Contributions
New Schools Venture Fund	94-3281780	4.92%
Nomic, Inc.	27-3846007	0.36%
OncoMed Pharmaceuticals, Inc.	38-3572512	15.89%
Pahara Institute	45-5141625	1.06%
Pebble Beach Systems, Ltd.	98-0503443	0.70%
Precise Automation, Inc.	68-0638928	2.34%
Project Hosts	20-1873841	1.89%
Restoration Timber, LLC	22-3823585	0.30%
ScaleMP, Inc.	20-0145869	0.55%
Solido Design Automation, Inc.	98-0499474	0.29%
SOFTTHINKS USA, INC.	77-0557601	0.76%
Silego Technology, Inc.	77-0584731	8.57%
Street League Skateboarding	90-0395401	0.22%
Sentons USA, Inc.	45-2719897	3.71%
Silicon Schools Fund, Inc.	45-4860788	0.69%
Stemcentrx, Inc.	74-3259236	9.23%
TalkingTech US, LLC	98-0500219	0.15%
Teaching Channel	27-3710799	3.36%
TeleMessage	04-3519699	0.45%
True Internet Company Limited	98-0663594	0.73%
Vendasta Technologies, Inc.	98-1240583	0.03%
Vision To Learn	45-3457853	0.00%
Woodsborough Homes Association	94-2683167	0.29%
WindSpring, Inc.	56-2422492	0.08%
Youth Community Service	20-8099150	0.12%

Attachment to 2015 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name: EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN
Plan sponsor's Name: EXECUSTAFF HR, INC.
EIN: 27-0037153
PN: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	Cost	Current value
*	VOYA FINANCIAL	AB GLOBAL BOND FUND R	0.00	362,026
*	VOYA FINANCIAL	AMERICAN FUNDS AM BALANCD R3	0.00	2,709,079
*	VOYA FINANCIAL	AMERICAN FUNDS EUROPACIFIC R3	0.00	1,025,830
*	VOYA FINANCIAL	AMERICAN FUNDS NW PRSPCTV R3	0.00	1,891,488
*	VOYA FINANCIAL	AMERICAN FUNDS WASH MTUAL R3	0.00	1,320,650
*	VOYA FINANCIAL	DODGE & COX INTERNATIONAL STOCK FUND	0.00	210,664
*	VOYA FINANCIAL	FIDELITY ADV NEW INSIGHTS FUND I	0.00	4,272,910
*	VOYA FINANCIAL	MFS AGGRESSIVE GRWTH ALLOC FND R2	0.00	57,354
*	VOYA FINANCIAL	MFS CONSERVATIVE ALLOCATION FUND R2	0.00	11,082
*	VOYA FINANCIAL	MFS GROWTH ALLOCATION FUND R2	0.00	71,982
*	VOYA FINANCIAL	MFS INTL NEW DISCOVERY FND R2	0.00	1,254,792
*	VOYA FINANCIAL	MFS MODERATE ALLOCATION FND R2	0.00	3,898
*	VOYA FINANCIAL	OPPENHEIMER MAIN ST SM CAP F/VA	0.00	1,509,247
*	VOYA FINANCIAL	PIMCO COMMODITYRLRTN STRAT FND R	0.00	89,823
*	VOYA FINANCIAL	PIMCO VIT REAL RETURN PORTFOLIO ADM	0.00	633,289
*	VOYA FINANCIAL	PIONEER STRATEGIC INCOME FUND Y	0.00	753,675
*	VOYA FINANCIAL	TROWEPRC BLUE CHIP GROWTH FUND ADV	0.00	2,691,227
*	VOYA FINANCIAL	TROWEPRC RETIREMENT 2005 FUND R	0.00	2,960
*	VOYA FINANCIAL	TROWEPRC RETIREMENT 2010 FUND R	0.00	229
*	VOYA FINANCIAL	TROWEPRC RETIREMENT 2015 FUND R	0.00	314,085
*	VOYA FINANCIAL	TROWEPRC RETIREMENT 2020 FUND R	0.00	254,308
*	VOYA FINANCIAL	TROWEPRC RETIREMENT 2025 FUND R	0.00	2,035,164
*	VOYA FINANCIAL	TROWEPRC RETIREMENT 2030 FUND R	0.00	118,324
*	VOYA FINANCIAL	TROWEPRC RETIREMENT 2035 FUND R	0.00	1,875,247
*	VOYA FINANCIAL	TROWEPRC RETIREMENT 2040 FUND R	0.00	122,306
*	VOYA FINANCIAL	TROWEPRC RETIREMENT 2045 FUND R	0.00	2,126,483
*	VOYA FINANCIAL	TROWEPRC RETIREMENT 2050 FUND R	0.00	128,645
*	VOYA FINANCIAL	TROWEPRC RETIREMENT 2055 FUND R	0.00	227,052
*	VOYA FINANCIAL	TROWEPRC RETIREMENT BALANCED FUND	0.00	103,589
*	VOYA FINANCIAL	VANGUARD VIF - DIVERSIFIED VAL PORT	0.00	2,040,342
*	VOYA FINANCIAL	VOYA FIXED ACCOUNT	0.00	3,859,878
*	VOYA FINANCIAL	VOYA MONEY MARKET	0.00	1,177,782
*	VOYA FINANCIAL	VOYA HIGH YIELD PORTFOLIO SRV	0.00	234,310
*	VOYA FINANCIAL	VOYA INTERMEDIATE BOND PORT I	0.00	1,676,961
*	VOYA FINANCIAL	VOYA RUSSELL MID CAP INDEX PORT I	0.00	1,305,959
*	VOYA FINANCIAL	VOYA SMALLCAP OPPORTUNITIES PRT I	0.00	968,503
*	VOYA FINANCIAL	VOYA U.S. STOCK INDEX PORT INST	0.00	3,850,537
*	VOYA FINANCIAL	VY BARON GROWTH PORT I	0.00	1,446,537
*	VOYA FINANCIAL	VY CLARION REAL ESTATE PORT SRV	0.00	1,099,442
*	VOYA FINANCIAL	VY COLUMBIA SM CAP VAL II PT I	0.00	1,065,574
*	VOYA FINANCIAL	VY JPMORGAN MID CAP VAL PORT I	0.00	2,472,910

Attachment to 2015 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name: EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN
Plan sponsor's Name: EXECUSTAFF HR, INC.
EIN: 27-0037153
PN: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	Cost	Current value
*	VOYA FINANCIAL	VY TROWEPRICE CAPTL APPREC PT SRV	0.00	279,797
*	VOYA FINANCIAL	TD AMERITRADE - SDBA	0.00	17,044
*	VOYA FINANCIAL	PARTICIPANT LOANS - 4.25%	0.00	418,083
				48,091,066

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
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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	
	☐ 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 EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN		1b Three-digit plan number (PN) ►	001
		1c Effective date of plan 01/01/1994	
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) EXECUSTAFF HR, INC. 6070 HELLYER AVENUE SAN JOSE CA 95138		2b Employer Identification Number (EIN) 27-0037153 2c Plan Sponsor's telephone number (408) 364-2800 2d Business code (see instructions) 541990	

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		10/11/16 Date	SUSAN J. JOCHHEIM Enter name of individual signing as plan administrator
SIGN HERE		10/11/16 Date	SUSAN J. JOCHHEIM Enter name of individual signing as employer or plan sponsor
SIGN HERE		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

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

Form 5500 (2015)
v. 150123

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:		4b EIN	
a Sponsor's name		4c PN	
5 Total number of participants at the beginning of the plan year		5	1,204
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)	927
a(2) Total number of active participants at the end of the plan year		6a(2)	1,022
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits.....		6c	375
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1,397
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	1,397
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	973
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) ☒ Insurance		(1) ☒ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts		(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust		(3) ☒ 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		b General Schedules	
(1) ☒ R (Retirement Plan Information)		(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information – Small Plan)	
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(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 _____

Attachment to 2015 Form 5500
Form 5500 Multiple Employer Plan Participating Employer Information

Plan Name: EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN

Plan sponsor's Name: EXECUSTAFF HR, INC.

EIN: 27-0037153

PN: 001

Name of participating employer	EIN	Percent of Total Contributions
ActiveState Software, Inc.	98-0628630	0.00%
Altair Semiconductor, Inc.	26-2963106	1.35%
Actenum Corporation	98-1062803	0.19%
California Teacher Development Collaborative	32-0001315	0.32%
Besser Associates, Inc.	77-0445002	0.50%
Bandwith 10	80-0714187	0.71%
Brite: Bill Limited	98-1096628	0.31%
Caerus Molecular Diagnostics, Inc.	26-4149921	0.00%
DataScience, Inc.	46-5042778	0.77%
CK12 Foundation	20-8007128	4.79%
Beyond 12	27-1275246	0.41%
CPQD	22-3707242	0.22%
Catalyst Resources	94-3363575	0.20%
Catellus Development Corporation	27-4348983	9.55%
Datorama, Inc.	45-5305683	1.72%
Educate78	47-4248922	0.21%
Edan Medical USA, Inc	45-4978198	1.92%
eLearning Guild	80-0015989	2.52%
Eureka Genomics Corporation	26-1320502	0.10%
Execustaff HR, Inc.	27-0037153	2.26%
Fitech Source Inc.	37-1614598	0.27%
Watermark	77-0409688	0.04%
Gener8, Inc.	38-3664122	3.36%
Giva, Inc.	77-0516918	0.00%
Global Catalyst, LLC	42-1678015	0.84%
HSI USA, Inc.	46-3389051	3.39%
HumaNature Studios	20-5034584	0.00%
Investigen	68-0416837	0.10%
Khan Lab School	46-5742553	0.84%
Labyrinth Learning	94-3275555	0.28%
LINGOs Global	20-3100992	0.75%
Mastery Design Collaborative, Inc.	46-4316933	0.58%
MCA, Inc.	77-0276947	0.38%
Brighter, Inc.	27-1713977	2.12%
Media Lario	20-1058747	0.09%
METTL, Inc.	46-2961871	0.15%
Moraware, Inc	34-2004949	1.34%
Martone Radio Technology, Inc.	20-2167687	0.72%

Attachment to 2015 Form 5500
Form 5500 Multiple Employer Plan Participating Employer Information

Plan Name: EXECUSTAFF HR, INC. MULTIPLE EMPLOYER PLAN

Plan sponsor's Name: EXECUSTAFF HR, INC.

EIN: 27-0037153

PN: 001

Name of participating employer	EIN	Percent of Total Contributions
New Schools Venture Fund	94-3281780	4.92%
Nomic, Inc.	27-3846007	0.36%
OncoMed Pharmaceuticals, Inc.	38-3572512	15.89%
Pahara Institute	45-5141625	1.06%
Pebble Beach Systems, Ltd.	98-0503443	0.70%
Precise Automation, Inc.	68-0638928	2.34%
Project Hosts	20-1873841	1.89%
Restoration Timber, LLC	22-3823585	0.30%
ScaleMP, Inc.	20-0145869	0.55%
Solido Design Automation, Inc.	98-0499474	0.29%
SOFTTHINKS USA, INC.	77-0557601	0.76%
Silego Technology, Inc.	77-0584731	8.57%
Street League Skateboarding	90-0395401	0.22%
Sentons USA, Inc.	45-2719897	3.71%
Silicon Schools Fund, Inc.	45-4860788	0.69%
Stemcentrx, Inc.	74-3259236	9.23%
TalkingTech US, LLC	98-0500219	0.15%
Teaching Channel	27-3710799	3.36%
TeleMessage	04-3519699	0.45%
True Internet Company Limited	98-0663594	0.73%
Vendasta Technologies, Inc.	98-1240583	0.03%
Vision To Learn	45-3457853	0.00%
Woodsborough Homes Association	94-2683167	0.29%
WindSpring, Inc.	56-2422492	0.08%
Youth Community Service	20-8099150	0.12%