

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>ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN</u>	1b Three-digit plan number (PN) ▶	<u>335</u>
		1c Effective date of plan	<u>01/01/1998</u>
2a Plan sponsor's name (employer, if for a single-employer plan)	2b Employer Identification Number (EIN)		
Mailing address (include room, apt., suite no. and street, or P.O. Box)	<u>48-1304650</u>		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	2c Plan Sponsor's telephone number		
<u>TRINET HR CORPORATION</u>	<u>510-352-5000</u>		
<u>1100 SAN LEANDRO BLVD.</u>	2d Business code (see instructions)		
<u>SAN LEANDRO, CA 94577</u>	<u>561300</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	WILLIAM PORTER
	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 4616
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 3641 6a(2) 2714 6b 0 6c 820 6d 3534 6e 0 6f 3534 6g 1803 6h 48
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 2A 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) ☐ 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 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 ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	335
C Plan sponsor's name as shown on line 2a of Form 5500 TRINET HR CORPORATION	D Employer Identification Number (EIN) 48-1304650	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(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?
15 37 38 50	TPA	467818	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TRINET HR

43-1304650

(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?
14 25	PLAN ADMINISTRATOR	67015	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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	335
C Plan sponsor's name as shown on line 2a of Form 5500 TRINET HR CORPORATION	D Employer Identification Number (EIN) 48-1304650	

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)	396557	52191
	(2) Participant contributions	1b(2)	121891	125103
	(3) Other.....	1b(3)	16151	19393
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)	1614039	1320541
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(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)	69495058	53907125
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(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	71643696	55424353

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	71643696	55424353
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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)	1656921	
(B) Participants	2a(1)(B)	4455208	
(C) Others (including rollovers)	2a(1)(C)	852598	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		6964727
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)	51646	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		51646
(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)	2317276	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2317276
(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)		
(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)		-2283452
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		7050197

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

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5836597	
(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)		5836597
f Corrective distributions (see instructions)	2f		103323
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	534833	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		534833
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6474753

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		575444
l Transfers of assets:			
(1) To this plan	2l(1)		2479614
(2) From this plan	2l(2)		19274401

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: **MAYER HOFFMAN MCCANN P.C.**

(2) EIN: **43-1947695**

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

	Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒		

	Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			10000000
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)
ONONDAGA EMPLOYEE LEASING SERVICES 401K TAX SAVINGS PLAN	16-1254312	001
FERRERI SEARCH LLC RETIREMENT SAVINGS PLAN	26-1420102	002
NEXTEP 401(K) RETIREMENT SAVINGS PLAN	73-1543198	333
GIANT PARTNERS, LLC 401K PLAN	26-2406913	001

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

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☐ No Amount:

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
NATIONAL RETIREMENT PLAN EXCHANGE	45-4813651	001
JOSEPH J. SCHIFINI MD, LTD 401(K) PLAN	88-0424633	001
LANDSCAPE MAINTENANCE PROFESSIONALS, INC RSP	59-3613665	002
STATE WIDE ELECTRIC PLAN	73-1121590	001

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

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☐ No Amount:

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SUN LABS USA, INC. RETIREMENT SAVINGS PLAN	20-5821668	002
SURECRETE DESIGN PRODUCTS, INC. 401(K) PLAN	59-3504097	001
HARBOR AMERICA 401K PLAN	01-0738710	001
TELUS INTERNATIONAL (US) CORP 401K PLAN	26-0297707	001

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

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☐ No Amount:**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
OASIS RETIREMENT SAVINGS PLAN	65-0731524	333
ADVANSTAFF, INC. 401(K) PLAN AND TRUST	88-0300318	001
WOOD RESIDENTIAL SERVICES, LLC RETIREMENT SAVINGS PLAN	27-1754288	002

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined**Part V Trust Information****6a** Name of trust**6b** Trust's EIN**6c** Name of trustee or custodian**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
---	--	--

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

A Name of plan <u>ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>335</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRINET HR CORPORATION</u>	D Employer Identification Number (EIN) <u>48-1304650</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
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>65-0708495</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

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

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

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

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

ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN

**Financial Statements
and
Supplemental Schedule**

**December 31, 2015 and 2014
(With Independent Auditor's Report Thereon)**

ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN

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Independent Auditor's Report

To the Plan Trustees
Accord Human Resources Retirement Savings Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Accord Human Resources Retirement Savings Plan (the "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 (DOL) 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 3, which was certified by Mid Atlantic Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2015 and 2014, and for the year ended December 31, 2015, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

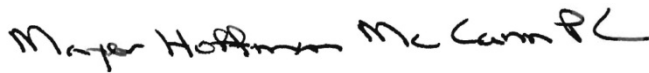
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2015 is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America, and in our opinion, is 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.

A handwritten signature in black ink, reading "Mayer Hoffman McCann P.C.", is positioned above the date and location.

October 13, 2016
Clearwater, Florida

ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN**Statements of Net Assets Available for Benefits****December 31, 2015 and 2014**

Assets	2015	2014
Investments (at fair value)	\$ 53,907,125	69,495,058
Receivables:		
Participant contributions	125,103	121,891
Employer contributions	52,191	396,557
Other receivable	19,393	16,151
Notes receivable from participants	1,320,541	1,614,039
Total receivables	1,517,228	2,148,638
Total assets	55,424,353	71,643,696
Liabilities		
Excess contributions payable:		
Due to participants	117,168	103,525
Total liabilities	117,168	103,525
Net assets available for benefits	\$ 55,307,185	71,540,171

ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2015

Additions to net assets:	
Interest and dividend income - investments	\$ 2,317,276
Interest income - notes receivable from participants	<u>51,646</u>
Net investment income	2,368,922
Contributions:	
Employer	1,656,921
Participant	4,338,040
Rollovers	<u>852,598</u>
Total contributions	<u>6,847,559</u>
Total additions	9,216,481
Deductions from net assets:	
Benefits paid to participants	5,836,395
Net depreciation in fair value of investments	2,283,452
Administrative expenses	<u>534,833</u>
Total deductions	<u>8,654,680</u>
Net increase	561,801
Net transfers in and out of plan, net	(16,794,787)
Net assets available for benefits:	
Beginning of year	<u>71,540,171</u>
End of year	<u>\$ 55,307,185</u>

ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN

Notes to Financial Statements

December 31, 2015 and 2014

(1) **Description of Plan**

The following description of Accord Human Resources Retirement Savings Plan is provided for general information purposes only. Participants should refer to the Plan documents for more complete information.

(a) **General and Plan Merger**

The Accord Human Resources Retirement Savings Plan (the “Plan”) was established January 1, 1998 and is sponsored by Accord Human Resources, a wholly owned subsidiary of TriNet HR Corporation (collectively, the “Company”). The Plan is a defined contribution, multiple employer plan that is designed to provide an opportunity for worksite employees covered under the Plan to participate in a deferral of compensation arrangement pursuant to section 401(k) of the Internal Revenue Code.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

During 2015 the Trustees of the Plan approved the merger of the Plan with the TriNet 401(k) Plan, which is also sponsored by the Company. Contributions into the Plan were stopped effective April 1, 2016, and all assets were transferred from the Plan on April 5, 2016. As a result of the merger, only those balances which were received into the Plan prior to April 1, 2016 are recorded as receivables on the accompanying financial statements as of and for the year ended December 31, 2015. Any remaining receivable balances were paid into the TriNet 401(k) Plan during 2016.

(b) **Contributions**

An employee is eligible to participate in the Plan after the employee has completed 1,000 hours of service per year and are age 21 or older. Each worksite employee may have varying eligibility requirements.

Each year, participants may elect to contribute up to 100% of their compensation, as defined by the Plan, not to exceed \$18,000 in 2015. As allowed by the IRS, the limit on catch-up elective deferrals for participants age 50 and over was an additional \$6,000 for the 2015 plan year.

The employers provide matching contributions and additional profit sharing contributions which are at the discretion of the employers.

(c) **Participant Accounts**

Each participant’s account is credited with the participant’s contributions, the matching contribution, an allocation of worksite employer’s additional discretionary profit sharing contribution, if any, and Plan earnings. Each participant’s account is charged with Plan earnings and administrative expenses, if any. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(1) Description of Plan - Continued

(d) Vesting

Participants are immediately vested in their contributions and the earnings thereon. Participants are 100% vested in employer contributions and the actual allocated earnings thereon when the participant attains normal retirement age as defined by the Plan. Although vesting may vary by worksite employer, prior to normal retirement age, vesting for all participants generally occurs under the following schedule:

<u>Year of Service</u>	<u>Vested Percentage</u>
Less than 2 years	0%
2 years, but less than 3 years	20%
3 years, but less than 4 years	40%
4 years, but less than 5 years	60%
5 years, but less than 6 years	80%
6 years or more	100%

Vesting in worksite employer's discretionary matching and discretionary profit sharing contributions plus actual earnings are 100% vested upon normal retirement age (59 ½), death, or disability.

(e) Investment Options

The Plan permits participants to direct the investment of their elective deferrals and contributions from worksite employers into various investments offered by the Plan.

(f) Notes Receivable from Participants

Participants may borrow from their accounts an amount not less than \$1,000 and a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at a current rate of interest when made (3.25% - 5.25%) for the period ending December 31, 2015. Loan terms typically require repayment within five years; however, longer repayment terms can be approved if the loan is for the purpose of a primary residence. Principal and interest are paid through payroll deductions.

(g) Payment of Benefits

Distribution of a participant's account in an amount equal to the participant's vested interest in their own account may be made upon termination of service, death, disability or retirement. Benefits attributable to the deferral contribution account may also be distribution upon hardship, as defined by the Plan. If the vested account balance does not exceed \$5,000, the Plan will automatically distribute that portion to the participant balance in a lump sum as soon as administratively feasible after termination of employment.

ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(1) **Description of Plan - Continued**

(g) **Payment of Benefits - Continued**

In the event of a mandatory distribution greater than \$1,000, in accordance with provisions of the Plan, if the participant does not elect to have such distribution paid directly to an eligible retirement plan specified by the participant in a direct rollover or to receive the distribution directly in accordance with the provisions of the Plan, then the plan administrator will pay the distribution in a direct rollover to an individual retirement plan designated by the plan administrator. In all other circumstances, the Plan will commence distribution to the participant at the time the participant elected to commence distribution. The distribution may be delayed until the end of the plan year in which the latest of these three events occurs: (1) attainment of normal retirement age; (2) attainment of age 62; or (3) termination of employment, but in no case shall distribution be later than April 1st following the year in which the participant attains age 70 ½ or retires, whichever is later.

(h) **Forfeitures**

Upon termination of a participant's employment, the non-vested portion of their employer's contributions may be used to reduce future employer contributions or pay plan expenses. Forfeited non-vested accounts available totaled approximately \$189,000 and \$241,000 as of December 31, 2015 and 2014, respectively. During 2015, forfeited non-vested accounts used to reduce expenses and employer contributions were approximately \$12,000 and approximately \$52,000 of forfeitures were transferred out of the Plan with employer's balances.

(2) **Summary of Significant Accounting Policies**

(a) **Basis of Presentation**

The accompanying financial statements have been prepared on the accrual basis of accounting and present the net assets available for benefits and changes in net assets available for benefits in accordance with accounting principles generally accepted in the United States of America.

(b) **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 net assets available for benefits and the related changes therein. Actual results could differ from those estimates.

(c) **Investment Valuation and Income Recognition**

Investments in registered investment companies and money market funds are stated at fair value as determined by quoted market prices from active markets.

ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(2) **Summary of Significant Accounting Policies - Continued**

(c) **Investment Valuation and Income Recognition - Continued**

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 in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held, during the year.

(d) **Notes Receivable from Participants**

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan agreement.

(e) **Administrative Expense**

Certain administrative expenses not paid by the Plan are paid by the Plan Sponsor. Management fees and account administrative expenses are paid by the participants. Administrative expenses incurred for the year ended December 31, 2015 were approximately \$535,000 including approximately \$67,000 paid to the plan sponsor for administration duties.

(f) **Risks and Uncertainties**

The Plan may invest in various types of investment securities. Investment securities are exposed to the 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 those changes could materially affect participants' accounts balances and the amounts reported in the statements of net assets available for benefits.

(g) **Recent Accounting Pronouncements**

In May 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2015-07, *Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*. The ASU removes the requirement to categorize within the fair value hierarchy investments for which fair values are estimated using the net asset value per share as a practical expedient provided by FASB Accounting Standards Codification 820, *Fair Value Measurements and Disclosures* (ASC 820). Disclosures about investments in certain entities that calculate net asset value per share are limited under this ASU to investments for which the entity has elected to estimate the fair value using the net asset value practical expedient. The guidance requires retrospective application and is effective for fiscal years, and interim periods within those years, beginning after December 15, 2016. Early adoption is permitted. Plan's management does not expect the adoption of this ASU to have a material impact on the Plan's financial statements.

ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(2) Summary of Significant Accounting Policies - Continued

(g) Recent Accounting Pronouncements - Continued

In July 2015, the FASB issued ASU 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*. Part I of the ASU eliminates the requirements to measure the fair value of fully benefit-responsive investment contracts and provide certain disclosures. Contract value is the only required measure for fully benefit-responsive investment contracts. Part II of this ASU eliminates the requirements to disclose individual investments that represent 5 percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. It also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics, and risk. Further the disclosure of information about fair value measurements shall be provided by general type of plan investment. Part III of this ASU allows a plan with a fiscal year end that does not coincide with the end of a calendar month to measure its investments and investment-related accounts using the month end closest to its fiscal year end. The guidance is effective for fiscal years beginning after December 15, 2015 and early adoption is permitted. The guidance on fully benefit-responsive investment contracts and plan investment disclosures must be applied retrospectively. The guidance on measurement date practical expedient must be applied prospectively. The Plan's management has elected to early adopt ASU 2015-12 Part II. Adoption of this standard resulted in a change to certain footnotes and had no impact on the statements of net assets available for benefits or statement of changes in net assets available for benefits. Parts I and III are not applicable to this Plan.

(3) Certification of Plan Investments (Unaudited)

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Mid Atlantic Trust Company, the trustee of the Plan, has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments at fair value as shown in the Statements of Net Assets Available for Benefits as of December 31, 2015 and 2014;
- Net investment income, excluding interest income on notes receivable from participants, net depreciation in fair value of investments and related investment activity as shown in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2015;
- The Schedule of Assets (Held at End of Year), excluding participant loans, as shown in the supplemental schedule as of December 31, 2015.

ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(3) **Certification of Plan Investments (Unaudited) - Continued**

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

(4) **Plan Administration**

Pursuant to agreements with the Company, Slavic Integrated Administration, Inc. (Slavic) provides administrative and record keeping services to the Plan, and Mid Atlantic Trust Company is the trustee and provides investment management services to the Plan.

(5) **Plan Termination**

The Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. As described in Note 1, the Plan merged with the TriNet 401(k) Plan, with all assets of the Plan transferring to the TriNet 401(k) Plan in 2016. No vesting changes were applicable to the participants of the Plan due to the merger, as the vesting requirements for both plans are the same.

(6) **Income Tax Status**

The Plan obtained its latest determination letter dated September 27, 2013, in which the Internal Revenue Service stated that the plan, as then designed, was qualified under Section 401(a) of the Code, and therefore, the related trust is exempt from taxation under Section 501(a) of the Code. The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

(7) **Parties-in-Interest**

During 2015, the Plan paid approximately \$468,000 to Slavic. Participant loan transactions are considered party-in-interest transactions as defined in Section 3(14) of ERISA because they are transacted with Plan participants. These transactions are, however, expressly exempted from the prohibited transaction rules.

ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(8) **Fair Value Measurements**

ASC 820 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

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

Level 2: Inputs to the valuation methodology include:

- a) Quoted prices for similar assets or liabilities in active markets;
- b) Quoted prices for identical or similar assets or liabilities in inactive markets;
- c) Inputs other than quoted prices that are observable for the asset or liability;
- d) Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

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

Registered Investment Companies and Money Market Funds

These investments are valued at quoted market prices in an exchange and active market, which represents the net asset value of shares held by the Plan at year end, and are classified as Level 1.

ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(8) Fair Value Measurements - Continued

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015 and 2014:

Fair Value Measurements at Reporting Date Using				
Description	Assets Measured at Fair Value at December 31, 2015	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money market funds	\$ 2,044,050	2,044,050	-	-
Registered investment companies	51,863,075	51,863,075	-	-
	<u>\$ 53,907,125</u>	<u>53,907,125</u>	<u>-</u>	<u>-</u>
Fair Value Measurements at Reporting Date Using				
Description	Assets Measured at Fair Value at December 31, 2014	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money market funds	\$ 2,506,894	2,506,894	-	-
Registered investment companies	66,988,164	66,988,164	-	-
	<u>\$ 69,495,058</u>	<u>69,495,058</u>	<u>-</u>	<u>-</u>

(9) Reconciliation to Form 5500

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

	2015	2014
Net assets available for benefits per the financial statements	\$ 55,307,185	71,540,171
Plus: excess participant contributions not reported on Form 5500	<u>117,168</u>	<u>103,525</u>
Net assets available for benefits per Schedule H of Form 5500	<u>\$ 55,424,353</u>	<u>71,643,696</u>

ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN

Notes to Financial Statements - Continued

(9) Reconciliation to Form 5500 - Continued

The following is a reconciliation of the increase in net assets available for benefits per the financial statements for the year ended December 31, 2015 to net income on Schedule H of Form 5500:

Net increase in net assets available for benefits per the financial statements	\$	561,801
Plus: excess participant contributions payable at December 31, 2015		117,168
Less: excess participant contributions payable at December 31, 2014		<u>(103,525)</u>
Net income per Schedule H of Form 5500	\$	<u>575,444</u>

(10) Subsequent Events

The Plan's management has evaluated events and transactions for potential recognition or disclosure in the financial statements through October 13, 2016, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Employer Identification Number (EIN): 48-1304650

Plan Number: 335

December 31, 2015

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	American Century Mid Cap Value	Registered investment company	\$ 545,009
	American Funds New Perspective R6	Registered investment company	1,216,652
	DFA Emerging Markets Core Equity	Registered investment company	206,022
	Federated Prime Obligation Fund	Money Market Fund	3,301
	Fidelity Spartan International Index	Registered investment company	465,644
	Franklin Small Cap Value	Registered investment company	82,616
	Invesco International Growth	Registered investment company	63,624
	Janus Triton N	Registered investment company	237,937
	Oakmark International I	Registered investment company	178,739
	PIMCO Total Return Institution	Registered investment company	195,272
	SSgA S&P Index 500	Registered investment company	2,649,010
	T. Rowe Price Mid Cap Growth	Registered investment company	1,486,892
	T. Rowe Price New American Growth	Registered investment company	1,490,354
	Vanguard High Yield Corporate Bond	Registered investment company	483,238
	Vanguard Mid Cap Index Admiral	Registered investment company	1,092,816
	Vanguard Money Market Prime	Money Market Fund	2,040,749
	Vanguard REIT Index Admiral	Registered investment company	750,248
	Vanguard Retirement Income	Registered investment company	307,203
	Vanguard Small Cap Index Admiral	Registered investment company	356,352
	Vanguard Target Retirement 2010	Registered investment company	783,335
	Vanguard Target Retirement 2015	Registered investment company	3,680,122
	Vanguard Target Retirement 2020	Registered investment company	5,066,443
	Vanguard Target Retirement 2025	Registered investment company	7,579,033
	Vanguard Target Retirement 2030	Registered investment company	6,582,328
	Vanguard Target Retirement 2035	Registered investment company	5,115,543
	Vanguard Target Retirement 2040	Registered investment company	3,789,179
	Vanguard Target Retirement 2045	Registered investment company	2,716,636
	Vanguard Target Retirement 2050	Registered investment company	1,512,667
	Vanguard Target Retirement 2055	Registered investment company	479,401
	Vanguard Target Retirement 2060	Registered investment company	38,726
	Vanguard Total Bond Market Index Admiral	Registered investment company	1,450,827
	Vanguard Wellington Fund Investor	Registered investment company	395,271
	Vanguard Windsor II	Registered investment company	865,936
	Total investments		53,907,125
*	Participant loans	3.25% - 5.25%	1,320,541
	Total assets (Held at End of Year)		\$ <u>55,227,666</u>

* Party-in-interest

Multiple-Employer Plan Participating Employer Information

ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN			PLAN: 335	EIN #: 48-1304650
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions		
XXXXXXXXXX	20-28XXXXXX	2.03%		
XXXXXXXXXX	20-20XXXXXX	1.20%		
XXXXXXXXXX	73-12XXXXXX	0.67%		
XXXXXXXXXX	73-11XXXXXX	0.03%		
XXXXXXXXXX	59-31XXXXXX	0.10%		
XXXXXXXXXX	58-22XXXXXX	0.20%		
XXXXXXXXXX	20-04XXXXXX	0.01%		
XXXXXXXXXX	45-22XXXXXX	0.11%		
XXXXXXXXXX	76-01XXXXXX	5.77%		
XXXXXXXXXX	27-42XXXXXX	0.11%		
XXXXXXXXXX	20-35XXXXXX	0.39%		
XXXXXXXXXX	73-07XXXXXX	0.08%		
XXXXXXXXXX	45-15XXXXXX	6.59%		
XXXXXXXXXX	35-24XXXXXX	7.92%		
XXXXXXXXXX	23-71XXXXXX	1.35%		
XXXXXXXXXX	73-11XXXXXX	0.62%		
XXXXXXXXXX	20-03XXXXXX	0.14%		
XXXXXXXXXX	16-15XXXXXX	1.42%		
XXXXXXXXXX	73-16XXXXXX	0.35%		
XXXXXXXXXX	47-37XXXXXX	0.32%		
XXXXXXXXXX	73-13XXXXXX	3.26%		
XXXXXXXXXX	73-15XXXXXX	0.86%		
XXXXXXXXXX	73-15XXXXXX	2.13%		
XXXXXXXXXX	73-07XXXXXX	0.42%		
XXXXXXXXXX	59-36XXXXXX	2.48%		
XXXXXXXXXX	45-06XXXXXX	0.70%		
XXXXXXXXXX	73-13XXXXXX	1.46%		
XXXXXXXXXX	73-15XXXXXX	1.15%		
XXXXXXXXXX	61-14XXXXXX	1.38%		
XXXXXXXXXX	26-14XXXXXX	0.17%		
XXXXXXXXXX	59-34XXXXXX	4.14%		
XXXXXXXXXX	74-24XXXXXX	0.29%		
XXXXXXXXXX	73-09XXXXXX	0.03%		
XXXXXXXXXX	73-15XXXXXX	0.13%		
XXXXXXXXXX	88-02XXXXXX	0.62%		
XXXXXXXXXX	26-24XXXXXX	0.01%		
XXXXXXXXXX	57-26XXXXXX	0.06%		
XXXXXXXXXX	30-05XXXXXX	0.16%		
XXXXXXXXXX	26-43XXXXXX	0.13%		
XXXXXXXXXX	73-10XXXXXX	0.03%		
XXXXXXXXXX	73-10XXXXXX	0.27%		
XXXXXXXXXX	20-59XXXXXX	1.01%		
XXXXXXXXXX	14-17XXXXXX	0.23%		
XXXXXXXXXX	20-81XXXXXX	1.50%		
XXXXXXXXXX	73-15XXXXXX	0.28%		
XXXXXXXXXX	59-30XXXXXX	0.00%		
XXXXXXXXXX	01-07XXXXXX	0.99%		
XXXXXXXXXX	58-21XXXXXX	0.16%		
XXXXXXXXXX	59-31XXXXXX	0.04%		
XXXXXXXXXX	73-13XXXXXX	0.06%		
XXXXXXXXXX	20-50XXXXXX	0.12%		

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
XXXXXXXXXX	59-36XXXXXX	0.03%
XXXXXXXXXX	45-42XXXXXX	1.86%
XXXXXXXXXX	27-02XXXXXX	0.67%
XXXXXXXXXX	20-49XXXXXX	0.63%
XXXXXXXXXX	73-13XXXXXX	0.20%
XXXXXXXXXX	65-09XXXXXX	2.23%
XXXXXXXXXX	73-15XXXXXX	0.04%
XXXXXXXXXX	36-44XXXXXX	0.02%
XXXXXXXXXX	73-11XXXXXX	0.40%
XXXXXXXXXX	32-02XXXXXX	0.29%
XXXXXXXXXX	45-35XXXXXX	0.03%
XXXXXXXXXX	20-12XXXXXX	1.48%
XXXXXXXXXX	73-03XXXXXX	0.46%
XXXXXXXXXX	62-15XXXXXX	0.46%
XXXXXXXXXX	76-05XXXXXX	0.08%
XXXXXXXXXX	46-41XXXXXX	0.42%
XXXXXXXXXX	72-15XXXXXX	0.09%
XXXXXXXXXX	11-33XXXXXX	0.82%
XXXXXXXXXX	59-26XXXXXX	1.56%
XXXXXXXXXX	45-38XXXXXX	1.84%
XXXXXXXXXX	26-21XXXXXX	0.12%
XXXXXXXXXX	46-36XXXXXX	0.61%
XXXXXXXXXX	59-36XXXXXX	0.79%
XXXXXXXXXX	26-42XXXXXX	0.19%
XXXXXXXXXX	73-12XXXXXX	2.96%
XXXXXXXXXX	38-30XXXXXX	0.03%
XXXXXXXXXX	45-35XXXXXX	0.85%
XXXXXXXXXX	48-11XXXXXX	0.10%
XXXXXXXXXX	88-05XXXXXX	3.29%
XXXXXXXXXX	73-15XXXXXX	0.25%
XXXXXXXXXX	73-11XXXXXX	0.02%
XXXXXXXXXX	59-17XXXXXX	0.36%
XXXXXXXXXX	59-26XXXXXX	0.11%
XXXXXXXXXX	59-16XXXXXX	2.76%
XXXXXXXXXX	20-58XXXXXX	0.03%
XXXXXXXXXX	59-35XXXXXX	0.07%
XXXXXXXXXX	65-00XXXXXX	0.21%
XXXXXXXXXX	98-02XXXXXX	0.25%
XXXXXXXXXX	59-10XXXXXX	1.10%
XXXXXXXXXX	59-34XXXXXX	0.08%
XXXXXXXXXX	73-12XXXXXX	0.39%
XXXXXXXXXX	95-69XXXXXX	0.55%
XXXXXXXXXX	59-05XXXXXX	0.52%
XXXXXXXXXX	27-13XXXXXX	0.08%
XXXXXXXXXX	88-02XXXXXX	0.23%
XXXXXXXXXX	11-37XXXXXX	0.19%
XXXXXXXXXX	45-51XXXXXX	1.27%
XXXXXXXXXX	02-07XXXXXX	7.62%
XXXXXXXXXX	61-14XXXXXX	0.56%
XXXXXXXXXX	45-41XXXXXX	2.76%
XXXXXXXXXX	73-16XXXXXX	1.04%
XXXXXXXXXX	22-30XXXXXX	0.79%
XXXXXXXXXX	84-10XXXXXX	0.91%
XXXXXXXXXX	45-55XXXXXX	1.30%
XXXXXXXXXX	27-17XXXXXX	0.07%
XXXXXXXXXX	02-05XXXXXX	0.21%

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR).

ACCORD HUMAN RESOURCES RETIREMENT SAVINGS PLAN:

PLAN NO: 335

EIN #: 48-1304650

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date rate of interest, collateral, par, or maturity value	(d) cost	(e) Current value
	American Century	ACMVX - American Century Mid Cap Value		545,009
	American Funds	RERGX - American Funds EuroPacific R6		-
	American Funds	RNPGX - American Funds New Perspective R6		1,216,652
	American Funds	RSLEX - American Funds Small Cap World R4		-
	DFA	DFCEX - DFA Emerging Markets Core Equity		206,022
	Federated	POIXX - Federated Prime Obligation Fund		3,301
	Federated	PTTRX - PIMCO Total Return Inst		195,272
	Fidelity	FDVAX - Fidelity Advisor Diversified Int'l A		-
	Fidelity	FSIVX - Fidelity Spartan Int'l Index		465,644
	Fidelity	FZBXX - Fidelity Govt_ Money Market		-
	Franklin/Templeton	FVADX - Franklin Small Cap Value		82,616
	Gabelli Funds/SSga	SVSPX - SSgA S&P Index 500		2,649,010
	Invesco	AIIXY - Invesco In'tl Growth		63,624
	Janus	JGMNX - Janus Triton N		237,938
	Kemper Multi-Fund	SUHAX - DEUTSCHE HEALTH AND WELLNESS FUND-A		0
	Oakmark	OAKIX - Oakmark Int'l I		178,740
	Oppenheimer Funds	OPGVX - Oppenheimer Limited-Term Govt A		-
	Oppenheimer Funds	OPPAX - Oppenheimer Global Fund A		-
	T Rowe Price	PRWAX - T_ Rowe Price New American Growth		1,490,354
	T Rowe Price	RPMGX - T Rowe Price Mid Cap Growth		1,486,892
	Third Avenue	TAVFX - Third Avenue Value		-
	Thornburg	TIVRX - Thornburg Int'l Value R5		-
	Vanguard	VBILX - Vanguard Intermediate-Term Bond Index Ad		-
	Vanguard	VBTLX - Vanguard Total Bond Market Index Admiral		1,450,827
	Vanguard	VEURX - Vanguard European Index		0
	Vanguard	VFFVX - Vanguard Target Retirement 2055		479,401
	Vanguard	VFIFX - Vanguard Target Retirement 2050		1,512,667
	Vanguard	VFORX - Vanguard Target Retirement 2040		3,789,179
	Vanguard	VGSLX - Vanguard REIT Index Admiral		750,248
	Vanguard	VGTSX - Vanguard Total Intl Stock Index Fund		0
	Vanguard	VIMAX - Vanguard Mid Cap Index Admiral		1,092,816
	Vanguard	VINAX - Vanguard Industrial Index Admiral		-
	Vanguard	VMMXX - Vanguard Money Market Prime		2,040,749
	Vanguard	VSGDX - Vanguard Short-Term Federal Admiral		-
	Vanguard	VSMAX - Vanguard Small Cap Index Admiral		356,352
	Vanguard	VTENX - Vanguard Target Retirement 2010		783,335
	Vanguard	VTHRX - Vanguard Target Retirement 2030		6,582,328
	Vanguard	VTINX - Vanguard Target Retirement Income		307,203
	Vanguard	VTIVX - Vanguard Target Retirement 2045		2,716,636
	Vanguard	VTMAX - Vanguard Total Stock Market Index Admira		-
	Vanguard	VTTHX - Vanguard Target Retirement 2035		5,115,543
	Vanguard	VTTMX - Vanguard Target Retirement 2060		38,726
	Vanguard	VTTVX - Vanguard Target Retirement 2025		7,579,033
	Vanguard	VTWXX - Vanguard Target Retirement 2020		5,066,443
	Vanguard	VTXVX - Vanguard Target Retirement 2015		3,680,122
	Vanguard	VWEHX - Vanguard High Yield Corporate Bond		483,238
	Vanguard	VWELX - Vanguard Wellington		395,271
	Vanguard	VWNFX - Vanguard Windsor II		865,936
	Participant Loan	3.25% to 5.25%		1,320,541

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 Accord Human Resources Retirement Savings Plan 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) TriNet HR Corporation 1100 San Leandro Blvd. San Leandro CA 94577	1b Three-digit plan number (PN) <u>335</u> 1c Effective date of plan 01/01/1998 2b Employer Identification Number (EIN) 48-1304650 2c Plan Sponsor's telephone number (510) 352-5000 2d Business code (see instructions) 561300

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

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

SIGN HERE		<u>10/13/16</u>	William Porter
	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