Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
SOURCEPOINTE RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2006

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)

SOURCEPOINTE, LLC

2000B SOUTHBRIDGE PARKWAY
SUITE 200
BIRMINGHAM, AL 35209

2b Employer Identification Number (EIN)
73-1664238

2c Plan Sponsor's telephone number
205-868-1557

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	Filed with authorized/valid electronic signature.	10/13/2016	ROBERT D. PIERCE, JR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	90-0101397
a Sponsor's name SOURCEPOINTE, LLC	**4c** PN	001
5 Total number of participants at the beginning of the plan year	**5**	512
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)**	470
a(2) Total number of active participants at the end of the plan year	**6a(2)**	580
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	33
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	613
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	613
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	364
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	9
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)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	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)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[ ]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[ ]	0	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[X]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

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

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

A Name of plan SOURCEPOINTE RETIREMENT PLAN	**B** Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SOURCEPOINTE, LLC	**D** Employer Identification Number (EIN) 73-1664238

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

PMD ADVISORY

20-5897876

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28	INVESTMENT MANAGER	46736	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

PROFESSIONAL CAPITAL SERVICES, LLC

23-3038464

(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?
12 13 15 16 17 36 37 38 64	CONTRACT ADMINISTRATOR	42654	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

BRINKER CAPITAL SERVICES, INC.

1055 WESTLAKES DRIVE
SUITE 250
BERWYN, PA 19312

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28	INVESTMENT MANAGER	18694	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

BLUESTAR RETIREMENT SERVICES

59-3092339

(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?
13 15 37 38 50	NONE	6482	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection.

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

A Name of plan
SOURCEPOINTE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SOURCEPOINTE, LLC

D Employer Identification Number (EIN)
73-1664238

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: MORLEY STABLE VALUE 150

b Name of sponsor of entity listed in (a): MORLEY STABLE VALUE FUND

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)
93-6274329-001	C	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

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

A Name of plan
SOURCEPOINTE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SOURCEPOINTE, LLC

D Employer Identification Number (EIN)
73-1664238

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	15986
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	46554	59278
(2) Participant contributions	1b(2)	73954	108604
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	163139	133122
(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)	173338	270342
(9) Value of interest in common/collective trusts	1c(9)	272131	0
(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)	8055121	9813399
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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	8784237	10400731
	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 through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	8784237	10400731

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)	567930	
	(B) Participants	2a(1)(B)	1147400	
	(C) Others (including rollovers)	2a(1)(C)	332	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1715662
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	13	
	(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)	9816	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		9829
	(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)	542646	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		542646
	(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)		-760052
c Other income	2c		-1841
d Total income. Add all **income** amounts in column (b) and enter total	2d		1506244
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	976964	
(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)		976964
f Corrective distributions (see instructions)	2f		2968
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)	6557	
(3) Investment advisory and management fees	2i(3)	121515	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		128072
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1108004
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		398240
l Transfers of assets:			
(1) To this plan	2l(1)		1218254
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

(1) Name: CULOTTA SCROGGINS HENDRICKS GILLESP **(2)** EIN: 62-1210711

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X		

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ **Yes** ☒ **No** **Amount:**

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection.

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

A Name of plan
SOURCEPOINTE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SOURCEPOINTE, LLC

D Employer Identification Number (EIN)
73-1664238

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 23-3038464 20-0937408

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____ (See instructions for tax law changes and codes).

22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

SOURCEPOINTE RETIREMENT PLAN

FINANCIAL STATEMENTS AND

SUPPLEMENTAL SCHEDULES

FOR THE YEARS ENDED

DECEMBER 31, 2015 AND 2014

SourcePointe Retirement Plan
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For the Years Ended December 31, 2015 and 2014

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CSH&G

Culotta, Scroggins, Hendricks & Gillespie, PC

INDEPENDENT AUDITOR'S REPORT

To the Trustees and Administrator
SourcePointe Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of SourcePointe Retirement Plan, which comprise the statements of net assets available for benefits - modified cash basis as of December 31, 2015 and 2014, and the related statement of changes in net assets available for benefits - modified cash basis 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 the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by TD Ameritrade Trust Company for the year ended December 31, 2015, and by Advisor Trust, Inc. for the year ended December 31, 2014, the trustees of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustees as of and for the years ended December 31, 2015 and 2014, that the information provided to the plan administrator by the trustees 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 schedules, Schedule H, Line 4i – Schedule of Assets (Held at End of Year), and Schedule H, Line 4j – Schedule of Reportable Transactions are presented for the purpose of additional

analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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 schedules 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 schedules, other than that derived from the information certified by the trustees, 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.

Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements and supplemental schedules were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles. Our opinion is not modified with respect to that matter.

Culotta, Scroggins, Hendricks & Gillespie, P.C.

Culotta, Scroggins, Hendricks & Gillespie, P.C.
Certified Public Accountants and Consultants

October 12, 2016

3049 Massey Road · Vestavia Hills, Alabama 35216
P: 205-871-1210 · F: 205-871-1518 · www.cshgcpa.com

SOURCEPOINTE RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
- MODIFIED CASH BASIS
AS OF DECEMBER 31, 2015 AND 2014

	2015	2014
ASSETS		
CASH - NONINTEREST BEARING	$ 15,986	$ -
INVESTMENTS (at fair value)		
Mutual funds	9,813,399	8,055,121
Money market	133,122	163,139
Stable value fund	-	272,131
Total Investments	9,946,521	8,490,391
RECEIVABLES		
Participant notes receivable	270,342	173,338
Employer contribution receivable	59,278	46,554
Employee contribution receivable	108,604	73,954
Total Receivables	438,224	293,846
TOTAL ASSETS	10,400,731	8,784,237
LIABILITIES	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 10,400,731	$ 8,784,237

See accompanying notes and independent auditor's report.

SOURCEPOINTE RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
- MODIFIED CASH BASIS
FOR THE YEAR ENDED DECEMBER 31, 2015

ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
INVESTMENT INCOME		
Net depreciation in fair value of investments	$	(219,234)
Interest from participant loans		9,816
Total Investment Income		(209,418)
CONTRIBUTIONS		
Employer		567,930
Employee		1,147,400
Rollover contributions		332
Transfers from other plans		1,218,254
Total Contributions		2,933,916
Total Additions		2,724,498
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants		979,932
Administrative expenses		128,072
Total Deductions		1,108,004
Net increase		1,616,494
Net Assets Available for Benefits:		
Beginning of year		8,784,237
End of year	$	10,400,731

See accompanying notes and independent auditor's report.

SOURCEPOINTE RETIREMENT PLAN
NOTES TO FINANICAL STATEMENTS
DECEMBER 31, 2015 AND 2014

NOTE 1. DESCRIPTION OF PLAN

The following description of SourcePointe (the Company) Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

A. General – The Plan is a multiple employer defined contribution plan sponsored by SourcePointe LLC (a professional employer organization holding company) which allows the adoption of the Plan by certain employers who elect to participate. The principal employer adoption agreement makes the Plan available to eligible employees who have met the employer's age and employment requirements. These requirements are determined by each employer. An employer who adopts the Plan may make modifications to lessen but not increase the age or service period required to be eligible to participate. The Plan is an employee retirement plan that incorporates the deferral provisions of Section 401(k) of the Internal Revenue Code, and is subject to the provisions of the Employee Retirement Income Securities Act of 1974 (ERISA).

B. Contributions - Each year, participants may contribute a percentage of pretax annual compensation, as defined in the Plan. 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 defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The employer may make a discretionary matching contribution, as determined by the employer, of the compensation that a participant elects to contribute to the Plan. Contributions are subject to certain limitations.

C. Participant Accounts - Each participant's account is credited with the participant's contributions, employer's contributions, and Plan earnings thereon and charged with an allocation of administrative expenses. Matching contributions are based on a percentage determined by the employer. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

D. Vesting - Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the matching contribution portion of their accounts plus actual earnings thereon is based on years of continuous service as selected by their individual employers. Vested funds are available for withdrawal at retirement, termination, or when certain withdrawal specifications are met. The federal and state income taxes of the participants are typically deferred on the contributions until the funds are withdrawn from the Plan, with the exception of participant ROTH contributions.

E. Payment of Benefits - Upon retirement, death, or disability, the participant (or beneficiary) may elect to receive a lump-sum amount equal to the value of the participant's vested interest in their account. If employment is terminated for reasons other than retirement, death, or disability, participants may be entitled to all or part of their account, depending on their vested percentage, in the form of a lump-sum distribution. The Plan includes provisions for certain hardship withdrawals.

F. Administration – As of December 31, 2015, the Plan's Sponsor is the Company, and the Plan's administrator and record-keeper is BlueStar Retirement Services, Inc. As of December 31, 2014, the Plan's Sponsor was the Company, the Plan's administrator and record-keeper was Professional Capital Services (PCS). As of December 31, 2015, the Plan's trustee is TD Ameritrade Trust Company, and as of December 31, 2014, the trustee was Advisor Trust, Inc.

NOTE 1. DESCRIPTION OF PLAN - Continued

G. Forfeited Accounts - At December 31, 2015, there were no forfeited non-vested accounts. As of December 31, 2014, forfeited non-vested accounts totaled $4,771. The Plan allows forfeitures to reduce administrative expenses followed by employer contributions that would otherwise be paid by the Company. An employee has a forfeiture date on the last day of five consecutive one-year breaks in service. Upon termination, if an employee is paid their vested balance, any unvested balance in matching contributions is forfeited. The Plan includes provisions to allow forfeited balances to be restored upon re-hire.

H. Participant Notes Receivable – Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are to be secured by the balance in the participant's account and will bear interest at rates comparable to those identifiable from commercial institutions for similar loans. Generally, payments of principal and interest are to be paid ratably through payroll deductions. Payments must be made at least on a quarterly basis. Loan terms will not exceed five years unless the loan is for the purchase of a principal residence in which case the term will be determined at the time the loan is approved. Outstanding loans to participants were $270,342 and $173,338, as of December 31, 2015 and 2014, respectively.

I. Investment options – Upon enrollment in the Plan, a participant may direct their account balances, employer contributions and employee contributions in percentage increments in any of twenty-seven investment options. These options as of December 31, 2015, are as follows:

Vanguard Target Retirement 2015 Fund
Vanguard Target Retirement 2020 Fund
Vanguard Target Retirement 2025 Fund
Vanguard Target Retirement 2030 Fund
Vanguard Target Retirement 2035 Fund
Vanguard Target Retirement 2040 Fund
Vanguard Target Retirement 2045 Fund
Vanguard Target Retirement 2050 Fund
Vanguard Target Retirement 2055 Fund
Vanguard Target Retirement 2060 Fund
Vanguard Target Retirement Income Fund
Columbia Balanced Fund
DoubleLine Total Return Bond Fund
T. Rowe Price International Stock Fund
Vanguard 500 Index Fund
Vanguard Small-Cap Index Fund
Vanguard Total International Stock Index Fund
Wells Fargo Small Company Growth Fund
Alger Spectra Fund
American Funds International Growth & Income Fund
Columbia Contrarian Core Fund
JPMorgan Equity Income Fund
TD Bank USA Institutional MMDA
Vanguard Mid-Cap Value Index Fund
Vanguard Total Bond Market Index Fund
Vanguard Wellesley Income Fund
AllianceBernstein Discovery Growth Fund

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The financial statements of the Plan are prepared on the modified cash basis of accounting. Under this basis of accounting, income is recorded as received and expenses are recorded when paid with the exception of investments being modified to be reported at fair market value. Contributions are reported on a Plan year accrual basis.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – Continued

Investment contracts held by a defined contribution plan are required to be reported at fair value. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to fully benefit-responsive investment contracts. The contract value is the amount participants would receive if they were to initiate permitted transactions under terms of the Plan. The statement of changes in net assets available for benefits has been prepared on a fair market value basis, which under terms of the plan equates to the contract value that the participants receive under permitted transactions.

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 on the terms of the Plan document.

INVESTMENT VALUATION AND INCOME RECOGNITION

The Plan's investments are reported at fair value as certified by Advisor Trust, Inc. and TD Ameritrade Trust Company. 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. Net appreciation (depreciation) in fair value of investments is the difference between the proceeds received or aggregate fair market value of investments determined at the end of the year and the aggregate fair market value of investments determined at the beginning of the year or cost if acquired during the year. See Note 3 for discussion of fair value measurements.

Prior to the Company's change in trustee and administrator in 2015 and during 2014, the Plan had investments in the Morley Stable Value Fund, which is a fully benefit-responsive investment contract, to provide preservation of principal, maintain a stable interest rate, and provide liquidity at contract value for participant withdrawals and transfers. For purposes of the Statement of Net Assets Available for Benefits, these investments are stated at fair value which approximates contract value.

Purchases and sales of securities are recorded on a trade-date basis.

ESTIMATES

The preparation of financial statements in conformity with the modified cash basis requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

PAYMENT OF BENEFITS

Benefits are recorded when paid.

OPERATING EXPENSES

The Company pays all expenses of maintaining the plan, with the exception of amounts paid to trustees and record-keepers.

NOTE 3. FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

VALUATION HEIRARCHY

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority; Level 2 inputs are based on inputs other than quoted prices included within level 1 that are observable for valuing an asset or liability, either directly or indirectly; and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements:

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

Level 2 Fair Value Measurements:

The fair value of separate accounts of insurance companies and stable value accounts are reflected at net asset value (NAV).

Level 3 Fair Value Measurements:

The fair value of participant loans approximates the amortized cost of the loans because the loans are secured by each respective participant’s account balance.

NOTE 3. FAIR VALUE MEASUREMENTS – Continued

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

	As of December 31, 2015			
		Fair Value Hierarchy Level		
	Assets Measured at Fair Value	Level 1	Level 2	Level 3
Mutual Funds:				
Index Fund	$ 69,129	$ 69,129	$ -	$ -
Balanced Fund	129,741	129,741	-	-
Growth Fund	234,083	234,083	-	-
Value Fund	112,019	112,019	-	-
Target Date Fund	9,268,427	9,268,427	-	-
Total Mutual Funds	9,813,399	9,813,399	-	-
Money Market	133,122	133,122	-	-
Stable Value Fund – (Fully Benefit-Respnsive)	-	-	-	-
Participant Loans	270,342	-	-	270,342
Total Invested Assets	$ 10,216,863	$ 9,946,521	$ -	$ 270,342

	As of December 31, 2014			
		Fair Value Hierarchy Level		
	Assets Measured at Fair Value	Level 1	Level 2	Level 3
Mutual Funds:				
Index Fund	$ 5,782,654	$ 5,782,654	$ -	$ -
Balanced Fund	203,756	203,756	-	-
Growth Fund	1,515,078	1,515,078	-	-
Value Fund	553,633	553,633	-	-
Total Mutual Funds	8,055,121	8,055,121	-	-
Money Market	163,139	163,139	-	-
Stable Value Fund – (Fully Benefit-Respnsive)	272,131	-	272,131	-
Participant Loans	173,338	-	-	173,338
Total Invested Assets	$ 8,663,729	$ 8,218,260	$ 272,131	$ 173,338

NOTE 3. FAIR VALUE MEASUREMENTS – Continued

The following tables reconcile the beginning and ending balances of fair value measurements using significant observable inputs (Level 3) of the participant loans for the years ended December 31, 2015 and 2014

December 31, 2015

Beginning Balance	$ 173,338
Total gains or losses included in changes in net assets available for benefits	9,816
Purchases, issues, sales, and settlements (net)	87,188
Ending Balance	$ 270,342

December 31, 2014

Beginning Balance	$ 112,841
Total gains or losses included in changes in net assets available for benefits	6,032
Purchases, issues, sales, and settlements (net)	54,465
Ending Balance	$ 173,338

The Plan's policy is to recognize transfers into and out of Level 3 as of the date of the event of change in circumstances that caused the transfer.

NOTE 4. PLAN TERMINATION

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

NOTE 5. TAX STATUS

The Plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service stated that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code. 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 Internal Revenue Code (IRC), and accordingly, believe the Plan is qualified and the trust's net investment income is exempt from income taxes.

NOTE 5. TAX STATUS - Continued

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 if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2012.

NOTE 6. 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 assets available for benefits.

NOTE 7. INVESTMENTS

The following presents investments that represent 5% or more of the Plan's net assets:

	December 31,	
	2015 Fair Market Value	2014 Fair Market Value
Vanguard Total International Stock	$ -	$ 915,672
DoubleLine Total Return Bond	-	772,949
Vanguard Total Bond Market	-	1,021,047
Vanguard Total Stock Market	-	2,950,468
Vanguard Target Retirement 2015 Fund	660,848	-
Vanguard Target Retirement 2020 Fund	610,839	-
Vanguard Target Retirement 2025 Fund	1,810,005	-
Vanguard Target Retirement 2030 Fund	1,770,709	-
Vanguard Target Retirement 2035 Fund	1,986,450	-
Vanguard Target Retirement 2040 Fund	888,278	-
Vanguard Target Retirement 2045 Fund	819,998	-

Cost information is not required for participant directed investments and therefore is not included.

During the 2015, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by $219,234.

NOTE 8. INFORMATION PREPARED AND CERTIFIED BY TRUSTEES

The Plan administrator has elected the method of compliance 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. Accordingly, the balances for investment assets and transactions in those assets included in the accompanying financial statements and supplemental schedules as of December 31, 2015 and 2014, and for the years then ended have been compiled from statements certified as complete and accurate by trustees Advisor Trust, Inc., and TD Ameritrade Trust Company, in accordance with DOL regulations.

Participant notes receivable in the amount of $270,342 are not certified by TD Ameritrade Trust Company at December 31, 2015. TD Ameritrade Trust Company did not perform record-keeping services related to the notes, therefore did not certify the information. BlueStar Retirement Services, Inc. (TPA), did provide record-keeping services related to participant notes receivable and provided a Type 2 SSAE 16 report which covered the period January 1, 2015 through December 31, 2015, and included an unqualified opinion on controls and their operating effectiveness related to BlueStar's record-keeping services of participant loans.

Summary of Certified Information

	2015	2014
Mutual Funds	$ 9,813,399	$ 8,055,121
Money Market	133,122	163,139
Stable Value Fund	-	272,131
Cash - Noninterest Bearing	15,986	-
Participant Notes Receivable	-	173,338
Investment income (loss)	(219,234)	
Contributions (including change in receivables of $47,374)	2,886,542	
Benefits and distributions paid	979,932	
Administrative expenses	128,072	

NOTE 9. DATE OF MANAGEMENT'S REVIEW

Subsequent events were evaluated through October 12, 2016, which is the date the financial statements were available to be issued.

NOTE 10. RELATED PARTY TRANSACTIONS

Plan investments were administered by BlueStar Retirement Services, Inc. and Professional Capital Services, LLC during 2015. Professional Capital Services, LLC (PCS) administered plan investments during 2014. BlueStar Retirement Services, Inc. and PCS act as record-keepers as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Total fees paid by the Plan for the services provided by BlueStar Retirement Services, Inc. and PCS for the years ended December 31, 2015 and 2014, were $128,072 and $86,216, respectively.

SUPPLEMENTAL SCHEDULES

SOURCEPOINTE RETIREMENT PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2015
EIN : 73-1664238
PLAN NUMBER : 001
FORM : 5500

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of Investment	** (d) Cost	(e) Current value
	TD Ameritrade	Alger Spectra Fund	$ -	$ 92,215
	TD Ameritrade	AllianceBernstein Discovery Growth	-	8,644
	TD Ameritrade	American Funds Intl Gr and Inc	-	97
	TD Ameritrade	Columbia Balanced Fund	-	129,741
	TD Ameritrade	Columbia Contrarian Core Fund	-	61,537
	TD Ameritrade	DoubleLine Total Return Bond Fund	-	221
	TD Ameritrade	JPMorgan Equity Income Fund	-	107,855
	TD Ameritrade	T. Rowe Price International Stock Fund	-	7,410
*	TD Ameritrade	TD Bank USA Institutional MMDA	-	133,122
	TD Ameritrade	Vanguard 500 Index Fund	-	10,804
	TD Ameritrade	Vanguard Mid-Cap Value Index Fund	-	50,610
	TD Ameritrade	Vanguard Small-Cap Index	-	5,299
	TD Ameritrade	Vanguard Target Retirement 2015 Fund	-	660,848
	TD Ameritrade	Vanguard Target Retirement 2020 Fund	-	610,840
	TD Ameritrade	Vanguard Target Retirement 2025 Fund	-	1,810,005
	TD Ameritrade	Vanguard Target Retirement 2030 Fund	-	1,770,709
	TD Ameritrade	Vanguard Target Retirement 2035 Fund	-	1,986,451
	TD Ameritrade	Vanguard Target Retirement 2040 Fund	-	888,279
	TD Ameritrade	Vanguard Target Retirement 2045 Fund	-	819,998
	TD Ameritrade	Vanguard Target Retirement 2050 Fund	-	320,866
	TD Ameritrade	Vanguard Target Retirement 2055 Fund	-	73,168
	TD Ameritrade	Vanguard Target Retirement 2060 Fund	-	15,490
	TD Ameritrade	Vanguard Target Retirement Income Fund	-	311,773
	TD Ameritrade	Vanguard Total Bond Market Index	-	2,089
	TD Ameritrade	Vanguard Total International Stock Index	-	99
	TD Ameritrade	Vanguard Wellesley Income Fund	-	4,164
	TD Ameritrade	Wells Fargo Adv Sm Company Gr	-	64,187
	TD Ameritrade	Participant Notes Receivable (4% - 7%)	-	270,342
			$ -	$ 10,216,863

* Represents a party-in-interest as defined by ERISA

** The cost of participant-directed investments is not required to be disclosed

See accompanying notes and independent auditor's report.

SOURCEPOINTE RETIREMENT PLAN
SCHEDULE H, 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
DECEMBER 31, 2015
EIN : 73-1664238
PLAN NUMBER : 001
FORM : 5500

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of assets	Purchase price	Selling price	** Cost of asset	Current value of asset on transaction date	Net gain(loss)
Single Transactions:						
TD Ameritrade	TD Bank USA MMDA	$ 820,789	$ -	$ -	$ 820,789	$ -
TD Ameritrade	TD Bank USA MMDA	1,159,731	-	-	1,159,731	-
TD Ameritrade	TD Bank USA MMDA	1,222,321	-	-	1,222,321	-
TD Ameritrade	TD Bank USA MMDA	3,110,956	-	-	3,110,956	-
TD Ameritrade	TD Bank USA MMDA	1,020,886	-	-	1,020,886	-
TD Ameritrade	TD Bank USA MMDA	11,852	-	-	11,852	-
TD Ameritrade	TD Bank USA MMDA	18,373	-	-	18,373	-
TD Ameritrade	TD Bank USA MMDA	18,774	-	-	18,774	-
TD Ameritrade	TD Bank USA MMDA	69,488	-	-	69,488	-
TD Ameritrade	TD Bank USA MMDA	-	9,960,981	-	(9,960,981)	-
TD Ameritrade	TD Bank USA MMDA	-	136,014	-	(136,014)	-
TD Ameritrade	TD Bank USA MMDA - Loan	-	15,000	-	(15,000)	-
TD Ameritrade	TD Bank Instl MMDA FTCIMA	-	18,774	-	(18,774)	-
TD Ameritrade	Doubleline Total Return Bond Fund Class	-	1,020,886	-	(1,020,886)	-
TD Ameritrade	Vanguard BD Index FD Inc Total Bond Mrkt	-	1,159,752	-	(1,159,752)	-
TD Ameritrade	Vanguard Index Tr Stk Krk Vipers CLMF	-	3,111,013	-	(3,111,013)	-
TD Ameritrade	Vanguard Index Tr Stk Krk Vipers CLMF	-	11,852	-	(11,852)	-
TD Ameritrade	Vanguard Total Intl Stock ET	-	1,222,344	-	(1,222,344)	-
TD Ameritrade	Driehaus Active Income Fund	-	18,373	-	(18,373)	-
TD Ameritrade	Driehaus Micro Cap Growth Fund	-	69,488	-	(69,488)	-
TD Ameritrade	TD Bank USA MMDA	-	3,508	-	(3,508)	-
TD Ameritrade	TD Bank USA MMDA	-	8,502	-	(8,502)	-
TD Ameritrade	TD Bank USA MMDA	-	2,638	-	(2,638)	-
TD Ameritrade	TD Bank USA MMDA	-	1,647	-	(1,647)	-
TD Ameritrade	TD Bank USA MMDA	-	2,419	-	(2,419)	-
TD Ameritrade	TD Bank USA MMDA	-	3,169	-	(3,169)	-
TD Ameritrade	TD Bank USA MMDA	-	2,353	-	(2,353)	-
TD Ameritrade	TD Bank USA MMDA	7,115	-	-	7,115	-
TD Ameritrade	TD Bank USA MMDA	17,967	-	-	17,967	-
TD Ameritrade	TD Bank USA MMDA	1,686	-	-	1,686	-
TD Ameritrade	TD Bank USA MMDA	2,268	-	-	2,268	-
TD Ameritrade	TD Bank USA MMDA	-	129	-	(129)	-
TD Ameritrade	TD Bank USA MMDA	-	157	-	(157)	-
TD Ameritrade	TD Bank USA MMDA	-	197	-	(197)	-

See accompanying notes and independent auditor's report.

SOURCEPOINTE RETIREMENT PLAN
SCHEDULE H, 4j - SCHEDULE OF REPORTABLE TRANSACTIONS - CONTINUED
DECEMBER 31, 2015
EIN : 73-1664238
PLAN NUMBER : 001
FORM : 5500

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of assets	Purchase price	Selling price	** Cost of asset	Current value of asset on transaction date	Net gain(loss)
TD Ameritrade	TD Bank USA MMDA	1,008	-	-	1,008	-
TD Ameritrade	TD Bank USA MMDA	78	-	-	78	-
TD Ameritrade	TD Bank USA MMDA	-	276	-	(276)	-
TD Ameritrade	TD Bank USA MMDA	-	157	-	(157)	-
TD Ameritrade	TD Bank USA MMDA	-	130	-	(130)	-
TD Ameritrade	TD Bank USA MMDA	-	107	-	(107)	-
TD Ameritrade	TD Bank USA MMDA	-	94	-	(94)	-
TD Ameritrade	TD Bank Instl MMDA FTCIMA	157	-	-	157	-
TD Ameritrade	TD Bank Instl MMDA FTCIMA	157	-	-	157	-
TD Ameritrade	Vanguard Target Retirement 2015 Fund	130	-	-	130	-
TD Ameritrade	Vanguard Target Retirement 2020 Fund	107	-	-	107	-
TD Ameritrade	Vanguard Target Retirement 2035 Fund	276	-	-	276	-
TD Ameritrade	Vanguard Target Retirement 2040 Fund	94	-	-	94	-
TD Ameritrade	Vanguard Target Retirement 2035 Fund	197	-	-	197	-
TD Ameritrade	Vanguard Target Retirement 2040 Fund	129	-	-	129	-
TD Ameritrade	Vanguard Target Retirement 2015 Fund	1,647	-	-	1,647	-
TD Ameritrade	Vanguard Target Retirement 2020 Fund	3,169	-	-	3,169	-
TD Ameritrade	Vanguard Target Retirement 2025 Fund	3,508	-	-	3,508	-
TD Ameritrade	Vanguard Target Retirement 2030 Fund	8,502	-	-	8,502	-
TD Ameritrade	Vanguard Target Retirement 2035 Fund	2,419	-	-	2,419	-
TD Ameritrade	Vanguard Target Retirement 2040 Fund	2,638	-	-	2,638	-
TD Ameritrade	Vanguard Target Retirement Income Fund	2,353	-	-	2,353	-
TD Ameritrade	TD Bank USA MMDA	2,434	-	-	2,434	-
TD Ameritrade	TD Bank USA MMDA	2,226	-	-	2,226	-
TD Ameritrade	TD Bank USA MMDA	3,388	-	-	3,388	-
TD Ameritrade	TD Bank USA MMDA	-	3,550	-	(3,550)	-
TD Ameritrade	TD Bank USA MMDA	-	3,034	-	(3,034)	-
TD Ameritrade	Vanguard Target Retirement 2030 Fund	3,034	-	-	3,034	-
TD Ameritrade	Vanguard Target Retirement 2040 Fund	3,550	-	-	3,550	-
TD Ameritrade	TD Bank USA MMDA	9,960,981	-	-	9,960,981	-
TD Ameritrade	TD Bank USA MMDA	2,436	-	-	2,436	-
TD Ameritrade	TD Bank USA MMDA	2,037	-	-	2,037	-
TD Ameritrade	TD Bank USA MMDA	-	1,027,479	-	(1,027,479)	-
TD Ameritrade	TD Bank USA MMDA	-	811,443	-	(811,443)	-

See accompanying notes and independent auditor's report.

SOURCEPOINTE RETIREMENT PLAN
SCHEDULE H, 4j - SCHEDULE OF REPORTABLE TRANSACTIONS - CONTINUED
DECEMBER 31, 2015
EIN : 73-1664238
PLAN NUMBER : 001
FORM : 5500

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of assets	Purchase price	Selling price	** Cost of asset	Current value of asset on transaction date	Net gain(loss)
TD Ameritrade	TD Bank USA MMDA	-	1,673,912	-	(1,673,912)	-
TD Ameritrade	TD Bank USA MMDA	-	878,858	-	(878,858)	-
TD Ameritrade	TD Bank USA MMDA	-	641,815	-	(641,815)	-
TD Ameritrade	TD Bank USA MMDA	-	2,003,165	-	(2,003,165)	-
TD Ameritrade	TD Bank USA MMDA	-	1,745,729	-	(1,745,729)	-
TD Ameritrade	Vanguard Target Retirement 2015 Fund	641,815	-	-	641,815	-
TD Ameritrade	Vanguard Target Retirement 2020 Fund	878,858	-	-	878,858	-
TD Ameritrade	Vanguard Target Retirement 2025 Fund	1,745,729	-	-	1,745,729	-
TD Ameritrade	Vanguard Target Retirement 2030 Fund	1,673,912	-	-	1,673,912	-
TD Ameritrade	Vanguard Target Retirement 2035 Fund	2,003,165	-	-	2,003,165	-
TD Ameritrade	Vanguard Target Retirement 2040 Fund	1,027,479	-	-	1,027,479	-
TD Ameritrade	Vanguard Target Retirement 2045 Fund	811,443	-	-	811,443	-

** The cost of participant-directed investments is not required to be disclosed

Note: Amounts reported in the schedule are listed by each individual trustee based on assets held by the transferring or receiving trustee at any given date during 2015.

Multiple Employer Plan Participating Employer Information

SourcePointe Retirement Plan

Employer Identification Number: 73-1664238 **Plan Number: 001**

For plan year (beginning/ending): **01/01/2015 - 12/31/2015**

(a) Name of participating employer	*(b) EIN*	*(c) Percent of Total Contributions*
5009	63-1089704	1.45%
5012	63-1236215	0.42%
5008	63-1132242	5.35%
5010	45-5399027	5.81%
5014	63-0936142	4.40%
5015	63-1237880	2.90%
5019	27-2243293	6.43%
5027	63-1072600	4.93%
5018	63-1221672	4.07%
5021	63-1035249	5.79%
5025	20-1374184	1.47%
5026	47-3524701	1.46%
5022	63-1009487	1.45%
5013	63-1173007	2.64%
5020	20-0620135	0.81%
4933	20-5897876	2.88%
5007	63-1264278	18.86%
4925	73-1664238	5.29%
4934	84-1693540	1.77%
5011	71-0945933	0.89%
5016	63-1032330	10.12%
5023	46-3613090	10.82%

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
SourcePointe Retirement Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2006

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)

SourcePointe, LLC

2000B Southbridge Parkway
Suite 200
Birmingham AL 35209

2b Employer Identification Number (EIN)
73-1664238

2c Plan Sponsor's telephone number
205-868-1557

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	Signature of plan administrator	Date: 10/13/16	ROBERT D. PIERCE, JR Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date: 10/13/16	ROBERT D. PIERCE, JR 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

SOURCEPOINTE RETIREMENT PLAN
SCHEDULE H, 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
DECEMBER 31, 2015
EIN : 73-1664238
PLAN NUMBER : 001
FORM : 5500

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of assets	Purchase price	Selling price	** Cost of asset	Current value of asset on transaction date	Net gain(loss)
Single Transactions:						
TD Ameritrade	TD Bank USA MMDA	$ 820,789	$ -	$ -	$ 820,789	$ -
TD Ameritrade	TD Bank USA MMDA	1,159,731	-	-	1,159,731	-
TD Ameritrade	TD Bank USA MMDA	1,222,321	-	-	1,222,321	-
TD Ameritrade	TD Bank USA MMDA	3,110,956	-	-	3,110,956	-
TD Ameritrade	TD Bank USA MMDA	1,020,886	-	-	1,020,886	-
TD Ameritrade	TD Bank USA MMDA	11,852	-	-	11,852	-
TD Ameritrade	TD Bank USA MMDA	18,373	-	-	18,373	-
TD Ameritrade	TD Bank USA MMDA	18,774	-	-	18,774	-
TD Ameritrade	TD Bank USA MMDA	69,488	-	-	69,488	-
TD Ameritrade	TD Bank USA MMDA	-	9,960,981	-	(9,960,981)	-
TD Ameritrade	TD Bank USA MMDA	-	136,014	-	(136,014)	-
TD Ameritrade	TD Bank USA MMDA - Loan	-	15,000	-	(15,000)	-
TD Ameritrade	TD Bank Instl MMDA FTCIMA	-	18,774	-	(18,774)	-
TD Ameritrade	Doubleline Total Return Bond Fund Class	-	1,020,886	-	(1,020,886)	-
TD Ameritrade	Vanguard BD Index FD Inc Total Bond Mrkt	-	1,159,752	-	(1,159,752)	-
TD Ameritrade	Vanguard Index Tr Stk Krk Vipers CLMF	-	3,111,013	-	(3,111,013)	-
TD Ameritrade	Vanguard Index Tr Stk Krk Vipers CLMF	-	11,852	-	(11,852)	-
TD Ameritrade	Vanguard Total Intl Stock ET	-	1,222,344	-	(1,222,344)	-
TD Ameritrade	Driehaus Active Income Fund	-	18,373	-	(18,373)	-
TD Ameritrade	Driehaus Micro Cap Growth Fund	-	69,488	-	(69,488)	-
TD Ameritrade	TD Bank USA MMDA	-	3,508	-	(3,508)	-
TD Ameritrade	TD Bank USA MMDA	-	8,502	-	(8,502)	-
TD Ameritrade	TD Bank USA MMDA	-	2,638	-	(2,638)	-
TD Ameritrade	TD Bank USA MMDA	-	1,647	-	(1,647)	-
TD Ameritrade	TD Bank USA MMDA	-	2,419	-	(2,419)	-
TD Ameritrade	TD Bank USA MMDA	-	3,169	-	(3,169)	-
TD Ameritrade	TD Bank USA MMDA	-	2,353	-	(2,353)	-
TD Ameritrade	TD Bank USA MMDA	7,115	-	-	7,115	-
TD Ameritrade	TD Bank USA MMDA	17,967	-	-	17,967	-
TD Ameritrade	TD Bank USA MMDA	1,686	-	-	1,686	-
TD Ameritrade	TD Bank USA MMDA	2,268	-	-	2,268	-
TD Ameritrade	TD Bank USA MMDA	-	129	-	(129)	-
TD Ameritrade	TD Bank USA MMDA	-	157	-	(157)	-
TD Ameritrade	TD Bank USA MMDA	-	197	-	(197)	-

See accompanying notes and independent auditor's report.

SOURCEPOINTE RETIREMENT PLAN
SCHEDULE H, 4j - SCHEDULE OF REPORTABLE TRANSACTIONS - CONTINUED
DECEMBER 31, 2015
EIN : 73-1664238
PLAN NUMBER : 001
FORM : 5500

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of assets	Purchase price	Selling price	** Cost of asset	Current value of asset on transaction date	Net gain(loss)
TD Ameritrade	TD Bank USA MMDA	1,008	-	-	1,008	-
TD Ameritrade	TD Bank USA MMDA	78	-	-	78	-
TD Ameritrade	TD Bank USA MMDA	-	276	-	(276)	-
TD Ameritrade	TD Bank USA MMDA	-	157	-	(157)	-
TD Ameritrade	TD Bank USA MMDA	-	130	-	(130)	-
TD Ameritrade	TD Bank USA MMDA	-	107	-	(107)	-
TD Ameritrade	TD Bank USA MMDA	-	94	-	(94)	-
TD Ameritrade	TD Bank Instl MMDA FTCIMA	157	-	-	157	-
TD Ameritrade	TD Bank Instl MMDA FTCIMA	157	-	-	157	-
TD Ameritrade	Vanguard Target Retirement 2015 Fund	130	-	-	130	-
TD Ameritrade	Vanguard Target Retirement 2020 Fund	107	-	-	107	-
TD Ameritrade	Vanguard Target Retirement 2035 Fund	276	-	-	276	-
TD Ameritrade	Vanguard Target Retirement 2040 Fund	94	-	-	94	-
TD Ameritrade	Vanguard Target Retirement 2035 Fund	197	-	-	197	-
TD Ameritrade	Vanguard Target Retirement 2040 Fund	129	-	-	129	-
TD Ameritrade	Vanguard Target Retirement 2015 Fund	1,647	-	-	1,647	-
TD Ameritrade	Vanguard Target Retirement 2020 Fund	3,169	-	-	3,169	-
TD Ameritrade	Vanguard Target Retirement 2025 Fund	3,508	-	-	3,508	-
TD Ameritrade	Vanguard Target Retirement 2030 Fund	8,502	-	-	8,502	-
TD Ameritrade	Vanguard Target Retirement 2035 Fund	2,419	-	-	2,419	-
TD Ameritrade	Vanguard Target Retirement 2040 Fund	2,638	-	-	2,638	-
TD Ameritrade	Vanguard Target Retirement Income Fund	2,353	-	-	2,353	-
TD Ameritrade	TD Bank USA MMDA	2,434	-	-	2,434	-
TD Ameritrade	TD Bank USA MMDA	2,226	-	-	2,226	-
TD Ameritrade	TD Bank USA MMDA	3,388	-	-	3,388	-
TD Ameritrade	TD Bank USA MMDA	-	3,550	-	(3,550)	-
TD Ameritrade	TD Bank USA MMDA	-	3,034	-	(3,034)	-
TD Ameritrade	Vanguard Target Retirement 2030 Fund	3,034	-	-	3,034	-
TD Ameritrade	Vanguard Target Retirement 2040 Fund	3,550	-	-	3,550	-
TD Ameritrade	TD Bank USA MMDA	9,960,981	-	-	9,960,981	-
TD Ameritrade	TD Bank USA MMDA	2,436	-	-	2,436	-
TD Ameritrade	TD Bank USA MMDA	2,037	-	-	2,037	-
TD Ameritrade	TD Bank USA MMDA	-	1,027,479	-	(1,027,479)	-
TD Ameritrade	TD Bank USA MMDA	-	811,443	-	(811,443)	-

See accompanying notes and independent auditor's report.

SOURCEPOINTE RETIREMENT PLAN
SCHEDULE H, 4j - SCHEDULE OF REPORTABLE TRANSACTIONS - CONTINUED
DECEMBER 31, 2015
EIN : 73-1664238
PLAN NUMBER : 001
FORM : 5500

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of assets	Purchase price	Selling price	** Cost of asset	Current value of asset on transaction date	Net gain(loss)
TD Ameritrade	TD Bank USA MMDA	-	1,673,912	-	(1,673,912)	-
TD Ameritrade	TD Bank USA MMDA	-	878,858	-	(878,858)	-
TD Ameritrade	TD Bank USA MMDA	-	641,815	-	(641,815)	-
TD Ameritrade	TD Bank USA MMDA	-	2,003,165	-	(2,003,165)	-
TD Ameritrade	TD Bank USA MMDA	-	1,745,729	-	(1,745,729)	-
TD Ameritrade	Vanguard Target Retirement 2015 Fund	641,815	-	-	641,815	-
TD Ameritrade	Vanguard Target Retirement 2020 Fund	878,858	-	-	878,858	-
TD Ameritrade	Vanguard Target Retirement 2025 Fund	1,745,729	-	-	1,745,729	-
TD Ameritrade	Vanguard Target Retirement 2030 Fund	1,673,912	-	-	1,673,912	-
TD Ameritrade	Vanguard Target Retirement 2035 Fund	2,003,165	-	-	2,003,165	-
TD Ameritrade	Vanguard Target Retirement 2040 Fund	1,027,479	-	-	1,027,479	-
TD Ameritrade	Vanguard Target Retirement 2045 Fund	811,443	-	-	811,443	-

** The cost of participant-directed investments is not required to be disclosed

Note: Amounts reported in the schedule are listed by each individual trustee based on assets held by the transferring or receiving trustee at any given date during 2015.

SOURCEPOINTE RETIREMENT PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2015
EIN : 73-1664238
PLAN NUMBER : 001
FORM : 5500

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of Investment	** (d) Cost	(e) Current value
	TD Ameritrade	Alger Spectra Fund	$ -	$ 92,215
	TD Ameritrade	AllianceBernstein Discovery Growth	-	8,644
	TD Ameritrade	American Funds Intl Gr and Inc	-	97
	TD Ameritrade	Columbia Balanced Fund	-	129,741
	TD Ameritrade	Columbia Contrarian Core Fund	-	61,537
	TD Ameritrade	DoubleLine Total Return Bond Fund	-	221
	TD Ameritrade	JPMorgan Equity Income Fund	-	107,855
	TD Ameritrade	T. Rowe Price International Stock Fund	-	7,410
*	TD Ameritrade	TD Bank USA Institutional MMDA	-	133,122
	TD Ameritrade	Vanguard 500 Index Fund	-	10,804
	TD Ameritrade	Vanguard Mid-Cap Value Index Fund	-	50,610
	TD Ameritrade	Vanguard Small-Cap Index	-	5,299
	TD Ameritrade	Vanguard Target Retirement 2015 Fund	-	660,848
	TD Ameritrade	Vanguard Target Retirement 2020 Fund	-	610,840
	TD Ameritrade	Vanguard Target Retirement 2025 Fund	-	1,810,005
	TD Ameritrade	Vanguard Target Retirement 2030 Fund	-	1,770,709
	TD Ameritrade	Vanguard Target Retirement 2035 Fund	-	1,986,451
	TD Ameritrade	Vanguard Target Retirement 2040 Fund	-	888,279
	TD Ameritrade	Vanguard Target Retirement 2045 Fund	-	819,998
	TD Ameritrade	Vanguard Target Retirement 2050 Fund	-	320,866
	TD Ameritrade	Vanguard Target Retirement 2055 Fund	-	73,168
	TD Ameritrade	Vanguard Target Retirement 2060 Fund	-	15,490
	TD Ameritrade	Vanguard Target Retirement Income Fund	-	311,773
	TD Ameritrade	Vanguard Total Bond Market Index	-	2,089
	TD Ameritrade	Vanguard Total International Stock Index	-	99
	TD Ameritrade	Vanguard Wellesley Income Fund	-	4,164
	TD Ameritrade	Wells Fargo Adv Sm Company Gr	-	64,187
	TD Ameritrade	Participant Notes Receivable (4% - 7%)	-	270,342
			$ -	$ 10,216,863

* Represents a party-in-interest as defined by ERISA

** The cost of participant-directed investments is not required to be disclosed

See accompanying notes and independent auditor's report.