

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2015
		This Form is Open to Public Inspection

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

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>CII,ESG,PEM, AND PSM 401K RETIREMENT SAVINGS PLAN</u>	1b Three-digit plan number (PN) ▶ <u>333</u> 1c Effective date of plan <u>01/01/1998</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CENTURY II STAFFING, INC.</u> <u>9020 OVERLOOK BLVD, SUITE 201</u> <u>BRENTWOOD, TN 37027</u>	2b Employer Identification Number (EIN) <u>62-1247089</u> 2c Plan Sponsor's telephone number <u>615-665-9060</u> 2d Business code (see instructions) <u>561300</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2016	KIM TROUP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2016	KIM TROUP
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 5329
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) 4351
a(2) Total number of active participants at the end of the plan year	6a(2) 3699
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 1103
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 4802
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 2238
f Total. Add lines 6d and 6e	6f 7040
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 39
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 3D	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan CII,ESG,PEM, AND PSM 401K RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 CENTURY II STAFFING, INC.	D Employer Identification Number (EIN) 62-1247089	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

SLAVIC INTERGRATED ADMINISTRATION

65-0608221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 50	TPA	306896	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLS FARGO ADVISORS

ATTN WF 1040
PO BOX 1357
RICHMOND, VA 23286-0132

(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	MANAGEMENT ADVISORY FEE	196825	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SLAVIC MUTUAL FUND MANAGEMENT CORP

59-2749576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	PORTFOLIO MGMT	23857	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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
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(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 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 CII,ESG,PEM, AND PSM 401K RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ► 333
C Plan sponsor's name as shown on line 2a of Form 5500 CENTURY II STAFFING, INC.		D Employer Identification Number (EIN) 62-1247089

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	44099	55615
	(2) Participant contributions	1b(2)	67279	94290
	(3) Other.....	1b(3)	1002	1716
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)	1006438	906776
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	52374885	50780963
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	53493703	51839360

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	130282	115569
k Total liabilities (add all amounts in lines 1g through 1j)	1k	130282	115569

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	53363421	51723791
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1710281	
(B) Participants	2a(1)(B)	4502676	
(C) Others (including rollovers)	2a(1)(C)	352679	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		6565636
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	40208	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		40208
(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)	1732793	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1732793
(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)		-2326709
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		6011928

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

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5800349	
(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)		5800349
f Corrective distributions (see instructions)	2f		115569
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)	306896	
(3) Investment advisory and management fees	2i(3)	220682	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		527578
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6443496

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-431568
l Transfers of assets:			
(1) To this plan	2l(1)		3520262
(2) From this plan	2l(2)		4728324

Part III Accountant's Opinion

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

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

(1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

☐ Yes ☒ No

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

(1) Name: SOMERSET CPAS, P.C.

(2) EIN: 35-0292138

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:

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.)

	Yes	No	N/A	Amount
4a		X		
4b		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.)

	Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X			
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
AGILIX LABS 401 (K) PLAN	87-0681905	001
ISIHR RETIREMENT PLAN	45-3548842	333
PROPEL HR 401K PLAN	20-5888849	001
PVA WEALTH ADVISORS 401K PLAN	47-2750460	001

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

Part V Trust Information

6a Name of trust

6b Trust's EIN

6c Name of trustee or custodian

6d Trustee's or custodian's telephone number

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

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001
CORNERSTONE FAMILY PHYSICIANS PC 401(K) PROFIT SHARING PLAN	36-4492602	001

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

Part V Trust Information

6a Name of trust

6b Trust's EIN

6c Name of trustee or custodian

6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>CII,ESG,PEM, AND PSM 401K RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CENTURY II STAFFING, INC.</u>	D Employer Identification Number (EIN) <u>62-1247089</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>65-0708495</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

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

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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

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

Schedule R (Form 5500) 2015
v. 150123

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		14a	
	a The current year		14b	
	b The plan year immediately preceding the current plan year		14c	
	c The second preceding plan year			
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
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)
	a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

**CII, ESG, PEM, and PSM Retirement Savings Plan
Financial Statements
December 31, 2015**

CII, ESG, PEM, and PSM Retirement Savings Plan

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Independent Auditors' Report

**To the Plan Administrator
CII, ESG, PEM, and PSM Retirement Savings Plan
Brentwood, Tennessee**

We have audited the accompanying financial statements of CII, ESG, PEM, and PSM Retirement Savings Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statement of changes in net assets available for benefits for the year ended December 31, 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2015 and 2014, and the changes in net assets available for benefits for the year ended December 31, 2015, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary Schedule of Assets Held for Investment Purposes, at End of Year is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Somerset CPAs, P.C.

October 17, 2016

CII, ESG, PEM, and PSM Retirement Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Assets		
Investments, at fair value		
Registered investment companies	<u>\$ 50,780,963</u>	<u>\$ 52,374,885</u>
Receivables		
Notes receivable - participants	906,776	1,006,438
Employer contributions	55,615	44,099
Participant contributions	<u>96,006</u>	<u>68,281</u>
	<u>1,058,397</u>	<u>1,118,818</u>
Total Assets	<u>51,839,360</u>	<u>53,493,703</u>
Liabilities		
Excess contributions payable	<u>115,569</u>	<u>130,282</u>
Total Liabilities	<u>115,569</u>	<u>130,282</u>
Net Assets Available for Benefits	<u><u>\$ 51,723,791</u></u>	<u><u>\$ 53,363,421</u></u>

See accompanying notes.

CII, ESG, PEM, and PSM Retirement Savings Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2015

Additions to Net Assets Attributed to:

Interest income including participant loans	<u>\$ 1,773,001</u>
Contributions:	
Employer's	1,710,281
Participant's	4,502,676
Rollover	<u>352,679</u>
Total Contributions	<u>6,565,636</u>
Total Additions	<u>8,338,637</u>

Deductions from Net Assets Attributed to:

Net depreciation in fair value of investments, including realized gains and losses on sale of investments	2,326,709
Benefits paid to participants	5,915,918
Plan expenses	<u>527,578</u>
Total Deductions	<u>8,770,205</u>

Net Decrease in Net Assets Available for Benefits Before Transfers	(431,568)
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Transfer from other plans	3,520,262
Transfer to other plans	<u>(4,728,324)</u>

Net Decrease in Net Assets Available for Benefits	(1,639,630)
--	-------------

Net Assets Available for Benefits, Beginning of Year	<u>53,363,421</u>
--	-------------------

Net Assets Available for Benefits, End of Year	<u>\$ 51,723,791</u>
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CII, ESG, PEM, and PSM Retirement Savings Plan
Notes to Financial Statements
December 31, 2015

Note A - Plan Description:

The following is a brief description of the CII, ESG, PEM, and PSM Retirement Savings Plan (the Plan). Participants should refer to the Plan Document or Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan is a defined-contribution plan sponsored by Century II Staffing, Inc. (the Company). The Plan is a multiple employer and exists for the exclusive benefit of its eligible employees and those employees of the Company's clients who have elected to adopt the provisions of the Plan. The Plan was formed effective January 1, 1998. Participants should refer to the Plan document for a complete description. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute to the Plan a percentage of their pretax or after tax annual compensation, subject to current statutory limits determined annually and prescribed by the Internal Revenue Service. Deferral percentage limits and after tax options differ for each participating employer and participants should refer to their employer's document for the applicable deferral limit. 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. Discretionary employer provided matching contributions may be made to the Plan on the employee's behalf. The match, if any, will be a discretionary percentage of the elective contributions made to the Plan by the employee. The employer will determine the amount of the discretionary matching contribution, or profit sharing contribution, if any, that will be made to the Plan. Contributions are subject to certain limitations. Such contributions are excluded from the participant's taxable income for federal income tax purposes until received as a withdrawal from the Plan. Total participant contributions in any calendar year are limited to the applicable limit under the Internal Revenue Code Section 402(g). The Plan also provides that certain limitations may be imposed on participants' contributions in order to comply with statutory requirements.

Forfeitures shall be used as elected by the employer to either (a) reduce future employer contributions, (b) reduce current period contributions by the employer or (c) pay any administrative expenses of the Plan. Forfeitures applied toward employer matching contributions for the year ended December 31, 2015, amounted to \$19,135. No forfeitures were applied toward administrative expenses for the year ended December 31, 2015. At December 31, 2015, forfeited nonvested accounts amounted to \$251,646.

Participants Accounts

Each participant's account is credited with the participant's contributions and allocations of (a) the participating employers' contributions, and (b) Plan earnings. Allocations are based on participant's qualified compensation or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

CII, ESG, PEM, and PSM Retirement Savings Plan
Notes to Financial Statements
December 31, 2015

Note A - Plan Description (Continued):

Upon enrollment in the Plan, a participant may direct contributions to a selection of mutual funds under an arrangement with the custodian of the Plan investments. Participants may change the allocation of their account in the different funds at any time.

Benefit Payments

On termination of service due to death, disability or retirement, a participant may elect to (a) receive a lump-sum amount equal to the value of the participant's vested interest in his or her account (b) elect to have the benefits paid in the form of a direct rollover to an individual retirement account (c) elect to have the benefit paid to another qualified retirement plan described in Section 401(a) of the Internal Revenue Service. Withdrawals other than for termination are permitted under certain circumstances provided by the Plan.

Vesting

Participants are immediately vested in their voluntary contributions and actual earnings thereon. Vesting of employer's matching contributions and discretionary contributions plus earnings thereon is based on various years of service, as shown in the following schedule:

<u>Total Number of Years of Service</u>	<u>Vested Interest</u>
Plan Option 1:	
Less than 2 years of service	0%
2 years, but less than 3 years	20%
3 years, but less than 4 years	40%
4 years, but less than 5 years	60%
5 years, but less than 6 years	80%
6 years or more	100%
Plan Option 2:	
Less than 3 years of service	0%
3 years of more	100%

The employer may elect either vesting schedule and does have the ability to request a different vesting schedule. Participant should refer to the Plan document for a complete description.

Participant Notes Receivable

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50% of their vested account balance, whichever is less. All loans are to be repaid over a period not to exceed five years, although an extension of the repayment period may be granted if the loan proceeds are used to purchase a participant's principal residence. The loans are secured by the balance in the participant's account and bear interest at the local prevailing rates charged by commercial lending institutions in the region in which the employer is located for comparable loans as determined by the Plan administrator at the time the loan is approved.

CII, ESG, PEM, and PSM Retirement Savings Plan
Notes to Financial Statements
December 31, 2015

Note A - Plan Description (Continued):

Participant Notes Receivable (Continued)

Principal and interest is paid ratably through payroll deductions. Should the participant terminate as an employee, the balance of the outstanding loan becomes due and payable and the participant's vested account will be used to pay the outstanding loan.

Plan Termination

Although they have 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% vested in their accounts.

Recently Issued Accounting Pronouncements

In May 2015, the FASB issued Accounting Standards Update 2015-07, "Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)". The update removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. The update also removes the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the net asset value per share practical expedient. The amendments in the update take effect for fiscal years beginning after December 15, 2015, with early application permitted. The Plan has adopted this accounting standards update, and it is reflected in the financial statements and accompanying footnotes.

In July 2015, the FASB issued Accounting Standards Update 2015-12, "Plan Accounting (Topics 960, 962, and 965) — (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient". Part I of the update designates contract value as the only required measure for fully benefit-responsive investment contracts. Part II of the update eliminates the requirements for participant-directed investments and nonparticipant-directed investments to disclose individual investments that represent 5 percent or more of net assets available for benefits as well as the net appreciation or depreciation for investments by general type. Part III of the update establishes a practical expedient to permit plans to measure investments and investment-related accounts as of a month-end date closest to the plan's fiscal year end, when the fiscal period does not coincide with a month end. The amendments in each part of the accounting standards update take effect for fiscal years beginning after December 15, 2015, with early application permitted. The Plan has adopted this accounting standards update, and it is reflected in the financial statements and accompanying footnotes.

Note B - Significant Accounting Policies:

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

CII, ESG, PEM, and PSM Retirement Savings Plan
Notes to Financial Statements
December 31, 2015

Note B - Significant Accounting Policies (Continued):

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles in the United States requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Purchase and sales of securities are recorded on a trade-date basis. Dividend income is recorded on the ex-dividend date.

Fair Value Measurements

Accounting Standards Codification (ASC) 820 defines fair value, establishes a framework for measuring fair value and enhances disclosures about fair value measurements. Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (or exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants at the measurement date. Valuation techniques used to measure fair value must maximize the use of observable inputs and minimize the use of unobservable inputs. Observable inputs are inputs that market participants would use in pricing the asset or liability based on market data obtained from sources independent of the Company. Unobservable inputs are inputs that reflect the Company's assumptions about the inputs that market participants would use in pricing the asset or liability and are developed based on the best information available in the circumstances.

The fair value hierarchy input levels are as follows:

- Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 - Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in inactive markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

CII, ESG, PEM, and PSM Retirement Savings Plan
Notes to Financial Statements
December 31, 2015

Note C - Transactions with Parties-in-Interest:

Certain Plan investments are shares of registered investment companies managed by Slavic Integrated Administration ("third party administrator" or "Slavic") and held by Fidelity Investments ("custodian" or "Fidelity"). Fidelity, under terms of an investment contract, serves as the custodian and holds all the Plan's investment assets and executes transactions therein. Fidelity is the custodian as defined by the Plan and therefore, the related transactions qualify as party-in-interest.

Slavic provides to the Plan certain accounting and administrative services for which the fees are charged to the Plan. Slavic also provides broker related services to the Plan for which commissions are charged to the Plan. The Plan was charged fees related to maintaining custody of the Plan's assets and various Plan management services which amounted to \$313,783 for the year ended December 31, 2015.

Note D - Tax Status:

The Plan has adopted a prototype plan and received a determination letter dated March 31, 2014, stating the Plan, as then designed, was qualified under Section 401 of the Internal Revenue Code. The CII, ESG, PEM, and PSM Retirement Savings Plan has not requested a separate determination letter. The prototype Plan has been amended since receiving the determination letter; however, the Plan administrator believes the Plan is currently designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe the Plan is qualified and tax-exempt as of the financial statement date.

Authoritative accounting standards require the Plan to examine its tax positions for uncertain positions. Management is not aware of any tax positions that are more likely than not to change in the next twelve months or that would not sustain an examination by applicable taxing authorities.

The Plan's policy is to recognize penalties and interest as incurred in its statement of changes in net assets available for benefits, which totaled \$0 for the year ended December 31, 2015.

Note E - Administrative Expenses:

Administrative expenses recorded in the Plan represent professional fees as well as other recordkeeping fees paid directly from the Plan which amounted to \$527,578 at December 31, 2015. The Company also absorbs certain administrative costs associated with the maintenance of the Plan.

Note F - Fair Value Measurements:

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

CII, ESG, PEM, and PSM Retirement Savings Plan
Notes to Financial Statements
December 31, 2015

Note F - Fair Value Measurements (Continued):

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in valuation methodologies at December 31, 2015, compared to December 31, 2014. The Company's policy is to recognize transfers between levels at the end of each reporting period, if applicable. There were no transfers between Level 1, 2 or 3 assets or liabilities during the year ended December 31, 2015.

Registered investment companies: Valued at the net asset value of shares held by the Plan at year end.

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

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

Assets at Fair Value as of December 31, 2015

	<u>Level 1</u>	<u>Total</u>
Registered investment companies	<u>\$ 50,780,963</u>	<u>\$ 50,780,963</u>
Total Assets at Fair Value	<u><u>\$ 50,780,963</u></u>	<u><u>\$ 50,780,963</u></u>

Assets at Fair Value as of December 31, 2014

	<u>Level 1</u>	<u>Total</u>
Registered investment companies	<u>\$ 52,374,885</u>	<u>\$ 52,374,885</u>
Total Assets at Fair Value	<u><u>\$ 52,374,885</u></u>	<u><u>\$ 52,374,885</u></u>

Note G - Excess Contributions Refundable:

Certain participating employers of the Plan failed the discrimination test for the year ended December 31, 2015. Excess contributions amounting to \$115,569 are recorded as a liability in the accompanying statements of net assets available for benefits and as a benefit paid to participants. The Plan reimbursed these excess contributions to its participants during 2016.

CII, ESG, PEM, and PSM Retirement Savings Plan
Notes to Financial Statements
December 31, 2015

Note H - 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 the amounts reported in the statements of net assets available for benefits.

Note I - Management Evaluation of Subsequent Events:

The Plan has evaluated subsequent events through October 17, 2016, the date on which the financial statements were available to be issued.

CII, ESG, PEM, and PSM Retirement Savings Plan
Plan Number 333 EIN - 62-1247089
Schedule H, Line 4i
Schedule of Assets Held for Investment Purposes, at End of Year
For the Year Ended December 31, 2015

(a)	(b)	(c)	(e)
	Identity of Items Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Current Value
	<u>Registered Investment Companies</u>		
	Blackrock Health Sciences	15,595 Shares	\$ 787,878
	DFA Emerging Markets	54,848 Shares	864,410
	DFA Large Cap International Portfolio	455 Shares	8,916
	American Funds Euro Pacific Growth	24,117 Shares	1,092,962
	Spartan 500 Index	18,893 Shares	1,356,526
*	Fidelity Advisor Technology	8,574 Shares	321,250
*	Fidelity Contrafund	281 Shares	27,766
	JPMorgan Disciplined Equity Instl	22,013 Shares	481,646
	MFS Utilities	15,217 Shares	256,104
	Nationwide Ziegler Arca Tech 100	159 Shares	8,689
	Principal Large Cap Growth	62,221 Shares	744,159
	T. Rowe Price Dividend Growth	567 Shares	19,476
	T. Rowe Price Equity Income	990 Shares	28,182
	T. Rowe Price New America Growth	100 Shares	4,192
	Vanguard REIT Index	4,048 Shares	457,335
	Vanguard Total Intl Stock Index	11,821 Shares	286,535
	Vanguard Equity Income Investor Class	10,005 Shares	619,818
	Vanguard Morgan Growth Investor	286 Shares	7,118
	Vanguard Small-Cap Growth Index	365 Shares	15,609
	Vanguard Mid-Cap Growth Index	2,116 Shares	47,499
	Vanguard Target Retirement 2035 Fund	279,029 Shares	4,698,854
	Vanguard Target Retirement 2045 Fund	135,389 Shares	2,407,212
	Vanguard Target Retirement 2060 Fund	13,375 Shares	363,947
	Vanguard Target Retirement 2055 Fund	15,910 Shares	490,505
	Vanguard Target Retirement 2050 Fund	47,468 Shares	1,352,377
	Vanguard Target Retirement 2040 Fund	140,510 Shares	3,997,497
	Vanguard Target Retirement 2030 Fund	154,585 Shares	4,285,104
	Vanguard Small Cap Index	13,234 Shares	702,038
	Vanguard Mid Cap Index	5,147 Shares	765,455
	Vanguard Total Stock Market	111,820 Shares	5,679,341
	Vanguard Small Cap Value Index	430 Shares	18,276
	Prudential High Yield Class Z	828 Shares	4,190
	Putnam High Yield Advantage	38,857 Shares	217,985
	Vanguard Short Term Bond Index	11,604 Shares	121,034
	Vanguard Total Bond Market Index	74,242 Shares	789,938
	Vanguard Short Term Federal Admiral	271,987 Shares	2,912,980
	Vanguard Inflation Protected Secs Inv	5,461 Shares	137,661
	Vanguard Target Retirement Income Fund	34,227 Shares	426,128
	Vanguard Target Retirement 2015 Fund	93,619 Shares	1,332,192
	Vanguard Target Retirement 2025 Fund	328,374 Shares	5,129,207
	Vanguard Target Retirement 2010 Fund	22,687 Shares	564,441
	Vanguard Target Retirement 2020 Fund	129,125 Shares	3,505,740
	Vanguard Money Market Prime Portfolio	1,903,567 Shares	1,903,568
	Vanguard Industrials Index Fund	9,600 Shares	497,840
	Franklin Natural Resources Advisor Class	200 Shares	4,369
	Vanguard Energy Fund Admiral Shares	4,910 Shares	378,273
	Wells Fargo Precious Metals	12,975 Shares	303,993
	John Hancock Bond Fund Class I	22,931 Shares	354,748
			50,780,963
*	Participant Loans	Interest rates ranging from 4.25% to 9.00%	906,776
			\$ 51,687,739

* Represents party-of-interest with respect to the Plan.

CENTURY II STAFFING, INC. 401(K) PLAN

PLAN # 333

EIN #: 62-1247089

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date rate of interest, collateral, par, or maturity value	(d) cost	(e) Current value
	American Funds	RERGX - American Funds EuroPacific R6		1,093,646
	BlackRock	SHSSX - BlackRock Health Sciences Ops I		787,877
	DFA	DFALX - DFA Large Cap Int'l		8,916
	DFA	DFCEX - DFA Emerging Markets Core Equity		865,944
	Fidelity	FATIX - Fidelity Advisor Technology		321,249
	Fidelity	FCNTX - Fidelity Contra Fund		27,766
	Fidelity	FUSVX - Fidelity Spartan 500 Index Adv		1,356,526
	Franklin/Templeton	FKRCX - Franklin Gold and Precious Metals		0
	Franklin/Templeton	FNRAx - Franklin Natural Resources ADV		4,369
	John Hancock	JHBIX - John Hancock Bond I		355,551
	JPMorgan	JPIEX - JPMorgan Discipline Equity		479,821
	MFS	MMUFx - MFS Utilities A		256,104
	Nationwide	NWJCX - Nationwide Ziegler NYSE Arca Tech 100 In		8,689
	PIMCO	PTTRX - PIMCO Total Return Inst		0
	Principal	PLGIX - Principal Large Cap Growth		751,949
	Prudential	PHYZX - Prudential High Yield Z		4,190
	Putnam	PHAYX - Putnam High Yield Advantage		218,876
	T Rowe Price	PRDGX - T Rowe Price Dividend Growth		19,476
	T Rowe Price	PRFDX - T Rowe Price Equity-Income		28,182
	T Rowe Price	PRWAX - T Rowe Price New American Growth		4,192
	Vanguard	VAIPX - Vanguard Inflation Protected Securities		137,661
	Vanguard	VBIRX - Vanguard Short-Term Bond Index Admiral		121,034
	Vanguard	VBSSX - Vanguard Short-Term Bond Index Signal		0
	Vanguard	VBTLX - Vanguard Total Bond Market Index Admiral		789,938
	Vanguard	VEIRX - Vanguard Equity Income Admiral		618,429
	Vanguard	VFFVX - Vanguard Target Retirement 2055		490,506
	Vanguard	VFIFX - Vanguard Target Retirement 2050		1,352,377
	Vanguard	VFORX - Vanguard Target Retirement 2040		3,997,499
	Vanguard	VGELX - Vanguard Energy Admiral		378,273
	Vanguard	VGSLX - Vanguard REIT Index Admiral		457,018
	Vanguard	VIMAX - Vanguard Mid Cap Index Admiral		756,470
	Vanguard	VINAX - Vanguard Industrial Index Admiral		497,840
	Vanguard	VIPSX - Vanguard Inflation Protected Secs		0
	Vanguard	VISVX - Vanguard Small Cap Value Index		0
	Vanguard	VMGRX - Vanguard Mid Cap Growth		47,499
	Vanguard	VMMXX - Vanguard Money Market Prime		1,903,580
	Vanguard	VMRGX - Vanguard Morgan Growth		7,118
	Vanguard	VSGAX - Vanguard Small Cap Growth Index Adm		15,609
	Vanguard	VSGDX - Vanguard Short-Term Federal Admiral		2,912,925
	Vanguard	VSIAx - Vanguard Small Cap Value Index Adm		18,276
	Vanguard	VSMAX - Vanguard Small Cap Index Admiral		701,486
	Vanguard	VTENX - Vanguard Target Retirement 2010		564,442
	Vanguard	VTHRX - Vanguard Target Retirement 2030		4,285,105
	Vanguard	VTIAX - Vanguard Total Int'l Stock Index Admiral		286,536
	Vanguard	VTINX - Vanguard Target Retirement Income		426,126
	Vanguard	VTIVX - Vanguard Target Retirement 2045		2,407,212
	Vanguard	VTSAx - Vanguard Total Stock Market Index Admira		5,678,272
	Vanguard	VTTHX - Vanguard Target Retirement 2035		4,698,854
	Vanguard	VTTSX - Vanguard Target Retirement 2060		363,947
	Vanguard	VTTVX - Vanguard Target Retirement 2025		5,129,207
	Vanguard	VTWNX - Vanguard Target Retirement 2020		3,505,741
	Vanguard	VTXVX - Vanguard Target Retirement 2015		1,332,192
	Wells Fargo	EKWYX - Wells Fargo Precious Metals Instl		306,469
	Participant Loans	4.25% to 9%		906,776

Multiple-Employer Plan Participating Employer Information

CENTURY II STAFFING, INC. 401(K) PLAN

PLAN # 333

EIN #: 62-1247089

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
AW	26-4253865	0.38%
AT	63-1220341	0.65%
B	77-0611403	0.27%
BT	62-1201076	0.54%
CW	62-0731059	0.54%
CII	62-1247089	5.32%
CM	46-1302431	0.12%
CC	62-1746134	3.21%
CD	47-2956320	0.03%
DC	62-1851536	0.03%
DJ	62-1837018	0.95%
DV	20-0674689	0.14%
ER	65-0667325	0.07%
FP	20-1603116	0.49%
GM	46-3018925	0.40%
GL	62-1026971	1.58%
GP	62-1682853	2.01%
IJ	20-2710583	0.13%
IO	62-1227734	0.41%
IN	80-0178619	3.93%
LM	62-1404863	0.20%
ML	45-4371718	3.62%
MS	27-0039292	0.04%
NP	48-1266314	0.69%
PE	26-4424481	1.37%
PR	47-1461324	0.12%
PR	62-1512693	0.04%
PM	62-1388865	0.15%
RN	62-1386737	0.02%
RE	62-1681170	0.03%
SU	38-2640923	0.36%
SP	62-1798471	2.97%
SPE	47-1189590	1.10%
TC	62-1243584	0.12%
T	26-0700111	0.16%
TS	47-2541950	0.25%
TC	27-1799465	0.92%
TS	26-3670335	1.41%
TD	47-5005800	0.37%
VV	20-0857785	2.52%
W	62-1855535	3.73%
YC	26-4599114	0.82%
AT	46-4671171	0.15%
ART	84-1269409	0.12%
A	56-0944497	0.44%
AC	26-2983217	0.26%
AP	33-1006816	1.24%
AI	75-3005870	0.82%
BC	77-0591094	0.55%
BCT	86-0814882	0.20%
BH	90-1009611	0.15%
BM	87-0279425	2.15%
BI	39-1655661	0.44%

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
C	04-3802602	0.47%
CMS	86-1007361	0.83%
CC	26-4329692	0.88%
DH	04-3620966	0.70%
DE	86-0855838	0.37%
DR	87-0624961	0.29%
DV	87-0577803	0.32%
DC	87-0563086	0.47%
ED	84-1158021	0.07%
FA	87-0516608	0.33%
FA	75-3021905	13.07%
FS	20-3612405	0.18%
FB	74-2336171	1.10%
HH	84-1092616	0.70%
IS	45-2544026	0.43%
J	85-0327246	3.91%
MM	86-0293241	0.26%
MC	86-0910371	0.05%
PD	84-1328235	1.24%
PCC	84-1332211	1.68%
P	20-1062959	0.43%
RP	94-2379052	0.75%
RO	45-2073911	0.56%
SC	87-0200096	0.07%
SE	86-1037850	0.10%
SP	36-4715727	2.28%
TE	26-0700115	0.55%
TP	84-1416158	0.67%
TF	68-0595072	0.13%
TM	56-2506499	0.04%
VC	86-0861900	0.16%
VR	90-0941442	0.35%
VR	90-0331671	0.09%
ZN	86-0879280	0.15%
AI	35-1101396	0.13%
AS	35-1968268	0.75%
BF	35-1843800	0.14%
CE	35-1799044	0.96%
CF	36-4492602	0.87%
D	35-2121837	2.87%
FC	20-2938877	0.72%
H	35-1753977	0.79%
HF	35-1832797	0.79%
69-D	30-0820397	0.57%
IH	46-2544915	0.12%
KH	35-1122264	0.04%
LM	25-4552655	0.01%
M	35-1470599	1.83%
PD	35-2046386	0.08%
RT	35-1918831	0.24%
SS	35-1433521	4.22%
UW	35-1020935	0.09%
UP	23-7328642	1.17%
V	35-1617625	1.19%
WA	45-4193431	0.00%