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;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] 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
WHASN 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2011

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)
WOMEN'S HEALTH ASSOCIATES OF SOUTHERN NEVADA

9525 HILLWOOD DR., #130
LAS VEGAS, NV 89134

2b Employer Identification Number (EIN)
26-3147146

2c Plan Sponsor's telephone number
702-476-5595

2d Business code (see instructions)
621399

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	JOSEPH ROJAS MD
	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	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	202
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)**	154
a(2) Total number of active participants at the end of the plan year	**6a(2)**	3
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	0
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	3
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	3
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	3
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2A 2E 2F 2G 2J 2K 2R 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)** [ ] 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)** [X] 1 **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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

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

A Name of plan
WHASN 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WOMEN'S HEALTH ASSOCIATES OF SOUTHERN NEVADA

D Employer Identification Number (EIN)
26-3147146

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-6071399	70688	600932-000	0	01/01/2015	12/31/2015

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
7018	1148

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

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

MERRILL LYNCH LIFE AGENCY INC
4804 DEER LAKE DRIVE
E 5THFLOOR
JACKSONVILLE, FL 32246

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7018		BROKER COMMISSIONS	3

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

LEBENSON ACTUARIAL SERVICES, INC
2001 SOUTH JONES BLVD., SUITE A
LAS VEGAS, NV 89146

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	1148	TPA FEES	5

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ STABLE VALUE OPTION

b	Balance at the end of the previous year			7b	16956
c	Additions: (1) Contributions deposited during the year	7c(1)	6776		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	121		
	(4) Transferred from separate account	7c(4)	5116		
	(5) Other (specify below)	7c(5)	303		
	▶ LOAN REPAYMENT				
	(6) Total additions			7c(6)	12316
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	29272
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0		
	(2) Administration charge made by carrier	7e(2)	396		
	(3) Transferred to separate account	7e(3)	551		
	(4) Other (specify below)	7e(4)	28325		
	▶ LOAN REQUEST; SURRENDERS				
	(5) Total deductions			7e(5)	29272
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	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
WHASN 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WOMEN'S HEALTH ASSOCIATES OF SOUTHERN NEVADA

D Employer Identification Number (EIN)
26-3147146

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).. . . . . [X] 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

TRANSAMERICA FINANCIAL LIFE INS CO

36-6071399

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

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

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

TRANSAMERICA FINANCIAL LIFE INS CO

36-6071399

(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 52 62 64 67	RECORDKEEPER	9550	Yes [X] No [ ]	Yes [X] No [ ]		Yes [ ] No [X]

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

LEBENSON ACTUARIAL SERVICES, INC

38-2799783

(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 64	TPA	200	Yes [X] No [ ]	Yes [X] No [ ]		Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

(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
WHASN 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
WOMEN'S HEALTH ASSOCIATES OF SOUTHERN NEVADA

D Employer Identification Number (EIN)
26-3147146

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: LSFD5

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

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)
36-6071399-094	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: TPOP5

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

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)
36-6071399-102	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: TGYD5

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

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)
36-6071399-350	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: BGTU5

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

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)
36-6071399-277	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: JBVC5

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

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)
36-6071399-227	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: VTOF5

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

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)
36-6071399-417	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: VTIF5

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

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)
36-6071399-134	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: VTXA5

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-356	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: VTXG5

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-135	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: VTKF5

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-018	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: VTWD5

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-163	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: VTYU5

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-019	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: VTTD5

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-164	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: VTBH5

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-295	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: VTSA5

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-165	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: RLRJ5

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-477	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SMYX5

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-438	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: AFEE5

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-246	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SSZU5

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-437	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SRFM5

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-172	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: AFWF5

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-255	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: AFTI5

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-076	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PJZZ5

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-268	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: VRPU5

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-130	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: VRBC5

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 36-6071399-505	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 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)

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

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b Name of plan sponsor	**c** EIN-PN

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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
WHASN 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WOMEN'S HEALTH ASSOCIATES OF SOUTHERN NEVADA

D Employer Identification Number (EIN)
26-3147146

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	87291	73951
(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)	1992896	2029184
(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)	87732	
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	2222088	
(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)	330831	335947
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	16956	
(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	4737794	2439082
	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		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4737794	2439082

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)	228189	
	(B) Participants	2a(1)(B)	38585	
	(C) Others (including rollovers)	2a(1)(C)	4659	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		271433
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)	979	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		979
	(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)	36120	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		36120
	(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)		
	(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)		

		(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)		-82152
(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)		20512
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		246892
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	62486	
(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)		62486
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	38223	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		38223
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		100709
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		146183
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		2444895

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) [X] 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 [X] No

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

(1) Name: STEWART ARCHIBALD & BARNEY, LLP **(2)** EIN: 88-0382649

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			10397
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				
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)
ADVANSTAFF, INC. 401(K) PLAN AND TRUST	88-0300318	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.

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

A Name of plan
WHASN 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WOMEN'S HEALTH ASSOCIATES OF SOUTHERN NEVADA

D Employer Identification Number (EIN)
26-3147146

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): 36-6071399

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

WHASN 401(K) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2015 AND 2014

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SAB CPAs & Business Advisors
STEWART ARCHIBALD AND BARNEY, LLP

To the Pension Plan Committee of
WHASN 401(k) Plan

Independent Auditor's Report

Report on the Financial Statements

We have audited the accompanying financial statements of WHASN 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, 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 for the 2015 Financial Statements

Our responsibility is to express an opinion on the 2015 financial statements based on our audit. We conducted our audit 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 Plan'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 Plan'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.

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Auditor's Responsibility for the 2015 Financial Statements (Continued)

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion on the 2015 financial statements.

Auditor's Responsibility for the 2014 Financial Statements

Our responsibility is to express an opinion on the 2014 financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion on the 2014 Financial Statements 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 on the 2014 Financial Statements

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 3 of the 2014 financial statements, which was certified by Transamerica Financial Life Insurance Association, the custodian of the Plan, except for comparing the information with the related information included in the 2014 financial statements and supplemental schedules.

We were informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator obtained a certification from the custodian as of and for the year ended December 31, 2014, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion on the 2014 Financial Statements

Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2014 Financial Statements paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on the 2014 financial statements.

Opinion on the 2015 Financial Statements

In our opinion, the financial statements referred to in the first paragraph of WHASN 401(k) Plan as of December 31, 2015, and for the year then ended, present fairly, in all material respects, the net assets available for benefits of WHASN 401(k) Plan as of December 31, 2015, and changes in net assets available for benefits for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audit of the Plan's financial statements as of and for the year ended December 31, 2015, was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Assets Held at End of Year and Delinquent Participant Contributions

Report on Supplemental Information (Continued)

together referred to as "supplemental information," as of and for the year ended December 31, 2015, are presented for the purpose of additional analysis and are not a required part of the financial statements but are 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 audit of the 2015 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.

Report on Form and Content of the 2014 Financial Statements in Compliance With DOL Rules and Regulations

The form and content of the information included in the 2014 financial statements, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Stewart, Archibald & Barney, LLP

Las Vegas, Nevada
October 14, 2016

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

ASSETS	2015	2014
Investments, at fair value		
Investments - Transamerica (Note 3)	$ -	$ 2,239,044
Investments - Charles Schwab (Note 4)	**2,439,082**	2,411,018
Total investments, at fair value (Note 11)	**2,439,082**	4,650,062
Receivables:		
Employer contributions	-	232,503
Participants' contributions	-	30,168
Participant loans receivable	-	87,731
Accrued income	**1,698**	1,125
Total receivables	**1,698**	351,527
Total assets	**2,440,780**	5,001,589
Net assets available for benefits	**$ 2,440,780**	$ 5,001,589

See accompanying notes to the financial statements.

WHASN 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2015

Additions:		
Additions to net assets attributed to:		
Investment income:		
Net depreciation in fair value of investments (Notes 3 & 4)	$	(61,352)
Dividends		36,621
Interest from participant loans		979
		(23,752)
Contributions:		
Employer's		3,896
Rollovers		4,659
		8,555
Total additions		(15,197)
Deductions:		
Deductions from net assets attributed to:		
Benefits paid to participants		62,486
Administrative fees		38,231
Total deductions		100,717
Net decrease before transfers out		(115,914)
Transfers out		(2,444,895)
Net decrease		(2,560,809)
Net assets available for benefits:		
Beginning of year		5,001,589
End of year	$	2,440,780

See accompanying notes to the financial statements.

1. DESCRIPTION OF PLAN

The following description of the WHASN 401(k) Plan (the plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan became effective January 1, 2011, and consists of the following: (1) a defined contribution safe harbor plan covering all participants of the Plan, and, (2) an IRS Section 401(k) feature which is a salary deferral arrangement covering all employees who elect to participate after earning a year of service by completing at least 1,000 hours of service over twelve months of service and are age twenty-one or older. These minimum service and age requirements apply to the employee elective deferrals and the related safe harbor matching contributions as well as employer discretionary and qualified nonelective contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act (ERISA).

An eligible employee will become a participant for the above stated deferrals and contributions the first day of the first or seventh calendar month after becoming eligible.

Contributions

Each year, participants may contribute up to the lesser of $53,000, as adjusted for cost-of-living under Code Section 415(d), or 100 percent of their annual "415 compensation," as defined in the Plan. There is no minimum deferral required by the Plan, catch-up contributions are permitted under the plan, as well as Roth deferrals. Participants may also rollover amounts representing distributions from certain other kinds of qualified retirement plans or accounts.

For the year ending December 31, 2015, the Plan sponsor did not make any contributions into the plan. For the year ending December 31, 2014, the Plan sponsor made safe harbor contributions of 3% of Plan Compensation to eligible participants accounts. These safe harbor contributions are 100% vested as of the date of the contribution.

In addition, the Plan sponsor, at its discretion, may make employer matching contributions and employer discretionary contributions under the plan. For the years ended December 31, 2015 and 2014, the Plan Sponsor did not make any employer discretionary contributions. Contributions are subject to certain limitations.

Participant accounts

Each participant's account includes the participant's salary reduction contribution, the Plan's Safe Harbor Non-Elective contributions, any rollover deposited from qualified participant accounts, any employee Roth contributions, an allocation of Plan earnings or losses and an allocation of the Plan's nonelective contribution, if any. Allocations are based on participant elective deferrals or compensation, as defined. Participants direct the investment of their contributions into various investment options offered by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

1. DESCRIPTION OF PLAN (continued)

Vesting

Participants are vested immediately in their salary deferral, employer safe harbor contributions plus actual earnings thereon along with any applicable non-elective safe harbor contributions. Vesting in the employer's contributions to participant accounts, other than the non-elective safe harbor contributions, is based on years of continuous service. A year of service is earned for each year 1000 hours of service are credited to the participant during a Plan year. Vesting percentages are as follows:

Continuous Years of Service	Percentage
Less than one year	0%
1 year	17%
2 years	33%
3 years	50%
4 years	67%
5 years	83%
6 years	100%

Participant loans

Participants may borrow from their fund accounts up to a maximum of $50,000 or 50 percent of their account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at rates of prime plus one percentage point. As such, the interest rate on participant loans currently ranges between 4.25% and 5.25%.

Payment of benefits

On termination of service due to death, disability or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount or in installments. When the value of the participant's vested interest is less than $1,000 and a terminated Participant does not elect to have their distributed vested balance directly to an "eligible retirement plan" specified by the Participant in a direct rollover (in accordance with the direct rollover provisions of the Plan) or to receive the distribution directly, an automatic distribution will be made to a Participant without the Participant's consent. A distribution greater than $1,000, when the value of the participant's vested interest is less than $5,000, an automatic distribution will be made to a Participant without the Participant's consent, if the Participant does not elect to have such distribution paid directly to an "eligible retirement plan" specified by the Participant in a direct rollover (in accordance with the direct rollover provisions of the Plan) or to receive the distribution directly. The Administrator shall pay the distribution in a direct rollover to an individual retirement plan designated by the Administrator.

1. DESCRIPTION OF PLAN (continued)

Administrative expenses
The Plan pays for all expenses incurred by the Plan from the assets of the Plan, except for certain professional fees which are paid by the Plan Sponsor.

Forfeitures
Any forfeitures occurring during a Plan year will be used to reduce employer and/or matching contributions. For the years ended December 31, 2015 and 2014, there were no forfeited nonvested employer contributions.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

As described in Financial Accounting Standards Board Staff Position, FSP AAG INV-1 and SOP 94-4-1, *Reporting of Fully Benefit-Responsive Investment Contracts Held by Certain Investment Companies Subject to the AICPA Investment Association Guide and Defined-Contribution Health and Welfare and Pension Plans* (the FSP), investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. As required by the FSP, the Statements of Net Assets Available for Benefits present the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value, if any. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Investment valuation and income recognition
The plan's investments are stated at fair value. When available, quoted market prices are used to value investments. Shares of separate accounts are valued at the net asset value of shares held by the Plan at year end.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Use of estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates. The most sensitive estimate on the financial statements is the fair value of investments (Note 11).

3. INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN

The following information included accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the custodian. Investments that represent 5% or more of the Plan's net assets are identified with an "*".

	December 31, 2015	2014	
Investments at fair value:			
American Funds Growth Fund of America Ret Acct	$ -	$ 476,160	*
American Funds EuroPacific Growth Ret Acct	-	50,500	
American Funds New Perspective Ret Acct	-	46,148	
BlackRock Global Allocation Ret Acct	-	312,226	*
Janus Balanced Ret Acct	-	6,191	
Loomis Sayles Investment Grade Bond Ret Acct	-	55,701	
Prudential Jennison Natural Resources Ret Acct	-	4,885	
RidgeWorth Large Cap Value Equity Ret Acct	-	86,706	
SSgA S&P Mid Cap Index Ret Acct	-	52,881	
SSgA Russell Small Cap Growth Index Ret Acct	-	9,174	
SSgA Russell Small Cap Index Ret Acct	-	6,827	
Transamerica Stable Value Core Account	-	16,956	
Templeton Global Bond Ret Acct	-	37,401	
Transamerica Partners High Yield Bond Ret Acct	-	37,290	
Vanguard REIT Index Ret Acct	-	20,940	
Vanguard Target Retirement 2045 Ret Acct	-	118,947	
Vanguard Target Retirement 2010 Ret Acct	-	14,824	
Vanguard Target Retirement 2025 Ret Acct	-	204,402	
Vanguard Target Retirement Income Ret Acct	-	1,147	
Vanguard Target Retirement 2050 Ret Acct	-	41,456	
Vanguard Target Retirement 2040 Ret Acct	-	95,100	
Vanguard Target Retirement 2030 Ret Acct	-	79,686	
Vanguard Target Retirement 2015 Ret Acct	-	67,935	
Vanguard Target Retirement 2020 Ret Acct	-	129,175	
Vanguard Target Retirement 2035 Ret Acct	-	259,561	*
Vanguard Target Retirement 2055 Ret Acct	-	6,825	
	$ -	$ 2,239,044	

During 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 $81,946. Interest income from loans to participants amounted to $979 for the year.

The depreciation in value was comprised of $75,826 depreciation for investments with fair values determined by quoted market prices in an active market and $6,120 depreciation in value for investments with fair values determined by other methods.

4. CHARLES SCHWAB INVESTMENTS

The following information included in the accompanying financial statements and supplemental schedule was obtained from statements provided by Charles Schwab. Investments that represent 5% or more of the Plan's net assets are identified with an "*".

	December 31,			
Investments at fair value:	2015		2014	
Alphabet Class A	$ 108,921		$ -	
Alphabet Class C	30,354		-	
Allergan PLC	60,938		-	
American Intl Group	83,040		83,175	
Anheuser-Busc Inbev Adrf	21,251		42,120	
Apple Inc	86,840		67,884	
Bank Of America Corp	122,017	*	124,514	
Bank Of NY Mellon Cp	104,905		91,282	
Bard C R Incorporated	47,360		41,655	
Berkshire Hathaway B	122,797	*	97,598	
Cash	523		792	
Citigroup Inc New	97,031		101,456	
Coca Cola Company	-		56,997	
Deere & Co	50,720		30,522	
Devon Energy Cp	-		31,523	
Diageo Plc New Adr F	48,536		42,784	
Ebay Inc	-		100,455	
Fedex Corporation	36,503		42,547	
Fiserv Inc	53,961		70,970	
Flowserve Corp	105,621		-	
General Electric Company	87,999		71,388	
General Motors Co	80,264		77,151	
Google Inc Class A	-		26,320	
Google Inc Vtg	-		74,292	
Haliburton Co	13,956		-	
Hospira	-		56,656	
Ishares Core Total ETF	82,088		83,691	
Ishares Iboxx Investment	64,416		67,467	
Ishares Tr Bond	47,711		130,949	
Ishares Tr Tips	141,733	*	48,724	
Johnson & Johnson	-		67,971	
Kraft Heinz Co	39,290		-	
Microsoft Corp	117,895		99,171	

4. CHARLES SCHWAB INVESTMENTS (Continued)

Investments at fair value (continued):	December 31, 2015	2014
Mondelez Intl	$ 91,474	$ -
National Oilwell Varco	-	46,199
Northrop Grumman Corp	-	46,428
Owens Illinois Inc	57,051	59,513
Pepsico Incorporated	31,974	61,464
Proctor & Gamble	68,293	-
Qualcomm Inc	49,485	65,039
Schlumberger Ltd	13,601	-
Schwab Money Market Fund: Swmxx	73,428	86,499
Teva Pharm Inds Ltd Adrf	-	66,136
United Parcel Service B	-	36,130
Time Warner Inc	23,928	-
United Technologies Corp	60,044	54,625
Wells Fargo & Co	58,436	58,931
WW Grainger Inc	54,698	-
	$ 2,439,082	$ 2,411,018

During 2015, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $20,594.

The appreciation in value was comprised of $20,594 appreciation for investments with fair values determined by quoted market prices in an active market. The Plan also received $36,621 in dividends from investments with fair values determined by quoted market prices in an active market.

5. INCOME TAX STATUS

This Plan has adopted a standardized prototype plan which has received a favorable opinion letter from the Internal Revenue Service and is designed in accordance with the applicable sections of the Internal Revenue Code.

The Plan has been amended since its adoption. However, the Plan sponsor believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code and therefore is tax-exempt.

6. PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to terminate the Plan at any time subject to the provisions of ERISA. In the event of a plan termination, the participants would become 100% vested in their employer contributions.

7. TRANSFER OF ASSETS FROM THE PLAN

As of January 1, 2015, the plan sponsor switched to Advanstaff HR for professional employer and payroll services. With the switch, the Plan was required to merge with Advanstaff HR 401(k) Plan. During 2015, investments totaling $2,336,572 and loan receivables totaling $108,323 were transferred from Transamerica to Advanstaff HR 401(k) Plan. The remaining plan assets were transferred after year end.

8. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Transamerica Financial Life Insurance Company. Transamerica Financial Life Insurance Company is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Administrative expenses including loan fees paid by the Plan were $38,231 for the year ended December 31, 2015.

9. RISK 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 amount reported in the statements of net assets available for benefits.

10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	2015	2014
Net assets available for benefits, per financial statements	$ 2,440,780	$ 5,001,589
Employer contributions receivable per financial statements	-	(232,503)
Participants' contributions receivable per financial statements	-	(30,168)
Accrued income per financial statements not on 5500	(1,698)	(1,124)
Net assets available for benefits, per the Form 5500	$ 2,439,082	$ 4,737,794

10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (continued)

The following is a reconciliation of changes in net assets available for benefits, per the financial statements to the form 5500:

	2015
Net decrease in net assets available for benefits, per financial statements	$ (2,560,809)
Accrued interest and contribution receivables per financial statement - CY	(1,698)
Accrued interest and contribution receivables per financial statement - PY	263,795
Net decrease in net assets available for benefits, per the Form 5500	$ (2,298,712)

Net income, per the Form 5500	$ 146,183
Transfers of assets from this plan, per the Form 5500	(2,444,895)
Net decrease in net assets available for benefits, per the Form 5500	$ (2,298,712)

11. FAIR VALUE OF FINANCIAL INSTRUMENTS

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

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
Level 2	Inputs to the valuation methodology include • quoted prices for similar assets or liabilities in active 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.

11. FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Level 2 and 3 investments are valued using the market approach. There have been no changes in the methodologies used at December 31, 2015 and 2014.

Investments in money market funds. For investments in money market funds, the carrying amount is based on quoted market prices.

Investments in Pooled Separate Accounts. For investments in pooled separate accounts, fair values of the mutual funds are based on publicly quoted market pricing inputs (level 1) and are used in determining the net asset value (NAV) of the pooled separate account, which is not publicly quoted.

Common stocks, mutual funds and ETF's: Valued at the closing price reported on the active market on which the individual securities are traded.

Investment Contract with Insurance Company. The contract is included in the financial statements at contract value as reported to the plan by Transamerica. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses (Note 12).

		Fair Value Measurements at Reporting Date Using		
Description	12/31/2015	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money Markets	$ 73,951	$ 73,951	$ -	$ -
Seperate Accounts	-	-	-	-
Mutual Funds/EFTs	335,947	335,947	-	-
Common Stock	2,029,184	2,029,184	-	-
Investment Contract with Insurance Company	-	-	-	-
Total	$ 2,439,082	$ 2,439,082	$ -	$ -

11. FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

		Fair Value Measurements at Reporting Date Using		
Description	12/31/2014	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money Markets	$ 87,291	$ 87,291	$ -	$ -
Seperate Accounts	2,222,088	2,060,215	161,873	-
Fixed Income	330,831	330,831	-	-
Common Stock	1,992,896	1,992,896	-	-
Investment Contract with Insurance Company	16,956	-	16,956	-
Total	$ 4,650,062	$ 4,471,233	$ 178,829	$ -

The following tables set forth additional disclosures for the fair value measurement of investments in certain entities that calculate net asset value per share (or its equivalent):

Investment Type	12/31/2015 Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Pooled Separate Accounts:				
Equity	$ -	$ -	Daily	Daily
Fixed Income	-	-	Daily	Daily
International Fixed Income	-	-	Daily	Daily
Hybrid Equity/Bond	-	-	Daily	Daily
International Equity	-	-	Daily	Daily

Investment Type	12/31/2014 Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Pooled Separate Accounts:				
Equity	$ 652,688	$ -	Daily	Daily
Fixed Income	92,991	-	Daily	Daily
International Fixed Income	37,401	-	Daily	Daily
Hybrid Equity/Bond	1,342,359	-	Daily	Daily
International Equity	96,648	-	Daily	Daily

11. FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

The Equity pooled separate accounts' investment strategy is to invest mainly in high-yielding stocks with a few bonds, sometimes using an indexing approach. Investments are mainly in shares of ownership in large well-established US companies and a lesser amount in non-U.S. companies. The investments seek to provide a high level of income and/or long-term capital appreciation.

The Fixed Income pooled separate accounts' investment strategy is to invest in investment grade U.S. corporate bonds and U.S. government bonds. The investments seek long-term capital appreciation and income.

The Hybrid Equity/Bond pooled separate accounts' investment strategy is to seek long-term capital growth and current income. The accounts invest in stocks, bonds and money market instruments of U.S. corporations and government bonds, mortgage backed securities and a small percentage in below-investment grade bonds.

The International Equity pooled separate accounts' investment strategy is to invest in equity securities issued by companies located outside of the United States, including emerging markets. The investments aggressively seek long-term capital growth.

The High-Yield Bond pooled separate account's investment strategy is to invest at least 80 percent of its net assets in high-yield bonds and other investments with similar economic characteristics. The investment seeks to provide a high level of current income.

12. INVESTMENT CONTRACT WITH INSURANCE COMPANY

The plan entered into a benefit-responsive investment contract with Transamerica Life Insurance Company (Transamerica) through the Stable Value Option. Transamerica maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at contract value as reported to the plan by Transamerica. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the plan.

As described in Note 2, because the contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the contract. Per Transamercia contract value is considered fair value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2015 and 2014 was $0 and $16,956, respectively. Transamerica's Stable Value Option investment choice has no stated maturity.

12. INVESTMENT CONTRACT WITH INSURANCE COMPANY (Continued)

Interest rates are established prior to January 1st and July 1st for the corresponding six-month period. Interest is credited based upon the daily balance, at a rate that is the daily equivalent of the effective annual rate of interest applicable for the six-month period. For deposit liabilities with no defined maturities, the fair value to be disclosed is the amount payable on demand at the reporting date. Accordingly, the contract value is also the fair market value. The crediting interest rate is based on a formula agreed upon with the issuer and there is no stated minimum or maximum interest rate.

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

The Trustees to the Plan may effect either a total discontinuance or a partial discontinuance of the contract upon proper written notice as defined in the contract. The issuer may also effect discontinuance upon proper written notice if:

(a) the Plan is changed so as to significantly affect our obligations under the contract; or
(b) the contract can no longer be treated as a Pension Plan Contract, as that term is defined under the Internal Revenue Code, and the issuer determines that it is not practical to continue the provision of benefits under the contract; or
(c) the Plan is terminated; or
(d) the Trustees to the Plan fail to comply with the requirements under the contract; or
(e) the Trustees to the Plan, except by unintentional omission, fail to give the issuer the information needed under the contract; or
(f) the Trustees to the Plan, except by unintentional omission, fail to furnish the issuer with a copy of any amendments to the Plan, or annual report records; or
(g) the sum of the contract account values at any time equals $10,000 or less.

These Transamerica Stable Value Option investment choices seek to protect against any loss of principal while providing returns in excess of money market funds and one-year U. S. Treasury bills. The investment choices have a portfolio investment rate design in which all deposits in the particular investment choice are credited with the same interest rate on a daily basis, and with no set maturity. The effective guaranteed credited interest rate is set on a semi-annual basis and announced at least 45 days in advance of the date the new rate becomes effective.

12. INVESTMENT CONTRACT WITH INSURANCE COMPANY (Continued)

Contract charges may reduce this return. The Transamerica Stable Value Option investment choices are not separate account investment choices—they are an investment in the issuer's general account.

Stable Value Option Investment Choice Performance History:

Average yields:	2015	2014
Minimum rate	1.25 %	1.35 %
Average rate	1.30 %	1.35 %
Closing rate	1.25 %	1.35 %

13. UNCERTAIN TAX POSITIONS

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the DOL. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2012.

14. PLAN AMENDMENT

Effective November 17, 2014, an Addendum to the Plan was adopted to define Compensation to include any earned income designated as such on a Schedule C Form 1040 or a Schedule K-1 Form 1065, that is subject to self-employment or payroll taxes.

15. SUBSEQUENT EVENTS

Effective January 1, 2015, the Plan adopted the Advanstaff, Inc. 401(K) Plan and as an adopting employer transferred the assets administered by Charles Schwab to the new Plan after year end.

Subsequent events have been evaluated through October 14, 2016, which is the date the financial statements were issued.

WHASN 401(K) PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2015

Form 5500 Schedule H - Part IV, Line 4(I)
Employer Identification # 26-3147146
Plan # 001

(a)	(b) Identity of Issue	(c) Description	(d) Cost	(e) Current Value
	Alphabet Class A	Alphabet Class A	N/A	$ 108,921
	Alphabet Class C	Alphabet Class C	N/A	30,354
	Allergan PLC	Allergan PLC	N/A	60,938
	American Intl Group	American Intl Group	N/A	83,040
	Anheuser-Busc Inbev Adrf	Anheuser-Busc Inbev Adrf	N/A	21,251
	Apple Inc	Apple Inc	N/A	86,840
	Bank Of America Corp	Bank Of America Corp	N/A	122,017
	Bank Of NY Mellon Cp	Bank Of NY Mellon Cp	N/A	104,905
	Bard C R Incorporated	Bard C R Incorporated	N/A	47,360
	Berkshire Hathaway B	Berkshire Hathaway B	N/A	122,797
	Cash	Cash	N/A	523
	Citigroup Inc New	Citigroup Inc New	N/A	97,031
	Deere & Co	Deere & Co	N/A	50,720
	Diageo Plc New Adr F	Diageo Plc New Adr F	N/A	48,536
	Fedex Corporation	Fedex Corporation	N/A	36,503
	Fiserv Inc	Fiserv Inc	N/A	53,961
	Flowserve Corp	Flowserve Corp	N/A	105,621
	General Electric Company	General Electric Company	N/A	87,999
	General Motors Co	General Motors Co	N/A	80,264
	Haliburton Co	Haliburton Co	N/A	13,956
	Ishares	Ishares Core Total ETF	N/A	82,088
	Ishares	Ishares Iboxx Investment	N/A	64,416
	Ishares	Ishares Tr Bond	N/A	47,711
	Ishares	Ishares Tr Tips	N/A	141,733
	Kraft Heinz Co	Kraft Heinz Co	N/A	39,290
	Microsoft Corp	Microsoft Corp	N/A	117,895
	Mondelez Intl	Mondelez Intl	N/A	91,474

WHASN 401(K) PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR (Continued)
DECEMBER 31, 2015

Form 5500 Schedule H - Part IV, Line 4(I)
Employer Identification # 26-3147146
Plan # 001 (continued)

(a)	(b) Identity of Issue	(c) Description	(d) Cost	(e) Current Value
	Owens Illinois Inc	Owens Illinois Inc	N/A	57,051
	Pepsico Incorporated	Pepsico Incorporated	N/A	31,974
	Proctor & Gamble	Proctor & Gamble	N/A	68,293
	Qualcomm Inc	Qualcomm Inc	N/A	49,485
	Schlumberger Ltd	Schlumberger Ltd	N/A	13,601
*	Charles Schwab & Co, Inc	Schwab Money Market Fund: Swmxx	N/A	73,428
	Time Warner Inc	Time Warner Inc	N/A	23,928
	United Technologies Corp	United Technologies Corp	N/A	60,044
	Wells Fargo & Co	Wells Fargo & Co	N/A	58,436
	WW Grainger Inc	WW Grainger Inc	N/A	54,698
				$2,439,082

* A party-in-interest as defined by ERISA.

WHASN 401(K) PLAN
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
YEAR ENDED DECEMBER 31, 2015

Form 5500 schedule H - Part IV, Line 4a

Employer Identification #26-3147146

Plan #001

2015 Form 5500 Line 4a - Schedule of Delinquent Participant Contributions				
Participant Contributions Transferred Late to Plan	Total that Constitute Prohibited Transactions			
$ 10,397	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☑	$ -	$ 10,397	$ -	$ -

WHASN 401(K) PLAN
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
YEAR ENDED DECEMBER 31, 2015

Form 5500 schedule H - Part IV, Line 4a

Employer Identification #26-3147146

Plan #001

2015 Form 5500 Line 4a - Schedule of Delinquent Participant Contributions				
Participant Contributions Transferred Late to Plan	Total that Constitute Prohibited Transactions			
$ 10,397	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☑	$ -	$ 10,397	$ -	$ -

WHASN 401(K) PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2015

Form 5500 Schedule H - Part IV, Line 4(I)
Employer Identification # 26-3147146
Plan # 001

(a)	(b) Identity of Issue	(c) Description	(d) Cost	(e) Current Value
	Alphabet Class A	Alphabet Class A	N/A	$ 108,921
	Alphabet Class C	Alphabet Class C	N/A	30,354
	Allergan PLC	Allergan PLC	N/A	60,938
	American Intl Group	American Intl Group	N/A	83,040
	Anheuser-Busc Inbev Adrf	Anheuser-Busc Inbev Adrf	N/A	21,251
	Apple Inc	Apple Inc	N/A	86,840
	Bank Of America Corp	Bank Of America Corp	N/A	122,017
	Bank Of NY Mellon Cp	Bank Of NY Mellon Cp	N/A	104,905
	Bard C R Incorporated	Bard C R Incorporated	N/A	47,360
	Berkshire Hathaway B	Berkshire Hathaway B	N/A	122,797
	Cash	Cash	N/A	523
	Citigroup Inc New	Citigroup Inc New	N/A	97,031
	Deere & Co	Deere & Co	N/A	50,720
	Diageo Plc New Adr F	Diageo Plc New Adr F	N/A	48,536
	Fedex Corporation	Fedex Corporation	N/A	36,503
	Fiserv Inc	Fiserv Inc	N/A	53,961
	Flowserve Corp	Flowserve Corp	N/A	105,621
	General Electric Company	General Electric Company	N/A	87,999
	General Motors Co	General Motors Co	N/A	80,264
	Haliburton Co	Haliburton Co	N/A	13,956
	Ishares	Ishares Core Total ETF	N/A	82,088
	Ishares	Ishares Iboxx Investment	N/A	64,416
	Ishares	Ishares Tr Bond	N/A	47,711
	Ishares	Ishares Tr Tips	N/A	141,733
	Kraft Heinz Co	Kraft Heinz Co	N/A	39,290
	Microsoft Corp	Microsoft Corp	N/A	117,895
	Mondelez Intl	Mondelez Intl	N/A	91,474

WHASN 401(K) PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR (Continued)
DECEMBER 31, 2015

Form 5500 Schedule H - Part IV, Line 4(I)
Employer Identification # 26-3147146
Plan # 001 (continued)

(a)	(b) Identity of Issue	(c) Description	(d) Cost	(e) Current Value
	Owens Illinois Inc	Owens Illinois Inc	N/A	57,051
	Pepsico Incorporated	Pepsico Incorporated	N/A	31,974
	Proctor & Gamble	Proctor & Gamble	N/A	68,293
	Qualcomm Inc	Qualcomm Inc	N/A	49,485
	Schlumberger Ltd	Schlumberger Ltd	N/A	13,601
*	Charles Schwab & Co, Inc	Schwab Money Market Fund: Swmxx	N/A	73,428
	Time Warner Inc	Time Warner Inc	N/A	23,928
	United Technologies Corp	United Technologies Corp	N/A	60,044
	Wells Fargo & Co	Wells Fargo & Co	N/A	58,436
	WW Grainger Inc	WW Grainger Inc	N/A	54,698
				$2,439,082

* A party-in-interest as defined by ERISA.