

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 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 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>			
A This return/report is for:	☐ a multiemployer plan	☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☐ a single-employer plan	☐ a DFE (specify) _____	
B This return/report is:	☐ the first return/report	☐ the final return/report	
	☐ an amended return/report	☐ a short plan year return/report (less than 12 months)	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558	☐ automatic extension	☐ the DFVC program
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>STRATEGIC OUTSOURCING, INC. MULTIPLE EMPLOYER 401(K) PLAN</u>	1b Three-digit plan number (PN) ►	<u>002</u>	
	1c Effective date of plan	<u>01/01/2003</u>	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>STRATEGIC OUTSOURCING INC</u> <u>3023 HSBC WAY</u> <u>FORT MILL, SC 29707</u>	2b Employer Identification Number (EIN) <u>56-1952356</u>		
	2c Plan Sponsor's telephone number <u>800-572-2412</u>		
	2d Business code (see instructions) <u>561300</u>		

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/15/2017</u>	<u>WILLIAM PORTER</u>
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2016)
v. 160205

3a Plan administrator's name and address ☐ Same as Plan Sponsor WILLIAM PORTER 3023 HSBC WAY FORT MILL, SC 29707	3b Administrator's EIN 43-1304650 3c Administrator's telephone number 800-243-8489
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 24847
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 20886 6a(2) 22294 6b 6c 2672 6d 24966 6e 6f 24966 6g 9967 6h 274
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2A 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

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

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

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 2016 Form M-1 annual report. If the plan was not required to file the 2016 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 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>STRATEGIC OUTSOURCING, INC. MULTIPLE EMPLOYER 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>STRATEGIC OUTSOURCING INC</u>	D Employer Identification Number (EIN) <u>56-1952356</u>	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA LIFE INSURANCE CO

(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
<u>39-0989781</u>	<u>86231</u>	<u>931007</u>	<u>9967</u>	<u>01/01/2016</u>	<u>12/31/2016</u>

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

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

(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	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	239878524

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	27598218
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c Additions: (1) Contributions deposited during the year	7c(1)	2879781
(2) Dividends and credits.....	7c(2)	1067
(3) Interest credited during the year.....	7c(3)	311543
(4) Transferred from separate account.....	7c(4)	9655347
(5) Other (specify below)	7c(5)	1740481

▶ CONVERSION ASSETS,EBA CREDITS,FORFEITURE CREDITS,LOAN INTEREST,LOAN PRINCIPAL

(6) Total additions	7c(6)	14588219
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d Total of balance and additions (add lines 7b and 7c(6))	7d	42186437
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	10257963
(2) Administration charge made by carrier.....	7e(2)	48332
(3) Transferred to separate account.....	7e(3)	5629096
(4) Other (specify below)	7e(4)	1442218

▶ ADMINISTRATIVE FEE,EBA WITHDRAWAL,LOAN FEE,LOAN MAINTENANCE FEE,LOAN PROCESSING FEE, SPOFFS

(5) Total deductions	7e(5)	17377609
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	24808828
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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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

A Name of plan STRATEGIC OUTSOURCING, INC. MULTIPLE EMPLOYER 401(K) PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 STRATEGIC OUTSOURCING INC	D Employer Identification Number (EIN) 56-1952356

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

39-0989781

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

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

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

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

(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	348485	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

STRATEGIC OUTSOURCING, INC.

65-0735612

(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?
35	PLAN SPONSOR	85693	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TRINET

56-1952356

(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?
35	PLAN SPONSOR	66427	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)

MAYER HOFFMAN MCCANN

43-1947695

(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?
10	AUDIT	30000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DIMEO SCHNEIDER & ASSOCIATES

36-4001764

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISORY - PLA	10031	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III	Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)
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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 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>STRATEGIC OUTSOURCING, INC. MULTIPLE EMPLOYER 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> B Three-digit plan number (PN) ► </td> <td style="width: 20%; padding: 5px; text-align: center;"> <u>002</u> </td> </tr> <tr style="background-color: #f2f2f2;"> <td colspan="2" style="height: 20px;"></td> </tr> </table>	B Three-digit plan number (PN) ►	<u>002</u>		
B Three-digit plan number (PN) ►	<u>002</u>				
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>STRATEGIC OUTSOURCING INC</u>	D Employer Identification Number (EIN) <u>56-1952356</u>				

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN CENTURY MID CAP VALUE RET</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>39-0989781-797</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">d Entity code <u>P</u></td> <td style="padding: 5px;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10097683</u></td> </tr> </table>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10097683</u>
d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10097683</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS NEW PERSPECTIVE RET</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>39-0989781-259</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">d Entity code <u>P</u></td> <td style="padding: 5px;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5266631</u></td> </tr> </table>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5266631</u>
d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5266631</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FRANKLIN SMALL CAP VALUE RET OPT</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>39-0989781-078</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">d Entity code <u>P</u></td> <td style="padding: 5px;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2020479</u></td> </tr> </table>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2020479</u>
d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2020479</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GOLDMAN SACHS MID-CAP OPPORTUNITIE</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>39-0989781-147</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">d Entity code <u>P</u></td> <td style="padding: 5px;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4437350</u></td> </tr> </table>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4437350</u>
d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4437350</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO INTERNATIONAL GROWTH RET O</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>39-0989781-195</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">d Entity code <u>P</u></td> <td style="padding: 5px;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2406710</u></td> </tr> </table>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2406710</u>
d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2406710</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JANUS TRITON RET OPT</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>39-0989781-583</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">d Entity code <u>P</u></td> <td style="padding: 5px;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7979472</u></td> </tr> </table>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7979472</u>
d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7979472</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MORGAN STANLEY GROWTH RET OPT</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>39-0989781-166</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">d Entity code <u>P</u></td> <td style="padding: 5px;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11395975</u></td> </tr> </table>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11395975</u>
d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11395975</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: OAKMARK INTERNATIONAL RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-539	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2645976
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO TOTAL RETURN RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-312	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6256147
a Name of MTIA, CCT, PSA, or 103-12 IE: RIDGEWORTH CEREDX LARGE CAP VALUE		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-477	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8605159
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET EMERGING MARKETS INDE		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-117	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1175903
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET INTERNATIONAL INDEX R		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-035	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1157467
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P 500 INDEX RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-102	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10558100
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P MID CAP INDEX RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-036	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4366603
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET U.S. BOND INDEX RET O		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-037	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2883961
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD INSTITUTIONAL TARGET R		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-807	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4736714
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD INSTITUTIONAL TARGET R		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-808	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9501548

a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD INSTITUTIONAL TARGET R		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-809	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23201573
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD INSTITUTIONAL TARGET R		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-810	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28474413
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD INSTITUTIONAL TARGET R		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-811	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25938580
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD INSTITUTIONAL TARGET R		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-812	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21166741
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD INSTITUTIONAL TARGET R		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-813	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13750869
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD INSTITUTIONAL TARGET R		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-814	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10655784
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD INSTITUTIONAL TARGET R		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-815	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5777078
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD INSTITUTIONAL TARGET R		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-816	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3195822
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD INSTITUTIONAL TARGET R		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-817	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 428704
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD INSTITUTIONAL TARGET R		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-818	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4092169

a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD REIT INDEX RET OPT

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

c EIN-PN 39-0989781-099	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2750973
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a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD SMALL-CAP INDEX RET OP

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

c EIN-PN 39-0989781-107	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4953941
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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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) 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
		2016
		This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
A Name of plan STRATEGIC OUTSOURCING, INC. MULTIPLE EMPLOYER 401(K) PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 STRATEGIC OUTSOURCING INC	D Employer Identification Number (EIN) 56-1952356	

Part I	Asset and Liability Statement
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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)	2172907	1263487
(2) Participant contributions	1b(2)	493478	571214
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	7137956	6700327
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	254777862	239878524
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	27598218	24808828
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	292180421	273222380

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	567403	653192
k Total liabilities (add all amounts in lines 1g through 1j)	1k	567403	653192

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	291613018	272569188
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	8965444	
(B) Participants	2a(1)(B)	28064876	
(C) Others (including rollovers)	2a(1)(C)	4471811	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		41502131
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)	266173	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		266173
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(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)		17071534
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		309829
d Total income. Add all income amounts in column (b) and enter total.....	2d		59149667

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	25641965	
(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)		25641965
f Corrective distributions (see instructions)	2f		653192
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	452132	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		452132
j Total expenses. Add all expense amounts in column (b) and enter total	2j		26747289

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		32402378
l Transfers of assets:			
(1) To this plan.....	2l(1)		35030688
(2) From this plan.....	2l(2)		86476896

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: **MAYER HOFFMAN MCCANN PC**

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

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	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		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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 Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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)
WEST BROWARD COMMUNITY INC	01-0626787	001
AA METALS INC	02-0701000	001
GREAT NORTHERN HOLDING LLC	04-3473324	001
ALL ROUND BAKERY PRODUCTS INC.	11-3381506	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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

Part V Trust Information	
6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

		Yes	No	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			
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
BOCA KITCHENS INC	14-1881074	001
ARTIX ENTERTAINMENT LLC	20-0289308	001
CLEARWAVE CORPORATION	20-0903847	001
THE AMERLAND GROUP LLC -	20-1591015	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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

		Yes	No	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			
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
LOGAN PROPERTY MANAGEMENT, INC.	20-1902673	001
BLACKFIN LLC	20-2549230	001
GPS INSIGHT LLC	20-3607878	001
SAM'S HOLDINGS	20-3672633	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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
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ESPERIA AT BONITA BAY CONDOMINIUM ASSN INC	20-3900854	001
BOXED WATER IS BETTER LLC	26-0247878	001
GARRETSON RESOLUTION GROUP	26-3840385	001
WATKINS REALTY SERVICES LLC	27-1937581	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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

Part V Trust Information

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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
FUSION MARKETING	27-2081399	001
BARING INDUSTRIES INC	27-3265801	001
M & S LOGISTICS	27-4408289	001
MEYERS PLASTICS INC/TEDCO INC	35-0859281	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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

Part V Trust Information

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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SOTIO LLC 401K PLAN	35-2424961	001
ARCHITERRA INC	36-3703646	001
SAM'S XPRESS	38-3876200	001
MEDIABISTRO HOLDINGS LLC	38-3952293	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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

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6a Name of trust	6b Trust's EIN
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J & M ENTERPRISES, INC.	43-1032753	001
CONDOMINIUM PROPERETY MGMT	43-1399444	001
COAST 2 COAST TRUCKING PERMITS LLC	45-2520653	001
SMALL ANIMAL HOSPITAL	45-3542366	001

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If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
PARTNERS PRACTICE SERVICES LLC	45-5089902	001
LONGHORN PEDIATRICS	46-1580459	001
ANDONIAN ENTERPRISES 401(K) PLAN	46-3681452	001
ENZYMEDICA INC	46-4095240	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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information	
6a Name of trust	6b Trust's EIN
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SOUTH ATLANTIC MANAGEMENT CO INC	46-4404312	001
ALTURA LAND CONSULTANTS LLC	46-4464408	001
M & A LLC DBA NATIONAL NETWORK SERVICES	46-5104748	001
EDGE LOGISTICS LLC	47-1176299	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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
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HISTORYNET	47-2907744	001
TIRE PROFILES LLC	47-4380463	001
YPC CONSULTING GROUP 401K PSP	47-4577263	001
SPECTAGRAPHICS INC	48-1078805	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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

	Yes	No	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.)			
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d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
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h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)			
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k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
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l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
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o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?			
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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)
BEIR AND ASSOCIATES LLC DBA HOME CARE SELECT	51-0626426	001
PHARMALINK INC	52-2210987	001
PROGRESSIVE MANUFACTURING TECHNOLOGY INC	52-2334444	001
COASTAL BAKING COMPANY 401(K) PLAN	56-1236617	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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
LSAA LLC	56-1852781	001
MOTOR RACING OUTREACH INC	58-1859610	001
HOPEWELL DESIGNS INC	58-2110800	001
EMMER DEVELOPMENT CORP.	59-0934800	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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

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6a Name of trust	6b Trust's EIN
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SERRANO BODY SHOP CO INC	59-1219865	001
ADP TOTAL SOURCE RSP	59-2452823	001
GATOR DEVELOPMENT CORP	59-2646130	001
WEN-LAKE CORP.	59-3101268	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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

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SUN COAST HYDRAULIC ELECTRIC MANUFACTURING INC.	59-3186321	001
EDGE AUTO RENTAL INC	59-3856156	001
FORTUNE BUSINESS SOLUTIONS RSP	59-3729371	333
ACAI ASSOCIATES, INC.	65-0020223	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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

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PLANT PARENTS OF SARASOTA INC	65-0552396	001
AIRPRO AVIATION SYSTEMS INC	65-0707918	001
OASIS RETIREMENT SAVINGS PLAN	65-0731524	333
JOHN CANNON HOMES INC	65-0773295	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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
BRICK MAKERS USA INC	65-0783070	001
EXAMSOFT WORLDWIDE INC	65-0836105	001
MULTISTAR TANK LEASING LLC	72-1365002	001
COADVANTAGE CORPORATION	74-1812346	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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
BENEFIT ARCHITECTS INC RETIREMENT TRUST	74-2592641	001
PRINT GLOBE INC	74-2992005	001
STRAUSSMER SHERMAN LLP	74-3131182	001
KONSTANTIN GOURRJI DBA GURNOCK ACADEMY	74-3175520	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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

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SIGNATURE SERVICES CORP.	75-0722111	001
FIRMIN'S PRINTING AND OFFICE SUPPLY CO.	75-1324303	001
INSPIRITY 401K PLAN	76-0178498	001
ADVANCESTAFF INC 401K PLAN	80-0300318	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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year. (See instructions.)

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PEGASYS SOLUTIONS COMPANY	86-0565637	001
C4 ADVANCED TACTICAL SYSTEMS LLC	87-0736523	001
UNIVERSAL STORAGE GROUP LLC	90-0892640	001
VAL-CHRIS INVESTMENT INC	95-3206305	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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

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l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?			
4o			

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)
SPINOFF AND TERMINATION PLAN FOR KIDS QUARTERS, INC.	11-3321699	001
SPINOFF AND TERMINATION PLAN FOR AZUR SALON, LLC	20-0702920	001
SPIN OFF AND TERMINATION PLAN FOR TTOB, INC DBA TUTOR TIME OF BALDWIN	52-5390887	001
SPIN OFF AND TERMINATION PLAN FOR CHILDCARE OF MASSAPEQUA, INC	20-8989175	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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?			
4o			

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)
SPIN OFF AND TERMINATION PLAN FOR BENEVA FLOWERS AND GIFTS, INC	59-3066218	001
SPINOFF AND TERMINATION PLAN FOR TOTAL MARKETING CONCEPTS, INC.	65-1237044	001
SPIN OFF AND TERMINATION PLAN FOR SPIRES, INC.	59-3146178	001
SPIN OFF AND TERMINATION PLAN FOR GLOBAL SAFETY SOURCES, INC.	76-0631071	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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?			
4o			

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)
SPIN OFF AND TERMINATION PLAN FOR SALUS SOLUTIONS, LLC	20-1052651	001
SPIN OFF AND TERMINATION PLAN FOR GOLDFELLOW, LLC	26-1245270	001
SPIN OFF AND TERMINATION PLAN FOR WORKCARE RESOURCES, INC.	62-1567075	001
SPIN OFF AND TERMINATION OF PLAN FOR AP COMMERCIAL, INC.	46-1542365	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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?			
4o			

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)
SPIN OFF AND TERMINATION PLAN FOR ISOLATION TECHNOLOGIES, LLC	47-1445072	001
SPIN OFF AND TERMINATION PLAN FOR LPG, INC.	11-3296548	001
SPIN OFF AND TERMINATION PLAN FOR TTOL, INC.	27-3735687	001
SPIN OFF AND TERMINATION PLAN FOR RENT ATHENS, LLC	61-1648771	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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?			
4o			

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)
SPIN OFF AND TERMINATION PLAN FOR MIKE RHOADS ENTERPRISES, INC.	68-0317353	001
SPIN OFF AND TERMINATION PLAN FOR EASY POOLS, INC	61-1551335	001
SPIN OFF AND TERMINATION PLAN FOR ALLIED SECURITY ASSOCIATES	47-1119906	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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instructions.)

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 sections 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 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>STRATEGIC OUTSOURCING, INC. MULTIPLE EMPLOYER 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>STRATEGIC OUTSOURCING INC</u>	D Employer Identification Number (EIN) <u>56-1952356</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>13-3689044</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

Part III	Amendments
-----------------	-------------------

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2016
v. 160205

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

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

18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment	☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)	
	a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%	
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more	
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____	

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / / .	

**STRATEGIC OUTSOURCING, INC.
MULTIPLE EMPLOYER 401(K) PLAN**

**Financial Statements
and
Supplemental Schedule**

**December 31, 2016 and 2015
(With Independent Auditor's Report Thereon)**

**STRATEGIC OUTSOURCING, INC.
MULTIPLE EMPLOYER 401(K) PLAN**

Table of Contents

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13577 Feather Sound Drive, Suite 400 ■ Clearwater, Florida 33762
Main: 727.572.1400 ■ Fax: 727.571.1933 ■ www.mhm-pc.com

Independent Auditor's Report

To the Trustees of
Strategic Outsourcing, Inc. Multiple Employer 401(k) Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Strategic Outsourcing, Inc. Multiple Employer 401(k) Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Transamerica Financial Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the custodian as of December 31, 2016 and 2015, and for the year ended December 31, 2016, that the information provided to the plan administrator by the custodian is complete and accurate.



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Disclaimer of Opinion

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

Other Matter

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2016, is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

A handwritten signature in black ink, reading "Mayer Hoffman McCann P.C.", written in a cursive style.

September 14, 2017
Clearwater, Florida

**STRATEGIC OUTSOURCING, INC.
MULTIPLE EMPLOYER 401(K) PLAN**

Statements of Net Assets Available for Benefits

December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Investments:		
Pooled separate accounts, at fair value	\$ 239,878,524	254,777,862
General account obligation, at contract value	<u>24,808,828</u>	<u>27,598,218</u>
Total investments	264,687,352	282,376,080
Receivables:		
Employers' contributions	1,263,487	2,172,907
Participants' contributions	571,214	493,478
Notes receivable from participants	<u>6,700,327</u>	<u>7,137,956</u>
Total assets	273,222,380	292,180,421
Excess contributions payable:	<u>653,192</u>	<u>567,403</u>
Total liabilities	<u>653,192</u>	<u>567,403</u>
Net assets available for benefits	<u>\$ 272,569,188</u>	<u>291,613,018</u>

**STRATEGIC OUTSOURCING, INC.
MULTIPLE EMPLOYER 401(K) PLAN**

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2016

Additions to net assets attributed to:

Contributions:

Employers	\$ 8,965,444
Participants	28,064,876
Rollovers	<u>4,471,811</u>

Total contributions	41,502,131
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Investment income:

Net appreciation in fair value of investments	17,071,534
Interest on general account obligation	309,829
Interest on notes receivable from participants	<u>266,173</u>

Total investment income	<u>17,647,536</u>
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Total additions	59,149,667
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Deductions from net assets attributed to:

Benefits paid to participants	26,295,157
Administrative expenses	<u>452,132</u>

Total deductions	<u>26,747,289</u>
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Net increase	32,402,378
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Net assets transferred out	(51,446,208)
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Net assets available for benefits: beginning of year	<u>291,613,018</u>
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Net assets available for benefits: end of year	<u><u>\$ 272,569,188</u></u>
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**STRATEGIC OUTSOURCING, INC.
MULTIPLE EMPLOYER 401(K) PLAN**

Notes to Financial Statements

December 31, 2016 and 2015

(1) Description of Plan

The following description of the Strategic Outsourcing, Inc. Multiple Employer 401(k) Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

(a) General

The Plan was established effective January 1, 2003 with the adoption of the Transamerica Financial Life Insurance Company Volume Submitter Multiple Employer Tax-Favored Savings and Discretionary Contribution Plan and Trust Agreement (Transamerica Agreement) and is sponsored by Strategic Outsourcing, Inc. (the Company or Sponsor). The Plan operates under a group annuity contract with Transamerica Financial Life Insurance Company (TFLIC) who acts as the custodian of the Plan.

The Plan is a multiple employer defined contribution plan which is offered to the employees of the associated employers of the Sponsor (collectively, the Employers). An associated employer is a company that leases its worksite employees from the Company.

The Plan operates in compliance with the regulations under the Internal Revenue Code of 1986 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Employees of associated employers are eligible for participation on the first day of the calendar month following 90 days, six months or one year of employment, or as selected by adopting employers. There is no minimum age for participation.

During 2016 the Trustees of the Plan approved the merger of the Plan with the TriNet 401(k) Plan, which is also sponsored by the Company. Contributions into the Plan were stopped effective August 3, 2017, and all assets were transferred from the Plan on August 7, 2017. As a result of the merger, only those balances which were received into the Plan prior to August 3, 2017 are recorded as receivables on the accompanying financial statements as of and for the year ended December 31, 2016. Any remaining receivable balances were paid into the TriNet 401(k) Plan during 2017.

(b) Contributions

Participants may elect to contribute between 1% and 50% of eligible compensation for the plan year, up to limits allowed by the Internal Revenue Service (IRS) as pre-tax or Roth contributions. Participants who have attained age 50 before the end of their taxable year are eligible to make catch-up contributions. The Employers may, at their discretion, elect to match up to 100% of their employees' contributions. Employers may also make an additional discretionary contribution to the Plan, regardless of whether or not a deferral contribution was made during the year. Participants must be employed on the last day of the plan year in order to receive an employer discretionary matching or non-elective contribution other than corrective contributions.

Participants may also transfer money from other qualified plans and annuity contracts into the Plan as rollover contributions or direct transfers.

**STRATEGIC OUTSOURCING, INC.
MULTIPLE EMPLOYER 401(K) PLAN**

Notes to Financial Statements - Continued

(1) Description of Plan - Continued

(c) Investment Options

Plan assets are invested in pooled separate accounts and a general account obligation. Contributions made by the Employers are allocated based on the funds selected by the participants for their employee contributions. Upon enrollment in the Plan, a participant may direct employee contributions in any of the available investments. Participants are allowed to execute investment transfers between the Plan's investment options on a daily basis.

(d) Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of any employer matching or discretionary contribution and plan earnings. Accounts are charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

(e) Vesting

Participants are immediately vested in their rollover and voluntary contributions plus actual earnings thereon. Participants are vested in employer contributions under a five-year graduated (20% each year) schedule unless one of three additional options is selected by the participant's employer: immediate vesting, three-year cliff or six-year graduated (0% in the first year and 20% thereafter). If a safe harbor contribution option is elected by the participant's employer, vesting occurs immediately.

All accounts fully vest upon termination of the Plan or upon permanent disability or death.

(f) Notes Receivable from Participants

Participants may borrow money from their vested account balance for any reason. The maximum amount available for loans is the lesser of \$50,000 reduced by the participant's highest loan balance outstanding in the 12 months prior to the date of the loan or 50% of the participant's vested account balance. The minimum amount for a loan is \$1,000. The participant shall be charged with any costs associated with processing of the loan.

Loan repayments must have a definite repayment period not to exceed five (5) years unless the loan is for the purchase of a principal residence, in which case the repayment period can exceed the 5 years. A participant shall have only one loan outstanding at a time. Participant loans, including interest thereon, are taxable to the participant upon default, as well as subject to applicable excise penalties. Loans are collateralized by the balance in the participant's account and bear interest at any reasonable rate (prime plus 1% in 2016 for loans taken by participants through TFLIC). The Plan honors rates on notes receivables from participants transferred in from other plans. At December 31, 2016, rates ranged from 3.25% to 6.0%.

**STRATEGIC OUTSOURCING, INC.
MULTIPLE EMPLOYER 401(K) PLAN**

Notes to Financial Statements - Continued

(1) Description of Plan - Continued

(g) Payment of Benefits

Retirement benefits are normally payable at age 65 and are based on the vested accumulated value in the participant's account at that time. Upon termination, retirement, death, or disability, participants or their beneficiaries may elect to receive a lump sum amount equal to the value of the vested interest in their account. Any nonvested balances are forfeited. If the value of a terminated participant's vested benefit does not exceed \$1,000, the entire amount shall be paid to the participant in a single lump sum.

(h) Forfeitures

Any nonvested amounts in a terminated participant's account are forfeited by the participant and transferred to a forfeiture account at the time of distribution or after five consecutive one-year breaks in service. Forfeitures shall be used to pay Plan expenses or to reduce the Employers' future matching contributions. Forfeitures available at December 31, 2016 and 2015 totaled approximately \$155,000 and \$408,000, respectively. Forfeitures used in 2016 to reduce employer contributions or were made as part of forfeiture reallocations were approximately \$347,000.

(i) Mergers and Transfers

The Plan permits mergers and transfers of assets into and out of the Plan, providing that affected participants would receive a benefit immediately after the merger or transfer equal to or greater than the benefit the affected participants would have received immediately before the merger or transfer.

(2) Summary of Significant Accounting Policies

(a) Basis of Presentation

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

(b) Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and the related changes therein. Actual results could differ from those estimates.

**STRATEGIC OUTSOURCING, INC.
MULTIPLE EMPLOYER 401(K) PLAN**

Notes to Financial Statements - Continued

(2) Summary of Significant Accounting Policies - Continued

(c) Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

(d) Investment Valuation and Income Recognition

Funds are invested in an unallocated group annuity insurance contract which is funded through pooled separate accounts and a general account obligation managed by TFLIC.

Investments in pooled separate accounts are stated at fair value as determined by TFLIC. Such fair values are based on quotations from active markets, such as national security exchanges or brokerage firms, on yields currently available on comparable securities and the Plan's participation units in the account.

The pooled separate accounts are credited with earnings in the underlying investments, net of investment management expenses.

Investments in the general account obligation allow participants to invest money in a general account of TFLIC which earns interest. The Sponsor has determined, based on recommendations from TFLIC, that this investment is fully-benefit responsive. Participant contributions are commingled with TFLIC's other assets and TFLIC assumes the risk of principal and accrued interest. An effective annual rate of interest is established before the first day of each month. Interest is credited to the general account obligation daily based on its daily balance, at a rate of interest that is the daily equivalent of the effective annual rate of interest applicable for each month.

The general account obligation is reported at contract value. All participant initiated transactions are at contract value.

Certain events limit the ability of the Plan to transact at contract value with TFLIC. Such events include the following: (1) amendments to the plan documents (including complete or partial termination), (2) bankruptcy of the Company or Employers, (3) other Company or Employers' events that cause a significant withdrawal from the Plan, or (4) the failure of the Plan to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Company does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable.

**STRATEGIC OUTSOURCING, INC.
MULTIPLE EMPLOYER 401(K) PLAN**

Notes to Financial Statements - Continued

(2) Summary of Significant Accounting Policies - Continued

(d) Investment Valuation and Income Recognition - Continued

Changes in the fair value of investments in pooled separate accounts and gains or losses on disposal of these investments are reported in the statement of changes in net assets available for benefits as net appreciation or depreciation in fair value of pooled separate accounts.

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

(e) Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid balance plus any accrued but unpaid interest and are secured by the participant's vested account balance. Delinquent loans are reclassified as distributions. Based on the terms of the Plan document, a loan shall be in default if any of the following occurs: the participant or beneficiary fails to make a payment by the due date or the participant or beneficiary's leave of absence, as determined by provisions of the Plan, extends beyond 12 months and the participant or beneficiary fails to make the loan payment by the earlier of the due date following the suspension period or the due date of the last installment.

(f) Payment of Benefits

Benefits are recorded when paid.

(g) Administrative Expenses

As part of the Plan's contract with TFLIC, participants are charged fees in the form of a record keeping fee and contract asset charge which are deposited into an expense budget account (EBA) and are used to pay administrative expenses of the Plan. During 2016, the Plan's administrative expenses totaled approximately \$452,000, including approximately \$74,000 paid to the Plan Sponsor for services provided to the Plan, \$348,000 paid to TFLIC for services provided, and approximately \$30,000 for other expenses such as legal and audit fees. All administrative paid during the year out of the Plan were paid out of the EBA.

**STRATEGIC OUTSOURCING, INC.
MULTIPLE EMPLOYER 401(K) PLAN**

Notes to Financial Statements - Continued

(2) Summary of Significant Accounting Policies - Continued

(h) New Accounting Pronouncements

In May 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2015-07, *Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*. The ASU removes the requirement to categorize within the fair value hierarchy investments for which fair values are estimated using the net asset value per share as a practical expedient provided by FASB Accounting Standards Codification Topic 820, *Fair Value Measurements* (ASC 820). Disclosures about investments in certain entities that calculate net asset value per share are limited under this ASU to investments for which the entity has elected to estimate the fair value using the net asset value practical expedient. The guidance requires retrospective application and is effective for public business entities for fiscal years, and interim periods within those years, beginning after December 15, 2015. For all other entities, the guidance is effective for fiscal years, and interim periods within those years, beginning after December 15, 2016. The Plan adopted this standard for the year ended December 31, 2016, however adoption had no impact on the financial statements.

(3) Information Certified by the Custodian

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

- Investments and notes receivable from participants, as shown in the Statements of Net Assets Available for Benefits as of December 31, 2016 and 2015, respectively;
- Investment income and related investment activity as included in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2016;
- The Schedule of Assets (Held at End of Year), as of December 31, 2016 included in the supplemental schedule.

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

**STRATEGIC OUTSOURCING, INC.
MULTIPLE EMPLOYER 401(K) PLAN**

Notes to Financial Statements - Continued

(4) Fair Value Measurements

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

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

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

Pooled Separate Accounts

The Plan's separate accounts that invest exclusively in mutual funds are classified as either Level 1 investments, and are valued at the net asset value of the underlying mutual fund at year end, or as Level 2 investments, and are valued by outside valuation services at the mean of bid and ask prices or alternative pricing inputs.

**STRATEGIC OUTSOURCING, INC.
MULTIPLE EMPLOYER 401(K) PLAN**

Notes to Financial Statements - Continued

(4) Fair Value Measurements - Continued

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016 and 2015:

Description	Assets Measured at Fair Value at December 31, 2016	Fair Value Measurements at Reporting Date Using		
		Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Pooled separate accounts	\$ 239,878,524	201,496,455	38,382,069	-

Description	Assets Measured at Fair Value at December 31, 2015	Fair Value Measurements at Reporting Date Using		
		Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Pooled separate accounts	\$ 254,777,862	212,110,328	42,667,534	-

(5) Asset Transfers and Mergers

Qualified plans sponsored by certain Employers may be merged into the Plan in conjunction with such Employers' adoption of the Plan. New participant accounts are then created for such participants in the Plan.

In addition, the account balances of participants employed by certain Employers who terminate their leasing arrangements with the Company during the year may be transferred out of the Plan through mergers with, or creation of, other qualified plans.

Total assets transferred into the Plan from Employers for 2016 totaled approximately \$35,031,000. Assets transferred out of the Plan from Employers for 2016 totaled \$86,477,000.

(6) Excess Contributions Payable

Excess contributions payable of \$653,192 and \$567,403 as of December 31, 2016 and 2015, respectively, represent payments made in 2017 and 2016 to participants to return to them excess contributions as required to satisfy the relevant nondiscrimination provisions of the Plan.

**STRATEGIC OUTSOURCING, INC.
MULTIPLE EMPLOYER 401(K) PLAN**

Notes to Financial Statements - Continued

(7) Plan Termination

The Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. As described in Note 1, the Plan merged with the TriNet 401(k) Plan, with all assets of the Plan transferring to the TriNet 401(k) Plan in 2017. No vesting changes were applicable to the participants of the Plan due to the merger, as the vesting requirements for both plans are the same.

(8) Income Tax Status

The Plan adopted the amended and restated TFLIC volume submitter multiple employer plan document effective January 1, 2016, which obtained its latest opinion letter on July 7, 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRS. The Plan has been amended since receiving the opinion letter. However, the Company and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2016, 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.

(9) Party-in-Interest Transactions

The Plan's investments are managed by TFLIC. While this activity qualifies as party-in-interest activity as defined in Section 3(14) of ERISA, it is expressly exempted from the prohibited transaction rules. Participant loan transactions are considered to be party-in-interest transactions, because they are transacted with Plan participants.

Certain administrative expenses are paid to TFLIC and the plan sponsor and administrator (Note 2(g)) and as such are considered party-in-interest transactions.

(10) Subsequent Events

The Plan's management has evaluated events and transactions for potential recognition or disclosure in the financial statements September 14, 2017 the date the financial statements were available to be issued.

**STRATEGIC OUTSOURCING, INC.
MULTIPLE EMPLOYER 401(K) PLAN**

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

**Employer Identification Number (EIN): 56-1952356
Plan Number: 002**

December 31, 2016

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value (if applicable)	(e) Current Value
*	Transamerica Pooled Separate Account	American Century Mid Cap Value	\$ 10,097,682
*	Transamerica Pooled Separate Account	American Funds New Perspective Ret Opt	5,266,631
*	Transamerica Pooled Separate Account	Franklin Small Cap Value Ret Opt	2,020,479
*	Transamerica Pooled Separate Account	Goldman Sachs Mid-Cap Opportunities Ret Opt	4,437,350
*	Transamerica Pooled Separate Account	Invesco International Growth Ret Opt	2,406,710
*	Transamerica Pooled Separate Account	Janus Triton Ret Opt	7,979,472
*	Transamerica Pooled Separate Account	Morgan Stanley Growth Ret Opt	11,395,975
*	Transamerica Pooled Separate Account	Oakmark International Ret Opt	2,645,976
*	Transamerica Pooled Separate Account	PIMCO Total Return Ret Opt	6,256,147
*	Transamerica Pooled Separate Account	RidgeWorth Large Cap Value Equity Ret Opt	8,605,159
*	Transamerica Pooled Separate Account	SSgA Emerging Markets Index Ret Opt	1,175,903
*	Transamerica Pooled Separate Account	SSgA International Index Ret Opt	1,157,467
*	Transamerica Pooled Separate Account	SSgA S&P 500 Index Ret Opt	10,558,100
*	Transamerica Pooled Separate Account	SSgA S&P Mid-Cap Index Ret Opt	4,366,603
*	Transamerica Pooled Separate Account	SSgA U.S. Bond Index Ret Opt	2,883,961
*	Transamerica Pooled Separate Account	Vanguard REIT Index Ret Opt	2,750,973
*	Transamerica Pooled Separate Account	Vanguard Small-Cap Index Ret Opt	4,953,941
*	Transamerica Pooled Separate Account	Vanguard Target Retirement 2010 Ret Opt	4,736,714
*	Transamerica Pooled Separate Account	Vanguard Target Retirement 2015 Ret Opt	9,501,548
*	Transamerica Pooled Separate Account	Vanguard Target Retirement 2020 Ret Opt	23,201,573
*	Transamerica Pooled Separate Account	Vanguard Target Retirement 2025 Ret Opt	28,474,413
*	Transamerica Pooled Separate Account	Vanguard Target Retirement 2030 Ret Opt	25,938,580
*	Transamerica Pooled Separate Account	Vanguard Target Retirement 2035 Ret Opt	21,166,741
*	Transamerica Pooled Separate Account	Vanguard Target Retirement 2040 Ret Opt	13,750,869
*	Transamerica Pooled Separate Account	Vanguard Target Retirement 2045 Ret Opt	10,655,784
*	Transamerica Pooled Separate Account	Vanguard Target Retirement 2050 Ret Opt	5,777,078
*	Transamerica Pooled Separate Account	Vanguard Target Retirement 2055 Ret Opt	3,195,822
*	Transamerica Pooled Separate Account	Vanguard Target Retirement 2060 Ret Opt	428,704
*	Transamerica Pooled Separate Account	Vanguard Target Retirement Income Fund	4,092,169
*	Transamerica Stable Value Option Ret Opt	General Account Obligation	24,808,828

* Party-in-interest

MULTIPLE-EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION

Plan Name: Strategic Outsourcing Inc.
Contract Number: 931007
Employer Identification Number: xx-xxx2356
Plan Identification Number: 002
Plan Year End: December 31, 2016

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx2357	0.00%
	xx-xxx2968	0.00%
	xx-xxx2086	0.04%
	xx-xxx2404	0.02%
	xx-xxx7216	0.03%
	xx-xxx7055	0.07%
	xx-xxx6092	0.00%
	xx-xxx7245	0.00%
	xx-xxx6178	0.02%
	xx-xxx0049	0.16%
	xx-xxx8403	0.20%
	xx-xxx6999	0.06%
	xx-xxx8567	0.00%
	xx-xxx0200	0.00%
	xx-xxx4310	0.01%
	xx-xxx4923	0.03%
	xx-xxx6084	0.02%
	xx-xxx0657	0.15%
	xx-xxx6019	0.00%
	xx-xxx3779	0.00%
	xx-xxx4091	0.03%
	xx-xxx7082	0.06%
	xx-xxx5799	0.00%
	xx-xxx3159	0.00%
	xx-xxx4462	0.01%
	xx-xxx3234	0.01%
	xx-xxx2536	0.01%
	xx-xxx2017	0.01%
	xx-xxx4294	0.00%
	xx-xxx4766	0.01%
	xx-xxx1355	0.01%
	xx-xxx0208	0.47%
	xx-xxx8410	0.05%
	xx-xxx7218	0.32%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx4383	0.01%
	xx-xxx6087	0.00%
	xx-xxx5101	0.00%
	xx-xxx7712	0.01%
	xx-xxx0697	0.08%
	xx-xxx5868	0.00%
	xx-xxx0429	0.10%
	xx-xxx4341	0.16%
	xx-xxx1980	0.00%
	xx-xxx3082	0.00%
	xx-xxx0034	0.36%
	xx-xxx0306	0.01%
	xx-xxx6716	0.20%
	xx-xxx4253	0.02%
	xx-xxx6707	0.15%
	xx-xxx0986	0.08%
	xx-xxx8399	0.03%
	xx-xxx5186	0.02%
	xx-xxx2823	0.02%
	xx-xxx4644	0.02%
	xx-xxx4927	0.05%
	xx-xxx4523	0.02%
	xx-xxx2307	0.00%
	xx-xxx2368	0.01%
	xx-xxx8065	0.02%
	xx-xxx2240	0.07%
	xx-xxx6504	0.05%
	xx-xxx2227	0.00%
	xx-xxx2590	0.00%
	xx-xxx3830	0.29%
	xx-xxx5565	0.03%
	xx-xxx5361	0.08%
	xx-xxx6910	1.25%
	xx-xxx9478	0.01%
	xx-xxx8128	0.05%
	xx-xxx0360	0.17%
	xx-xxx9987	0.13%
	xx-xxx1841	0.16%
	xx-xxx6305	0.08%
	xx-xxx1380	0.01%
	xx-xxx1113	0.18%
	xx-xxx7741	0.15%
	xx-xxx8444	0.56%
	xx-xxx6412	0.00%
	xx-xxx2943	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx5342	0.02%
	xx-xxx7519	0.00%
	xx-xxx6130	0.10%
	xx-xxx9644	0.00%
	xx-xxx9610	0.03%
	xx-xxx9606	0.00%
	xx-xxx1366	0.30%
	xx-xxx4018	0.09%
	xx-xxx4710	0.07%
	xx-xxx5010	0.32%
	xx-xxx2061	0.06%
	xx-xxx4878	0.47%
	xx-xxx1584	0.10%
	xx-xxx7550	0.00%
	xx-xxx7371	0.01%
	xx-xxx5632	1.18%
	xx-xxx7811	0.19%
	xx-xxx5163	0.33%
	xx-xxx4161	0.49%
	xx-xxx7678	0.02%
	xx-xxx3576	0.01%
	xx-xxx3793	0.00%
	xx-xxx5281	0.00%
	xx-xxx4303	0.10%
	xx-xxx8689	0.02%
	xx-xxx0223	0.06%
	xx-xxx1027	0.00%
	xx-xxx1408	0.02%
	xx-xxx9865	0.01%
	xx-xxx7995	0.05%
	xx-xxx5376	0.42%
	xx-xxx7730	0.02%
	xx-xxx8796	0.01%
	xx-xxx6726	0.00%
	xx-xxx7918	0.01%
	xx-xxx5344	0.08%
	xx-xxx7536	0.12%
	xx-xxx6041	0.02%
	xx-xxx1071	0.03%
	xx-xxx8472	0.06%
	xx-xxx8911	0.39%
	xx-xxx6867	0.02%
	xx-xxx4555	0.00%
	xx-xxx3453	0.02%
	xx-xxx4800	0.17%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx0247	0.15%
	xx-xxx6218	0.02%
	xx-xxx1052	0.06%
	xx-xxx4555	0.00%
	xx-xxx8903	0.00%
	xx-xxx7827	0.33%
	xx-xxx5693	0.00%
	xx-xxx8255	0.08%
	xx-xxx8231	0.61%
	xx-xxx9652	0.05%
	xx-xxx2960	0.04%
	xx-xxx1572	0.15%
	xx-xxx7652	0.37%
	xx-xxx2302	0.00%
	xx-xxx1687	1.72%
	xx-xxx9048	0.00%
	xx-xxx2169	0.17%
	xx-xxx1315	0.07%
	xx-xxx6045	0.36%
	xx-xxx1523	0.05%
	xx-xxx3107	0.02%
	xx-xxx2294	0.10%
	xx-xxx5120	0.30%
	xx-xxx7633	0.02%
	xx-xxx4251	0.00%
	xx-xxx6283	0.29%
	xx-xxx8337	0.04%
	xx-xxx3787	0.10%
	xx-xxx8883	0.00%
	xx-xxx2054	0.00%
	xx-xxx9803	0.04%
	xx-xxx1000	0.01%
	xx-xxx0987	0.00%
	xx-xxx5964	0.01%
	xx-xxx0571	0.00%
	xx-xxx0596	0.15%
	xx-xxx4645	0.35%
	xx-xxx0800	0.14%
	xx-xxx0843	0.01%
	xx-xxx5873	0.13%
	xx-xxx0676	0.02%
	xx-xxx4237	0.05%
	xx-xxx9727	0.08%
	xx-xxx3935	0.00%
	xx-xxx8598	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx8562	0.25%
	xx-xxx4632	0.23%
	xx-xxx0619	0.00%
	xx-xxx2907	0.00%
	xx-xxx8805	0.00%
	xx-xxx2656	0.11%
	xx-xxx6685	0.20%
	xx-xxx2324	0.00%
	xx-xxx2651	0.00%
	xx-xxx2932	0.11%
	xx-xxx6480	0.05%
	xx-xxx7820	0.09%
	xx-xxx8337	0.13%
	xx-xxx6534	0.01%
	xx-xxx6668	0.85%
	xx-xxx7453	0.01%
	xx-xxx1150	0.34%
	xx-xxx2920	0.01%
	xx-xxx0513	0.07%
	xx-xxx4084	0.71%
	xx-xxx7271	0.00%
	xx-xxx7506	0.03%
	xx-xxx4976	0.25%
	xx-xxx7155	0.08%
	xx-xxx0327	0.09%
	xx-xxx3960	0.19%
	xx-xxx6751	0.06%
	xx-xxx0263	1.47%
	xx-xxx1821	0.00%
	xx-xxx6692	0.18%
	xx-xxx5714	0.06%
	xx-xxx7425	0.02%
	xx-xxx5308	0.14%
	xx-xxx0480	0.17%
	xx-xxx1074	0.06%
	xx-xxx0771	1.73%
	xx-xxx7762	0.29%
	xx-xxx7350	0.03%
	xx-xxx0736	0.02%
	xx-xxx8996	0.24%
	xx-xxx3380	0.18%
	xx-xxx6024	0.12%
	xx-xxx0190	0.54%
	xx-xxx6474	0.25%
	xx-xxx3672	0.71%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx2184	0.25%
	xx-xxx5947	0.07%
	xx-xxx1503	0.28%
	xx-xxx8567	0.40%
	xx-xxx4801	0.48%
	xx-xxx6523	0.17%
	xx-xxx4665	0.05%
	xx-xxx3151	0.15%
	xx-xxx4444	0.00%
	xx-xxx3768	0.02%
	xx-xxx1185	0.10%
	xx-xxx8510	0.03%
	xx-xxx1399	0.05%
	xx-xxx7053	0.09%
	xx-xxx2346	0.13%
	xx-xxx5383	0.36%
	xx-xxx2127	0.37%
	xx-xxx3038	0.85%
	xx-xxx9954	0.17%
	xx-xxx1570	0.06%
	xx-xxx5306	0.00%
	xx-xxx2673	0.04%
	xx-xxx1015	0.13%
	xx-xxx9937	0.25%
	xx-xxx4398	0.45%
	xx-xxx1775	0.00%
	xx-xxx6675	0.37%
	xx-xxx5270	0.00%
	xx-xxx8539	0.08%
	xx-xxx5274	0.00%
	xx-xxx8055	0.01%
	xx-xxx6264	0.02%
	xx-xxx6522	0.03%
	xx-xxx8849	0.04%
	xx-xxx6985	0.47%
	xx-xxx3494	0.16%
	xx-xxx6729	0.05%
	xx-xxx3915	0.07%
	xx-xxx0087	0.87%
	xx-xxx1806	0.34%
	xx-xxx7296	0.02%
	xx-xxx5077	0.00%
	xx-xxx1506	0.00%
	xx-xxx7075	0.01%
	xx-xxx2934	0.13%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx6338	0.30%
	xx-xxx7954	0.30%
	xx-xxx2962	0.04%
	xx-xxx7916	0.11%
	xx-xxx3378	0.00%
	xx-xxx7097	0.30%
	xx-xxx1687	0.05%
	xx-xxx5077	0.23%
	xx-xxx9444	0.01%
	xx-xxx4658	1.35%
	xx-xxx3324	0.00%
	xx-xxx7041	0.09%
	xx-xxx1100	0.01%
	xx-xxx4809	0.08%
	xx-xxx9697	0.07%
	xx-xxx6282	0.09%
	xx-xxx5940	0.10%
	xx-xxx1290	0.06%
	xx-xxx8683	0.07%
	xx-xxx8773	0.01%
	xx-xxx7420	0.04%
	xx-xxx8517	0.11%
	xx-xxx9674	0.71%
	xx-xxx5038	0.09%
	xx-xxx4113	0.17%
	xx-xxx9463	0.03%
	xx-xxx6993	0.06%
	xx-xxx2118	0.00%
	xx-xxx5837	0.16%
	xx-xxx5698	0.00%
	xx-xxx3669	1.15%
	xx-xxx4561	0.92%
	xx-xxx4846	0.01%
	xx-xxx3870	0.00%
	xx-xxx4092	0.12%
	xx-xxx1474	0.00%
	xx-xxx3240	0.00%
	xx-xxx5685	0.10%
	xx-xxx6240	0.00%
	xx-xxx9277	0.06%
	xx-xxx7878	0.48%
	xx-xxx1307	0.22%
	xx-xxx4059	0.00%
	xx-xxx5774	0.35%
	xx-xxx1246	0.02%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx1475	1.39%
	xx-xxx6032	0.00%
	xx-xxx6321	0.02%
	xx-xxx6267	0.03%
	xx-xxx6142	0.46%
	xx-xxx6344	0.00%
	xx-xxx2280	0.54%
	xx-xxx0430	0.54%
	xx-xxx1268	0.01%
	xx-xxx9673	0.14%
	xx-xxx8766	0.08%
	xx-xxx5986	0.16%
	xx-xxx8608	0.06%
	xx-xxx9452	0.00%
	xx-xxx8144	0.19%
	xx-xxx9652	0.04%
	xx-xxx7214	0.12%
	xx-xxx7165	0.37%
	xx-xxx5567	0.05%
	xx-xxx0459	0.01%
	xx-xxx5714	0.02%
	xx-xxx0623	0.00%
	xx-xxx0827	0.00%
	xx-xxx6105	0.02%
	xx-xxx8472	0.00%
	xx-xxx4961	0.00%
	xx-xxx8289	0.01%
	xx-xxx2641	0.01%
	xx-xxx4887	0.00%
	xx-xxx5801	0.51%
	xx-xxx3516	5.12%
	xx-xxx3727	0.02%
	xx-xxx2446	0.02%
	xx-xxx9655	0.02%
	xx-xxx6788	0.03%
	xx-xxx6957	0.03%
	xx-xxx0587	0.05%
	xx-xxx0423	0.49%
	xx-xxx0385	0.90%
	xx-xxx7226	0.01%
	xx-xxx1373	0.00%
	xx-xxx6697	0.01%
	xx-xxx4657	0.05%
	xx-xxx7405	0.03%
	xx-xxx2945	0.08%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx3642	0.18%
	xx-xxx0044	1.01%
	xx-xxx5002	0.04%
	xx-xxx0136	0.78%
	xx-xxx1346	0.03%
	xx-xxx9915	1.57%
	xx-xxx2542	0.11%
	xx-xxx5912	0.05%
	xx-xxx2913	0.11%
	xx-xxx1024	0.68%
	xx-xxx3435	0.26%
	xx-xxx3847	0.04%
	xx-xxx2365	0.03%
	xx-xxx8887	0.14%
	xx-xxx7429	0.04%
	xx-xxx3880	0.00%
	xx-xxx3149	0.09%
	xx-xxx4203	0.18%
	xx-xxx4924	0.00%
	xx-xxx5231	0.00%
	xx-xxx2778	0.23%
	xx-xxx4094	0.00%
	xx-xxx3692	0.05%
	xx-xxx4803	0.05%
	xx-xxx4447	0.02%
	xx-xxx0681	0.00%
	xx-xxx6001	0.03%
	xx-xxx6235	0.13%
	xx-xxx9715	0.15%
	xx-xxx0653	0.01%
	xx-xxx1986	0.04%
	xx-xxx4022	0.14%
	xx-xxx4815	0.47%
	xx-xxx2781	0.58%
	xx-xxx6784	0.00%
	xx-xxx7775	0.12%
	xx-xxx8892	0.06%
	xx-xxx3892	0.01%
	xx-xxx5339	0.09%
	xx-xxx9132	0.08%
	xx-xxx8488	0.02%
	xx-xxx8810	0.25%
	xx-xxx7581	0.00%
	xx-xxx9524	0.02%
	xx-xxx2171	0.01%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx8688	0.08%
	xx-xxx6617	0.00%
	xx-xxx7044	0.03%
	xx-xxx1183	0.76%
	xx-xxx4967	0.02%
	xx-xxx0086	0.09%
	xx-xxx7489	0.07%
	xx-xxx7073	0.22%
	xx-xxx5355	0.21%
	xx-xxx3209	0.00%
	xx-xxx3146	0.06%
	xx-xxx1413	0.00%
	xx-xxx5655	1.78%
	xx-xxx1786	0.00%
	xx-xxx7711	0.09%
	xx-xxx4748	0.01%
	xx-xxx1278	0.06%
	xx-xxx9649	0.07%
	xx-xxx6645	0.01%
	xx-xxx9769	0.00%
	xx-xxx4177	0.16%
	xx-xxx2396	0.00%
	xx-xxx9308	0.07%
	xx-xxx9749	0.08%
	xx-xxx9281	0.19%
	xx-xxx4849	0.13%
	xx-xxx0275	0.06%
	xx-xxx2753	0.10%
	xx-xxx9221	0.02%
	xx-xxx6617	0.15%
	xx-xxx3295	0.21%
	xx-xxx5072	0.00%
	xx-xxx4674	0.11%
	xx-xxx3660	0.12%
	xx-xxx2111	0.13%
	xx-xxx8612	0.42%
	xx-xxx6843	0.06%
	xx-xxx8982	0.06%
	xx-xxx8402	0.00%
	xx-xxx6046	0.22%
	xx-xxx3226	0.05%
	xx-xxx1805	0.37%
	xx-xxx4846	0.02%
	xx-xxx1106	1.08%
	xx-xxx1695	0.28%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx8792	0.01%
	xx-xxx6762	0.62%
	xx-xxx5993	0.00%
	xx-xxx6691	0.04%
	xx-xxx5094	0.01%
	xx-xxx3496	0.20%
	xx-xxx8859	0.14%
	xx-xxx3292	0.23%
	xx-xxx9153	0.19%
	xx-xxx2116	0.02%
	xx-xxx3408	0.40%
	xx-xxx5471	0.00%
	xx-xxx4773	0.48%
	xx-xxx*517	0.05%
	xx-xxx5637	0.27%
	xx-xxx1321	0.09%
	xx-xxx7597	0.65%
	xx-xxx6495	0.11%
	xx-xxx3070	0.02%
	xx-xxx2305	0.05%
	xx-xxx6531	0.05%
	xx-xxx2393	0.27%
	xx-xxx4667	0.03%
	xx-xxx1574	0.45%
	xx-xxx4120	0.23%
	xx-xxx4408	0.05%
	xx-xxx1699	0.01%
	xx-xxx6548	0.01%
	xx-xxx5687	0.04%
	xx-xxx9175	0.00%
	xx-xxx6426	0.01%
	xx-xxx6156	0.02%
	xx-xxx1111	0.22%
	xx-xxx7925	0.13%
	xx-xxx4991	0.05%
	xx-xxx5787	0.40%
	xx-xxx0169	0.01%
	xx-xxx4230	0.13%
	xx-xxx0758	0.15%
	xx-xxx8771	0.00%
	xx-xxx7878	0.01%
	xx-xxx8438	0.00%
	xx-xxx2215	0.37%
	xx-xxx3874	0.02%
	xx-xxx7376	0.11%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx0785	0.16%
	xx-xxx4670	0.04%
	xx-xxx0854	0.01%
	xx-xxx0760	0.01%
	xx-xxx5129	0.22%
	xx-xxx5520	0.01%
	xx-xxx1454	0.00%
	xx-xxx5687	0.30%
	xx-xxx9708	0.00%
	xx-xxx1549	0.05%
	xx-xxx0887	0.00%
	xx-xxx0775	0.18%
	xx-xxx7427	0.01%
	xx-xxx2005	0.08%
	xx-xxx9272	0.04%
	xx-xxx4865	0.02%
	xx-xxx3646	0.02%
	xx-xxx1182	0.01%
	xx-xxx4232	0.01%
	xx-xxx4658	0.23%
	xx-xxx5394	0.32%
	xx-xxx4707	0.81%
	xx-xxx4339	0.26%
	xx-xxx2396	0.01%
	xx-xxx4885	0.09%
	xx-xxx4688	0.05%
	xx-xxx7353	0.00%
	xx-xxx1496	0.61%
	xx-xxx4288	0.03%
	xx-xxx6488	0.14%
	xx-xxx2829	0.22%
	xx-xxx5918	0.12%
	xx-xxx0553	0.00%
	xx-xxx9977	0.11%
	xx-xxx9902	0.13%
	xx-xxx3719	0.56%
	xx-xxx0535	0.03%
	xx-xxx8449	0.11%
	xx-xxx2456	1.54%
	xx-xxx7271	0.24%
	xx-xxx6071	0.46%
	xx-xxx6252	0.14%
	xx-xxx2014	0.01%
	xx-xxx1566	0.01%
	xx-xxx1453	0.60%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx3897	0.00%
	xx-xxx8011	0.00%
	xx-xxx1859	0.00%
	xx-xxx0946	0.00%
	xx-xxx7346	0.00%
	xx-xxx3151	0.03%
	xx-xxx8058	0.00%
	xx-xxx3054	0.00%
	xx-xxx4438	0.00%
	xx-xxx9528	0.01%
	xx-xxx5799	0.00%
	xx-xxx4243	0.00%
	xx-xxx7796	0.00%
	xx-xxx3114	0.00%
	xx-xxx0113	0.00%
	xx-xxx3111	0.00%
	xx-xxx0560	0.01%
	xx-xxx7318	0.05%
	xx-xxx5751	0.02%
	xx-xxx*850	0.06%
	xx-xxx5532	0.00%
	xx-xxx5596	0.00%
	xx-xxx5328	0.00%
	xx-xxx1758	0.43%
	xx-xxx3492	0.05%
	xx-xxx0954	0.02%
	xx-xxx1335	0.01%
	xx-xxx6870	0.06%
	xx-xxx0296	0.03%
	xx-xxx0535	0.32%
	xx-xxx9257	0.40%
	xx-xxx0487	0.35%
	xx-xxx5977	0.08%
	xx-xxx8649	0.14%
	xx-xxx3359	0.30%
	xx-xxx6258	0.10%
	xx-xxx9186	0.32%
	xx-xxx4034	0.43%
	xx-xxx6424	0.01%
	xx-xxx3857	0.11%
	xx-xxx0249	0.00%
	xx-xxx8633	0.09%
	xx-xxx9739	0.56%
	xx-xxx3754	0.31%
	xx-xxx0536	0.14%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx7941	0.76%
	xx-xxx8952	0.68%
	xx-xxx2356	0.34%
	xx-xxx0763	0.06%
	xx-xxx5935	0.21%
	xx-xxx7769	0.01%
	xx-xxx0275	0.06%
	xx-xxx7080	0.49%
	xx-xxx8109	0.03%
	xx-xxx2403	0.37%
	xx-xxx5359	0.19%
	xx-xxx2356	0.04%
	xx-xxx6755	0.05%
	xx-xxx8292	0.07%
	xx-xxx7081	0.16%
	xx-xxx4317	0.28%
	xx-xxx6668	0.06%
	xx-xxx9462	0.22%
	xx-xxx7102	0.28%
	xx-xxx2384	0.29%
	xx-xxx4324	0.01%
	xx-xxx3559	0.10%
	xx-xxx2256	0.04%
	xx-xxx5475	0.32%
	xx-xxx5268	0.04%
	xx-xxx5355	0.08%
	xx-xxx3242	0.39%
	xx-xxx6158	0.05%
	xx-xxx8085	0.16%
	xx-xxx4941	0.28%
	xx-xxx0524	0.08%
	xx-xxx2103	0.12%
	xx-xxx2373	0.22%
	xx-xxx0237	0.20%
	xx-xxx5266	0.35%
	xx-xxx8289	0.10%
	xx-xxx7520	0.01%
	xx-xxx8248	0.13%
	xx-xxx9063	0.05%
	xx-xxx0380	0.05%
	xx-xxx2356	0.05%
	xx-xxx7397	0.33%
	xx-xxx2920	0.16%
	xx-xxx5811	0.04%
	xx-xxx9906	0.01%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx5585	0.22%
	xx-xxx7866	0.17%
	xx-xxx5699	0.14%
	xx-xxx1887	0.08%
	xx-xxx7644	0.00%
	xx-xxx3743	0.08%
	xx-xxx5588	0.02%
	xx-xxx5865	0.03%
	xx-xxx6635	0.31%
	xx-xxx4987	0.09%
	xx-xxx5816	0.08%
	xx-xxx9546	0.00%
	xx-xxx7994	0.04%
	xx-xxx5593	0.02%
	xx-xxx5041	0.08%
	xx-xxx6081	0.10%
	xx-xxx7610	0.06%
	xx-xxx8388	0.01%
	xx-xxx9909	0.00%
	xx-xxx8173	0.00%
	xx-xxx6398	0.18%
	xx-xxx5775	0.14%
	xx-xxx0528	0.08%
	xx-xxx9825	0.01%
	xx-xxx0824	0.07%
	xx-xxx5023	0.01%
	xx-xxx4480	0.01%
	xx-xxx0179	0.00%
	xx-xxx0034	0.15%
	xx-xxx2627	0.01%
	xx-xxx8132	0.00%
	xx-xxx8371	0.00%
	xx-xxx1546	0.00%
	xx-xxx7675	0.01%
	xx-xxx1021	0.00%
	xx-xxx0435	0.00%
	xx-xxx2834	0.01%
	xx-xxx1120	0.00%
	xx-xxx1343	0.00%
	xx-xxx2356	0.01%
	xx-xxx7750	0.00%
	xx-xxx9305	0.00%
	xx-xxx0663	0.00%
	xx-xxx5835	0.00%
	xx-xxx2356	0.00%

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
	xx-xxx1827	0.00%
	xx-xxx5308	0.00%
	xx-xxx7725	0.00%
	xx-xxx9857	0.00%
	xx-xxx8022	0.00%
	xx-xxx7503	0.00%
	xx-xxx8125	0.00%
	xx-xxx6045	0.00%
	xx-xxx0297	0.00%

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 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 2016 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>	
A This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____

Part II Basic Plan Information—enter all requested information	
1a Name of plan STRATEGIC OUTSOURCING, INC. MULTIPLE EMPLOYER 401(K) PLAN	1b Three-digit plan number (PN) ▶ <u>002</u> 1c Effective date of plan <u>01/01/2003</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) STRATEGIC OUTSOURCING INC 3023 HSBC WAY FORT MILL, SC 29707	2b Employer Identification Number (EIN) 56-1952356 2c Plan Sponsor's telephone number (800) 572-2412 2d Business code (see instructions) 561300

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

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

SIGN HERE	 Signature of plan administrator	<u>9/15/2017</u> Date	William Porter 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

**STRATEGIC OUTSOURCING, INC.
MULTIPLE EMPLOYER 401(K) PLAN**

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

**Employer Identification Number (EIN): 56-1952356
Plan Number: 002**

December 31, 2016

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value (if applicable)	(e) Current Value
*	Transamerica Pooled Separate Account	American Century Mid Cap Value	\$ 10,097,682
*	Transamerica Pooled Separate Account	American Funds New Perspective Ret Opt	5,266,631
*	Transamerica Pooled Separate Account	Franklin Small Cap Value Ret Opt	2,020,479
*	Transamerica Pooled Separate Account	Goldman Sachs Mid-Cap Opportunities Ret Opt	4,437,350
*	Transamerica Pooled Separate Account	Invesco International Growth Ret Opt	2,406,710
*	Transamerica Pooled Separate Account	Janus Triton Ret Opt	7,979,472
*	Transamerica Pooled Separate Account	Morgan Stanley Growth Ret Opt	11,395,975
*	Transamerica Pooled Separate Account	Oakmark International Ret Opt	2,645,976
*	Transamerica Pooled Separate Account	PIMCO Total Return Ret Opt	6,256,147
*	Transamerica Pooled Separate Account	RidgeWorth Large Cap Value Equity Ret Opt	8,605,159
*	Transamerica Pooled Separate Account	SSgA Emerging Markets Index Ret Opt	1,175,903
*	Transamerica Pooled Separate Account	SSgA International Index Ret Opt	1,157,467
*	Transamerica Pooled Separate Account	SSgA S&P 500 Index Ret Opt	10,558,100
*	Transamerica Pooled Separate Account	SSgA S&P Mid-Cap Index Ret Opt	4,366,603
*	Transamerica Pooled Separate Account	SSgA U.S. Bond Index Ret Opt	2,883,961
*	Transamerica Pooled Separate Account	Vanguard REIT Index Ret Opt	2,750,973
*	Transamerica Pooled Separate Account	Vanguard Small-Cap Index Ret Opt	4,953,941
*	Transamerica Pooled Separate Account	Vanguard Target Retirement 2010 Ret Opt	4,736,714
*	Transamerica Pooled Separate Account	Vanguard Target Retirement 2015 Ret Opt	9,501,548
*	Transamerica Pooled Separate Account	Vanguard Target Retirement 2020 Ret Opt	23,201,573
*	Transamerica Pooled Separate Account	Vanguard Target Retirement 2025 Ret Opt	28,474,413
*	Transamerica Pooled Separate Account	Vanguard Target Retirement 2030 Ret Opt	25,938,580
*	Transamerica Pooled Separate Account	Vanguard Target Retirement 2035 Ret Opt	21,166,741
*	Transamerica Pooled Separate Account	Vanguard Target Retirement 2040 Ret Opt	13,750,869
*	Transamerica Pooled Separate Account	Vanguard Target Retirement 2045 Ret Opt	10,655,784
*	Transamerica Pooled Separate Account	Vanguard Target Retirement 2050 Ret Opt	5,777,078
*	Transamerica Pooled Separate Account	Vanguard Target Retirement 2055 Ret Opt	3,195,822
*	Transamerica Pooled Separate Account	Vanguard Target Retirement 2060 Ret Opt	428,704
*	Transamerica Pooled Separate Account	Vanguard Target Retirement Income Fund	4,092,169
*	Transamerica Stable Value Option Ret Opt	General Account Obligation	24,808,828
			264,687,352
*	Participant Loans	(3.25% to 6.0%)	6,700,327
			\$ 271,387,679

* Party-in-interest