Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
ENCOMPASS SUPPLY CHAIN SOLUTIONS, INC. 401K PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2009

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)
ENCOMPASS SUPPLY CHAIN SOLUTIONS, INC.

775 TIPTON INDUSTRIAL DRIVE, STE. D
LAWRENCEVILLE, GA 30043

2b Employer Identification Number (EIN)
45-0677799

2c Plan Sponsor's telephone number
770-217-4620

2d Business code (see instructions)
423600

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	11/02/2017	LANIER BIVINGS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	42-0127290
a Sponsor's name ENCOMPASS SUPPLY CHAIN SOLUTIONS, I	**4c** PN	001
5 Total number of participants at the beginning of the plan year	**5**	261
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	169
a(2) Total number of active participants at the end of the plan year	**6a(2)**	187
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	71
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	258
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	258
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	170
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	5
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 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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information)
- **(4)** [X] **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 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

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

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

A Name of plan	B Three-digit plan number (PN) ▶	
ENCOMPASS SUPPLY CHAIN SOLUTIONS, INC. 401K PROFIT SHARING PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
ENCOMPASS SUPPLY CHAIN SOLUTIONS, INC.	45-0677799	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

EPLAN ADVISORS, LLC

84-1543749

(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?
17	PENSION CONSULTANT	13290	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DAVID COHEN WELLS FARGO ADVISORS

3424 PEACHTREE RD NE, STE 1170
ATLANTA, GA 30326

(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?
61	SOLICITOR	12444	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

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

A Name of plan
ENCOMPASS SUPPLY CHAIN SOLUTIONS, INC. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ENCOMPASS SUPPLY CHAIN SOLUTIONS, INC.

D Employer Identification Number (EIN)
45-0677799

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	570	0
(2) Participant contributions	1b(2)	715	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1325653	1373483
(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)	124993	125666
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3543061	3546899
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	4994992	5046048
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4994992	5046048

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)	167664	
	(B) Participants	2a(1)(B)	261450	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		429114
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)	5705	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		5705
	(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)	166096	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		166096
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-257030
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		343885
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	263223	
(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)		263223
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	3872	
(3) Investment advisory and management fees	2i(3)	25734	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		29606
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		292829
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		51056
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: CARR RIGGS AND INGRAM LLC (2) EIN: 72-1396621

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X			25141
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X		

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

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

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

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

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

Part V Trust Information

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection.

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

A Name of plan
ENCOMPASS SUPPLY CHAIN SOLUTIONS, INC. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ENCOMPASS SUPPLY CHAIN SOLUTIONS, INC.

D Employer Identification Number (EIN)
45-0677799

Part I Distributions

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

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

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

EIN(s): _____ _____

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

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

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

Encompass Group Affiliates, Inc.
401(k) Profit Sharing Plan

FINANCIAL STATEMENTS

December 31, 2015 and 2014

Encompass Group Affiliates, Inc. 401(k) Profit Sharing Plan
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December 31, 2015 and 2014

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Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2015 17

Note: All schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") have been omitted because the conditions under which they are required are not present.

REPORT

CRI CARR RIGGS & INGRAM
CPAs and Advisors

Carr, Riggs & Ingram, LLC
4360 Chamblee Dunwoody Road
Suite 420
Atlanta, GA 30341

(770) 457-6606
(770) 451-2873 (fax)
www.cricpa.com

INDEPENDENT AUDITORS' REPORT

Plan Administrator
Encompass Group Affiliates, Inc. 401(k) Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Encompass Group Affiliates, Inc. 401(k) Profit Sharing Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

The Plan's 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.

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Matrix Trust Company, Inc. for the year ended December 31, 2015 and Wilmington Trust, N.A. for the year ended December 31, 2014, collectively the trustees of the Plan's assets, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the trustees hold the Plan's investment assets and execute investment transactions. The Plan Administrator has obtained a certification from the custodians as of December 31, 2015 and 2014, and for the years then ended, that the information provided to the Plan Administrator by the trustees is complete and accurate.

Disclaimer of Opinion

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

Adoption of New Accounting Standards

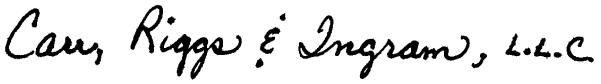
As discussed in Note 2 to the financial statements, in 2015 the Plan adopted the provisions of the Financial Accounting Standards Board (FASB) Accounting Standards Updates 2015-07 (ASU 2015-07) *Disclosures for Investments in Certain Entities That Calculate Net Assets Value per Share (or Its Equivalent)* and ASU 2015-12 *Plan Accounting: Defined Benefit Pension Plans, Defined Contribution Plans, and Health and Welfare Benefit Plans.* Our opinion is not modified in regards to these matters.

Other Matters-Supplemental Schedules

The supplemental schedules H, line 4a - schedules of delinquent participant contributions for the year ended December 31, 2015 and line 4i - schedule of assets (held at end of year) as of December 31, 2015, is required by the Department of Labor's (DOL) Rules and Regulations and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are 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 and opinion on the supplemental schedules referred to above.

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

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



CARR, RIGGS & INGRAM, LLC

Atlanta, Georgia
October 14, 2016

FINANCIAL STATEMENTS

Encompass Group Affiliates, Inc. 401(k) Profit Sharing Plan
Statements of Net Assets Available for Benefits

December 31,	**2015**	2014
Assets		
Investments, at fair value:		
Cash equivalents	**$ 1,373,483**	$ 1,325,653
Mutual funds	**2,183,433**	2,154,435
Common stock	**1,363,466**	1,388,626
	4,920,382	4,868,714
Accounts receivable:		
Notes receivable from participants	**125,666**	124,993
Employer contributions receivable	**-**	570
Employee contributions receivable	**-**	715
	125,666	126,278
Net assets available for benefits	**$ 5,046,048**	$ 4,994,992

The accompanying footnotes are an integral part of these statements.

Encompass Group Affiliates, Inc. 401(k) Profit Sharing Plan
Statements of Changes in Net Assets Available for Benefits

Years ended December 31,	**2015**	2014
Additions to net assets attributed to:		
Investment income:		
Net appreciation (depreciation) in fair value of investments	**$ (257,030)**	$ 12,926
Interest and dividend income	**166,096**	139,341
Contributions:		
Employer contributions	**167,664**	156,014
Participant contributions	**261,450**	228,858
Rollover contributions	**-**	399
Interest income on notes receivable from participants	**5,705**	7,308
Total additions	**343,885**	544,846
Deductions from net assets attributed to:		
Benefits paid to participants	**263,223**	344,334
Other	**29,606**	24,111
Total deductions	**292,829**	368,445
Net increase in net assets	**51,056**	176,401
Net assets available for benefits:		
Beginning of year	**4,994,992**	4,818,591
End of year	**$ 5,046,048**	$ 4,994,992

The accompanying footnotes are an integral part of these statements.

NOTE 1: DESCRIPTION OF PLAN

The following description of The Encompass Group Affiliates, Inc. 401(k) Profit Sharing Plan (the Plan) provides only general information. Reference should be made to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a single employer defined contribution retirement Plan established effective January 1, 2009 for Encompass Supply Chain Solutions, Inc. (the Employer, the Plan Administrator and the Plan Sponsor). The Plan provides a system of pre-tax savings for the benefit of employees. The Plan's third-party administrator is Paychex, Inc. and the trustee is Matrix Trust Company, Inc. The Plan has adopted a volume submitter profit sharing plan sponsored by Matrix Trust Company, Inc. as its Plan Agreement.

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

Eligibility

An employee is eligible once 90 days of entry service has been completed and attained the age of 21. Each employee is eligible to make contributions to the Plan on the first day of the month on or after they have met the eligibility requirements. Each employee is eligible to receive matching contributions when they enter the plan and have 1,000 or more hours of service in the plan year.

Contributions

Participants are allowed to contribute up to 100% of their annual compensation, subject to statutory dollar limitations of $18,000 and $17,500 for 2015 and 2014, respectively. In addition, participants who are age 50 or older and have made the maximum contribution to the Plan can make an additional "catch-up" contribution to an annual maximum of $6,000 and $5,500 for 2015 and 2014, respectively.

The Employer may match 100% of employee contributions. The Company has the option to make profit sharing contributions, however no additional discretionary contributions were made during the years ended December 31, 2015 and 2014.

Participants are immediately vested in their contributions, qualified matching contributions, rollover contributions, plus actual earnings thereon. Vesting in all other employer contributions is based on years of service. Participants are 20% vested after one year of service and vesting increases 20% for each additional year of service until fully vested after five years of service.

NOTE 1: DESCRIPTION OF PLAN (CONTINUED)

Contributions (continued)

Participants become 100% vested in the Employer's contributions and earnings when the participants reach normal retirement age. Prior to normal retirement age, the participants become vested in the Employer matching and profit sharing contributions and earnings based on the following schedule:

Years of Credited Service	% Vested
Less than 1 years	0%
1 year, but less than 2	20%
2 years, but less than 3	40%
3 years, but less than 4	60%
4 years, but less than 5	80%
5 years, but less than 6	100%

Participants are allowed to make rollover contributions to the Plan.

Participant Accounts

The following types of participant accounts are established and maintained under the provisions of the Plan:

Type of Account	Description
Employee contribution account	Participant's voluntary contributions and earnings or loss thereon and, if applicable, a separate rollover account for distributions from other plans and earnings or loss thereon.
Employer contribution account	Participant's portion of the Employer's matching and profit sharing contribution and earnings or loss thereon.
Net appreciation (depreciation) in the fair value of investments and interest income	Based upon actual returns for the participant's self-directed investments.
Forfeitures	Forfeitures are used to reduce the Employer's matching contribution and administrative expenses.
Employer matching contribution	Discretionary percentage of the participant's annual contribution, which is based on the participant's compensation.

NOTE 1: DESCRIPTION OF PLAN (CONTINUED)

Payment of benefits

The participant's vested portion of his/her account balance will be available for distribution in the event of retirement, death, disability or termination of employment, subject to the Plan's provisions.

While employed, a participant may withdraw rollover contributions at any time. Also while employed, a participant who either reaches age 59½ or is considered totally disabled may withdraw all or part of his/her account balance.

Allocations to the Participant Accounts

Participants' accounts are credited with the participant's contribution and allocation of (a) the Company's contribution, and (b) the participant's earnings based upon their investment selections. 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 account.

Notes Receivable from Participants

A participant may borrow up to the lesser of $50,000 or 50% of the vested portions of his/her account balance, repayable over a reasonable period of time not to exceed five years and bearing interest at 2% over the prime rate in effect at the beginning of the month in which the loan is approved. Principal and interest is paid ratably through payroll deductions.

Investment Options

In accordance with the Plan's provisions, the Plan Trustee, Matrix Trust Company, Inc., provides various investment options with different investment objectives and levels of risk for the participant's accounts. The participant directs the Plan Administrator and the Custodian as to the investment or reinvestment of his/her account balance.

Forfeitures

Forfeited, non-vested accounts will be used to pay plan expenses. Any forfeiture left after paying Plan expenses are reallocated.

Termination of the Plan

Although it has not expressed any interest to do so, the Plan Sponsor has the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions of the Employee Retirement Income Security Act (ERISA). In the event of the Plan's termination, participants will become 100% vested in their account balances.

NOTE 1: DESCRIPTION OF PLAN (CONTINUED)

Tax Status

The Matrix Trust Company, Inc. volume submitter profit sharing Plan has received an advisory letter from the Internal Revenue Service stating that the form of the Plan is acceptable under §401 of the Internal Revenue Code, and therefore, the related trust is tax exempt. In accordance with Revenue Procedure 2002-6 and Announcement 2001-77, the Plan Sponsor has determined that it is eligible to and has chosen to rely on the current IRS advisory letter. The date of the letter is March 31, 2014.

The Plan Administrator believes that the Plan, as adopted from the amended volume submitter, is designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, the Plan was qualified and the related trust was tax-exempt at December 31, 2015.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of the significant accounting policies of the Plan applied in the accompanying financial statements follows.

Basis of Accounting

The accompanying financial statements have been prepared using the accrual method of accounting. Benefits are recorded when paid to participants.

Investments

The Plan permitted its participants to direct the investment of their account balance under the Plan. The Plan Administrator offered the participant choices of various types of mutual funds, common stocks and interest-bearing cash account. These investments are managed by Matrix Trust Company, Inc. from the period of April 10, 2015 to December 31, 2015. Wilmington Trust, N.A. was the trustee from April 20, 2013 to April 9, 2015. The investments in mutual funds, common stocks and interest-bearing cash account are stated at fair value based on quoted market prices. The increases of decreases in the market values of these investments held at the end of the year are reflected in the statement of changes in net assets available for benefits as net appreciation/depreciation in fair value of investments.

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

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Notes Receivable from Participants

Notes receivable from participants are stated at the outstanding balance of the loan plus accrued interest. Defaulted notes receivable from participants are recorded as distributions based on the terms of the Plan document.

Concentrations of Market and Credit Risk

The financial instruments, which potentially subject the Plan to concentrations of credit risk, are principally investments. The Plan's investments consist primarily of various mutual funds in pooled separate accounts and the credited interest option. To reduce concentrations of credit risk, the Plan Administrator has made numerous types of investment choices available to the participants, and the participants themselves make their own choices based upon their appropriate risk level. As a consequence, the Plan Administrator believes that its credit risk exposure is limited.

However, due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of these investments, it is at least reasonably possible that changes in risks in the near term could materially affect participant account balances and the amounts reported in the financial statements.

Use of Estimates

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

Adoption of New Accounting Standards

In May 2015, the FASB issued ASU 2015-07, *Disclosures for Investments in Certain Entities That Calculate Net Assets Value per Share (or Its Equivalent).* ASU 2015-07 removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value (NAV) per share practical expedient. It also removes the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the net asset value per share practical expedient. Rather, those disclosures are limited to investments for which the entity has elected to measure the fair value using that practical expedient. ASU 2015-07 is effective for entities (other than public business entities) for fiscal years beginning after December 15, 2016, with retrospective application to all periods presented. Early application is permitted. The Plan has elected to early adopt ASU 2015-07 as of December 31, 2015, as permitted and has applied ASU 2015-07 retrospectively, as required. Accordingly, the Plan had no significant changes to the 2015 or 2014 presentation as a result.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Adoption of New Accounting Standards (continued)

In July 2015, the FASB issued ASU 2015-12*, Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient.* Part I eliminates the requirement to measure and disclose the fair value of fully benefit-responsive contracts. Contract value is the only required measure for fully benefit responsive contracts. Part II eliminates the requirements to disclose individual investments that represent 5 percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Part III is not applicable to the Plan. The ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. The Plan elected to early adopt part II of ASU 2015-12 as of December 31, 2015, and has applied the provisions retrospectively. Furthermore, the Plan has eliminated its historical disclosure of individual investments which comprise 5% or more of total net assets available for benefits, the disclosure to disaggregate investments by nature, characteristics, and risks, as well as the net appreciation or depreciation of fair values by type.

NOTE 3 – CERTIFICATION OF FINANCIAL INFORMATION (UNAUDITED)

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the following investment and notes receivable from participants' information was certified by Matrix Trust Company, Inc. and was not subjected to any auditing procedures, except for comparing such information to the amounts included in the Plan's financial statements and supplemental schedules.

The amounts certified by Matrix Trust Company, Inc. at December 31, 2015 and for the year then ended, consist of the following:

Cash equivalents	$	1,373,483
Mutual funds	$	2,183,433
Common stock	$	1,363,466
Notes receivable from participants	$	125,666
Net appreciation (depreciation) in fair value of investments	$	(257,030)
Interest and dividend income	$	166,096
Interest income on notes receivable from participants	$	5,705

NOTE 3 – CERTIFICATION OF FINANCIAL INFORMATION (UNAUDITED)

The amounts certified by Wilmington Trust, N.A. at December 31, 2014 and for the year then ended, consist of the following:

Cash equivalents	$	1,325,653
Mutual funds	$	2,154,435
Common stock	$	1,388,626
Notes receivable from participants	$	124,993
Net appreciation (depreciation) in fair value of investments	$	12,926
Interest and dividend income	$	139,341
Interest income on notes receivable from participants	$	7,308

NOTE 4: FAIR VALUE MEASUREMENTS

FASB ASC 820, *Fair Value Measurements* (ASC 820), defines fair value, establishes a framework for measuring fair value and requires additional disclosures about the use of fair value measurements. 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 as follows:

Level 1 – Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date.

Level 2 – Inputs to the valuation methodology are other than quoted prices in active markets, which are observable as of the reporting date. These inputs include quoted prices for similar assets in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and 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 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.

NOTE 4: FAIR VALUE MEASUREMENTS (CONTINUED)

Below is a description of the valuation methodologies used for assets measured at net asset value. There have been no changes in the methodologies at December 31, 2015 and 2014.

Mutual Funds: Valued at the net asset value (NAV) of shares held by the Plan at year end. The NAV is a quoted price in an active market and represents fair value.

Common Stock: Valued using active trade markets on a daily basis.

Cash Equivalents: A money market mutual fund, valued at the NAV of $1 as reported by the fund manager.

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

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

	Level 1	Level 2	Level 3	Total
December 31, 2015				
Cash equivalents	**$ 1,373,483**	**$ -**	**$ -**	**$ 1,373,483**
Mutual funds	**2,183,433**	**-**	**-**	**2,183,433**
Common stock	**1,363,466**	**-**	**-**	**1,363,466**
Total assets at fair value	**$ 4,920,382**	**$ -**	**$ -**	**$ 4,920,382**
December 31, 2014				
Cash equivalents	$ 1,325,653	$ -	$ -	$ 1,325,653
Mutual funds	2,154,435	-	-	2,154,435
Common stock	1,388,626	-	-	1,388,626
Total assets at fair value	$ 4,868,714	$ -	$ -	$ 4,868,714

NOTE 5: TRUSTEE'S RESPONSIBILITY

The Plan is administered by the Plan Administrator. Authority for control, management and administration of the Plan is vested in the Plan Administrator. The Plan's Trustee is appointed by the Plan Administrator. As the Plan's fiduciary, the Trustee's responsibility is to maintain the Plan's assets. The trust fund established by the Trustee is the funding medium used for the accumulation and distribution of benefits.

NOTE 6: PARTIES-IN-INTEREST TRANSACTIONS

Certain expenses of the Plan, including legal and accounting fees, are paid by the Employer. In addition, certain services to the Plan, by the Employer, were performed at no charge.

NOTE 7: COMPLIANCE MATTERS

During the year ended December 31, 2015, the following matters came to the attention of the Plan Administrator in regards to compliance and administration of the Plan in accordance with the Plan document.

The Plan Administrator noted that eligible compensation in which participant deferrals and the related employer match on commissions paid to participants were not made. The impact to the overall financial statements was immaterial.

The Plan Administrator noted that multiple late participant contributions were made to the trust over the course of 2009, 2010, 2013, 2014 and 2015 without correction through the VFCP program with the DOL. The Plan Sponsor has plans underway to remedy these compliance matters.

Subsequent to the year ended December 31, 2015, it came to the attention of the Plan Sponsor that required audits and tax filings for the years from 2012 through 2014 had not been properly filed. Additionally, it was noted that certain participant contributions were not remitted on a timely basis for the years from 2009 through 2015. It was also noted during 2015 that hardship withdrawal participants did not have their elective deferrals canceled for six months following the withdrawal.

The Plan Sponsor is in the process of diligently assessing and correcting, as necessary, the above listed compliance issues. The Plan Sponsor estimates that any amounts related to the correction of the above matters are not significant to the Plan's financial statements.

NOTE 8: SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 14, 2016, the date in which the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

Encompass Group Affiliates, Inc. 401(k) Profit Sharing Plan
Schedule H, Line 4a – Schedule of Delinquent Participant Contributions
December 31, 2015

Participant Contributions Transferred Late to Plan			Total that Constitute Nonexempt Prohibited Transactions			
Amount Withheld	Date Withheld	Date Remitted	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Corrections in VFCP	Totally Fully Corrected Under VFCP and PTE 2002-51
$ 11,283	12/2/15	12/28/15	$ 11,283	$ -	$ -	$ -
$ 13,858	11/18/15	12/7/15	$ 13,858	$ -	$ -	$ -
$ 9,832	11/5/14	11/21/14	$ 9,832	$ -	$ -	$ -
$ 9,857	10/8/14	10/30/14	$ 9,857	$ -	$ -	$ -
$ 10,927	7/2/14	7/29/14	$ 10,927	$ -	$ -	$ -
$ 10,942	5/7/14	6/2/14	$ 10,942	$ -	$ -	$ -
$ 11,000	4/9/14	4/28/14	$ 11,000	$ -	$ -	$ -
$ 11,236	2/12/14	3/11/14	$ 11,236	$ -	$ -	$ -
$ 10,501	1/15/14	2/3/14	$ 10,501	$ -	$ -	$ -
$ 9,224	12/4/13	12/24/13	$ 9,224	$ -	$ -	$ -
$ 9,303	11/20/13	12/11/13	$ 9,303	$ -	$ -	$ -
$ 10,190	11/6/13	12/12/13	$ 10,190	$ -	$ -	$ -
$ 9,244	10/23/13	11/12/13	$ 9,244	$ -	$ -	$ -
$ 9,960	10/9/13	11/12/13	$ 9,960	$ -	$ -	$ -
$ 10,014	9/25/13	10/15/13	$ 10,014	$ -	$ -	$ -
$ 10,907	8/14/13	8/29/13	$ 10,907	$ -	$ -	$ -
$ 11,487	7/31/13	8/26/13	$ 11,487	$ -	$ -	$ -
$ 2,435	5/31/10	8/9/10 (1)	$ 2,435	$ -	$ -	$ -
$ 410	2/12/09	12/30/10 (2)	$ 410	$ -	$ -	$ -

(1) Represents delinquent participant deferrals and loan repayments from various 2010 pay periods.

(2) Represents delinquent participant deferrals and loan repayments from various 2009 pay periods.

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Encompass Group Affiliates, Inc. 401(k) Profit Sharing Plan
Schedule H, Line 4i – Schedule of Assets
(Held at End of Year) December 31, 2015

(a)(b)(c) Description of Assets	(d) Cost[1]	(e) Current Value
Investment in mutual funds at fair value:		
Bancorp Bank Master Demand		$ 1,373,483
Franklin Gold and Precious Metals		772,986
T. Rowe Price Retirement 2040		769,515
T. Rowe Price Retirement 2030		577,665
T. Rowe Price Retirement 2020		277,450
T. Rowe Price Retirement 2050		140,598
T. Rowe Price Growth Stock		112,763
Franklin Templeton Conservative A		74,712
Alger Capital Appreciation-Ins		69,271
Franklin Templeton Moderate Allocation		66,257
Templeton Global Bond Fund Adv Class		62,231
T. Rowe Price Retirement 2010		61,477
PIMCO Low Duration Fund		61,037
AllianceBernstein Small Cap Growth		59,613
Oppenheimer Developing Markets Y		56,029
BlackRock Equityy Dividend Fund		55,375
AMG- Yacktman Focused Fund- Ser		50,706
Neuberger Ber Genesis Fund Adv Cl		40,873
Federated Institutional High Yield		37,469
Franklin Utilites Fund		36,315
Manning and Napier Overseas		30,219
BlackRock internaltion Opportunity		29,904
Franklin Templeton Growth Allocation		26,606
Prudential Jennison Natural Resource		24,452
PIMCO Real Return I		22,673
Goldman Sachs Mid Cap Value I		18,553
Fidelity Advisor Floating Rate Hi		5,454
Berwyn		3,972
Mutual Global Discovery Z		2,420
Federated Strategic income Instl		303
		4,920,382
Notes receivable from participants, interest rates of 5.25% with final payments due September 2020		125,666
		$ 5,046,048

[1] Cost information not required for investments in mutual funds as per special rule for certain participant directed transactions.

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

Column(a)	Column(b)"Identity of issuer, borrower, lessor, or similar party"	Column(c) "Description of investment including maturity date, rate of interest, collateral, par or maturity	Column(d) "Cost"	Column(e) "Current Value"
	ALARX	Alger Capital Appreciation -		$69,271.40
	BBDXO	Bancorp Bank Master Demand		$1,373,482.85
	BERWX	Berwyn		$3,972.00
	BISIX	BlackRock International Opportunities		$29,904.18
	EXOSX	Manning & Napier Overseas		$898.07
	FFRHX	Fidelity Advisor Floating Rate High		$5,453.55
	FGADX	Franklin Gold and Precious Metals Adv		$772,999.27
	FGTZX	Franklin Templeton Growth Allocation		$23,911.35
	FIHBX	Federated Institutional High Yield		$37,469.10
	FMTZX	Franklin Templeton Moderate		$71,267.81
	FRUAX	Franklin Utilities Fund		$28,340.69
	FTCZX	Franklin Templeton Conservative		$29,789.65
	GSMCX	Goldman Sachs Mid Cap Value I		$50,854.35
	MADVX	BlackRock Equity Dividend Fund		$55,375.38
	MDISX	Franklin Mutual Global Discovery Z		$50,020.27
	NBGAX	Neuberger Ber Genesis Fund Adv		$40,872.55
	ODVYX	Oppenheimer Developing Markets Y		$56,029.36
	PLDDX	PIMCO Low Duration Fund		$61,036.52
	PNRZX	Prudential Jennison Natural Resources		$24,452.30
	PRGFX	T. Rowe Price Growth Stock		$112,763.10
	PRRIX	PIMCO Real Return I		$22,673.20
	QUAYX	AllianceBernstein Small Cap Growth		$59,613.38
	STISX	Federated Strategic Income Instl		$289.09
	TGBAX	Templeton Global Bond Fund Adv		$62,230.72
	TRRAX	T. Rowe Price Retirement 2010		$61,477.11
	TRRBX	T. Rowe Price Retirement 2020		$277,450.16
	TRRCX	T. Rowe Price Retirement 2030		$577,665.48
	TRRDX	T. Rowe Price Retirement 2040		$769,514.85
	TRRMX	T. Rowe Price Retirement 2050		$140,598.04
	YAFFX	AMG - Yacktman Focused Fund -		$50,705.63

Encompass Group Affiliates, Inc. 401(k) Profit Sharing Plan
Schedule H, Line 4i – Schedule of Assets
(Held at End of Year) December 31, 2015

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Franklin Gold and Precious Metals		772,986
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T. Rowe Price Retirement 2050		140,598
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		4,920,382
Notes receivable from participants, interest rates of 5.25% with final payments due September 2020		125,666
		$ 5,046,048

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	TGBAX	Templeton Global Bond Fund Adv		$62,230.72
	TRRAX	T. Rowe Price Retirement 2010		$61,477.11
	TRRBX	T. Rowe Price Retirement 2020		$277,450.16
	TRRCX	T. Rowe Price Retirement 2030		$577,665.48
	TRRDX	T. Rowe Price Retirement 2040		$769,514.85
	TRRMX	T. Rowe Price Retirement 2050		$140,598.04
	YAFFX	AMG - Yacktman Focused Fund -		$50,705.63

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December 31, 2015

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$ 13,858	11/18/15	12/7/15	$ 13,858	$ -	$ -	$ -
$ 9,832	11/5/14	11/21/14	$ 9,832	$ -	$ -	$ -
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$ 10,927	7/2/14	7/29/14	$ 10,927	$ -	$ -	$ -
$ 10,942	5/7/14	6/2/14	$ 10,942	$ -	$ -	$ -
$ 11,000	4/9/14	4/28/14	$ 11,000	$ -	$ -	$ -
$ 11,236	2/12/14	3/11/14	$ 11,236	$ -	$ -	$ -
$ 10,501	1/15/14	2/3/14	$ 10,501	$ -	$ -	$ -
$ 9,224	12/4/13	12/24/13	$ 9,224	$ -	$ -	$ -
$ 9,303	11/20/13	12/11/13	$ 9,303	$ -	$ -	$ -
$ 10,190	11/6/13	12/12/13	$ 10,190	$ -	$ -	$ -
$ 9,244	10/23/13	11/12/13	$ 9,244	$ -	$ -	$ -
$ 9,960	10/9/13	11/12/13	$ 9,960	$ -	$ -	$ -
$ 10,014	9/25/13	10/15/13	$ 10,014	$ -	$ -	$ -
$ 10,907	8/14/13	8/29/13	$ 10,907	$ -	$ -	$ -
$ 11,487	7/31/13	8/26/13	$ 11,487	$ -	$ -	$ -
$ 2,435	5/31/10	8/9/10 (1)	$ 2,435	$ -	$ -	$ -
$ 410	2/12/09	12/30/10 (2)	$ 410	$ -	$ -	$ -

(1) Represents delinquent participant deferrals and loan repayments from various 2010 pay periods.

(2) Represents delinquent participant deferrals and loan repayments from various 2009 pay periods.

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