Department Newrows 2016 Department Newrows This form is required to be filed 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). This Form is ope Public Inspection Person Benefit Guaranty Corporation • Complete all entries in accordance with the instructions to the Form 5500-SF. This Form is Ope Public Inspection Part I Annual Report Identification Information an antiple-employer plan is of participating employer information in accordance with the form instruction a one-participant plan a multiple-employer plan (Internation in accordance with the form instruction is of participating employer information in accordance with the form instruction a one-participant plan a one-participant plan B This return/report is the first return/report the final return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program geal extension (enter description) Part II Basic Plan Information—enter all requested information 1b Three-digit plan number (PN) 001 1c Effective date of plan CRESCENT STAFFING SOLUTIONS, INC. 401(K) P/S PLAN 2b Employer Identification Num (EIN) 2b Employer Identification Num (EIN) 45-1866982		m 5500-SF	Short Form Annua	al Return/Report Benefit Plan	of Small Empl	oyee	0	MB Nos. 1210-0110 1210-0089			
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HERE 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 sp	SB or Sche	dule MB completed and	d signed by an enrolled actuary, as								
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 sp		Filed with authorized/v	alid electronic signature.	01/17/2018	KEITH MCDONALD						
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sp	HERE	Signature of plan ad	Iministrator	Date	Enter name of individ	ual signing	as plan adm	ninistrator			
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sp											
Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number											
	Preparer's	name (including firm na	ime, if applicable) and address (ind	clude room or suite numbe	er)		stelephone	number			

b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	an indepen and condition ot use For	dent qualified public accountant (IQP/ ons.) m 5500-SF and must instead use Fo	A)
	If the plan is a defined benefit plan, is it covered under the PBGC in rt III Financial Information	isurance pr	ogram (see ERISA section 4021)?	Yes No Not determined
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	0	0
b		7b	0	0
С	Net plan assets (subtract line 7b from line 7a)	7c	0	0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	0	
	(2) Participants	8a(2)	0	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	0	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		0
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
е	Certain deemed and/or corrective distributions (see instructions).	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	0	
g	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0
i	Net income (loss) (subtract line 8h from line 8c)	8i		0
j	Transfers to (from) the plan (see instructions)	8j		
	rt IV Plan Characteristics			

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2G 3D 2F 2E 2J 2K 2T

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10	During the plan year:				N/A	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	Was the plan covered by a fidelity bond?	10c		Х		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		x		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				

Part	VI	Pension Funding Compliance								
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes	No	
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a					
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section								Yes 🗙	No	
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				•••••				
а		valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	l enter t	he date	of the lette	er ruling		
	gran	ting the waiver	onth _	-	_ Day		Year_			
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	3.							
b	Enter	the minimum required contribution for this plan year			12b					
с	Enter	the amount contributed by the employer to the plan for this plan year			12c					
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative amount)			12d					
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	۱	
Part	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	5 X N	lo		
		es," enter the amount of any plan assets that reverted to the employer this year			13a					
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	< No		
C	lf, du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th assets or liabilities were transferred. (See instructions.)			to					
		Name of plan(s):		13c(2)	EIN(s) 13c(3) PN)	
	. ,			. ,	. /			, ()		
Part	VIII	Trust Information								
14a	Name	of trust			14b ⊺	Frust's E	EIN			
14c Name of trustee or custodian					14d Trustee's or custodian's telephone number					
Par	t IX	IRS Compliance Questions								
15a Is the plan a 401(k) plan? If "No," skip b					No No					
				gn-based Prior year" ADP harbor test						
				"Curre ADP t	ent year est		N/A			
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:					entage	age Average N/A benefit test				
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No			
	the le		-			-			of	
	letter		ter the	e date	of the m	ost rece	ent determ	ination		
18	B 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?					Yes No				