

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 ☐ the first return/report ☐ an amended return/report	☐ a DFE (specify) _____ ☐ the final return/report ☐ a short plan year return/report (less than 12 months)	
B	This return/report is:		
C	If the plan is a collectively-bargained plan, check here.	☐	
D	Check box if filing under:	☒ Form 5558 ☒ special extension (enter description) <u>HURRICANE IRMA</u>	☐ automatic extension ☐ the DFVC program

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>OASIS RETIREMENT SAVINGS PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>333</u>
		1c	Effective date of plan <u>01/01/1998</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>OASIS OUTSOURCING HOLDINGS, INC. AND ITS AFFILIATES</u> <u>2054 VISTA PARKWAY</u> <u>WEST PALM BEACH, FL 33411</u>	2b	Employer Identification Number (EIN) <u>65-0731524</u>
		2c	Plan Sponsor's telephone number <u>888-627-4735</u>
		2d	Business code (see instructions) <u>561300</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/31/2018	PAUL FORLENZA
	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 ☒ Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 56003
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) 48201
a(2) Total number of active participants at the end of the plan year	6a(2) 40784
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits	6c 6357
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 47141
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 47141
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 19897
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h
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 2T	
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 OASIS RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	333
C Plan sponsor's name as shown on line 2a of Form 5500 OASIS OUTSOURCING HOLDINGS, INC. AND ITS AFFILIATES	D Employer Identification Number (EIN) 65-0731524	

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
LINCOLN NATIONAL 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
35-0472300	65676	VARIOUS	18924	01/01/2016	12/31/2016

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
1	1883687

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
LINCOLN FINANCIAL ADVISORS 1300 S CLINTON ST STE #150
 FORT WAYNE, IN 46802

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
SLAVIC INTEGRATED 1075 BROKEN SOUND PKWY NW
 STE 100
 BOCA RATON, FL 33487

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	937849	TPA AWARDS	5

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

OASIS

2054 VISTA PARKWAY, STE 300
WEST PALM BEACH, FL 33411

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	716160	PLAN EXPENSES	0

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

SLAVIC INTEGRATED

1075 BROKEN SOUND PKWY NW
STE 100
BOCA RATON, FL 33487

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	229678	TPA SUBSIDY	5

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

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

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

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

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

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

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** 32344002**5** Current value of plan's interest under this contract in separate accounts at year end..... **5** 484761370**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 ▶ GROUP VAR ANNUITY W/GUAR FUND**b** Balance at the end of the previous year **7b** 26568254

c Additions: (1) Contributions deposited during the year	7c(1)	4250262
(2) Dividends and credits.....	7c(2)	0
(3) Interest credited during the year.....	7c(3)	513017
(4) Transferred from separate account	7c(4)	12974934
(5) Other (specify below)	7c(5)	1915547

▶ MAY INCLUDE - LOAN REPAY/FORF/ TAKEOVER/ADJUSTMENTS

(6) Total additions **7c(6)** 19653760**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 46222014**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	7520105
(2) Administration charge made by carrier.....	7e(2)	58622
(3) Transferred to separate account	7e(3)	4823963
(4) Other (specify below)	7e(4)	1475322

▶ MAY INCLUDE - LOAN ISSUES/FORF/FEE /CORRECTIVES/ADJUSTMENTS/INS PREM

(5) Total deductions **7e(5)** 13878012**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 32344002

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 OASIS RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 OASIS OUTSOURCING HOLDINGS, INC. AND ITS AFFILIATES	D Employer Identification Number (EIN) 65-0731524

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 LINCOLN NATIONAL CORPORATION 35-1140070

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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)

LINCOLN NATIONAL CORPORATION

35-1140070

(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?
13	SERVICE PROVIDER	1604261	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 38 50	TPA	722697	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OASIS OUTSOURCING

65-0731524

(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?
14	PLAN ADMINISTRATOR	277167	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)

STADION MONEY MANAGEMENT

58-2099805

(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?
26	SERVICE PROVIDER	158495	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REGIONS

P.P. BOX 12385
BIRMINGHAM, AL 35202-2385

(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?
16	SERVICE PROVIDER	71250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	SERVICE PROVIDER	26500	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)

GROOM LAW GROUP

1701 PENNSYLVANIA AVENUE N.W.
WASHINGTON, DC 20006-5811

(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?
29	SERVICE PROVIDER	10307	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDUCIARY PARTNERS INVEST CONSULTIN

26-1370206

(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?
16	SERVICE PROVIDER	10000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JKG GROUP

900 EAST ROGERS CIRCLE
BOCA RATON, FL 33487

(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?
16	SERVICE PROVIDER	9737	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)

FIDUCIARY PARTNERS RETIREMENT GROUP

51-0595589

(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?
16	SERVICE PROVIDER	7500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HILL, WARD & HENDERSON

59-2678550

(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?
29	SERVICE PROVIDER	6415	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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>OASIS RETIREMENT SAVINGS PLAN</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ►</td> <td style="width:20%; text-align: center;"><u>333</u></td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>	B Three-digit plan number (PN) ►	<u>333</u>		
B Three-digit plan number (PN) ►	<u>333</u>				
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>OASIS OUTSOURCING HOLDINGS, INC. AND ITS AFFILIATES</u>	D Employer Identification Number (EIN) <u>65-0731524</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>LNL SA12 LVIP DELAWARE BOND</u>		
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>		
c EIN-PN <u>35-0472300-112</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>7753612</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA20 FRANKLIN HIGH INCOME</u>		
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>		
c EIN-PN <u>35-0472300-120</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>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA22 LVIP MONDRIAN INT'L VALUE</u>		
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>		
c EIN-PN <u>35-0472300-122</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>5127850</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA27 LVIP SSGA S&P 500 INDEX</u>		
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>		
c EIN-PN <u>35-0472300-127</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>18438848</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA28 INVESCO GROWTH AND INCOME</u>		
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>		
c EIN-PN <u>35-0472300-128</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>10104505</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA35 FIDELITY VIP CONTRAFUND</u>		
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>		
c EIN-PN <u>35-0472300-135</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>12960966</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA36 LVIP SSGA SMALLCAP INDEX</u>		
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>		
c EIN-PN <u>35-0472300-136</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>7459774</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA39 ALLIANCE BERNSTEIN VPS SMA		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-139	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7314830
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA46 AMERICAN FUNDS SMALLCAP WO		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-146	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6618350
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA49 AMERICAN FUNDS INVESTMENT		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-149	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10748684
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA55 LVIP CLARION GLOBAL REAL E		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-155	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4375758
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA56 DELAWARE VIP SMALL CAP VAL		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-156	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5990196
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA63 WELLS FARGO ADVANTAGE DISC		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-163	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5450619
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA65 MFS VIT GROWTH SERIES		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-165	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11056349
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA67 MFS VIT UTILITIES SERIES		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-167	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5880299
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA86 TEMPLETON GLOBAL BOND VIP		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-186	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3061999
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA94 OPPENHEIMER DEVELOPING MAR		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-194	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4362818

a Name of MTIA, CCT, PSA, or 103-12 IE: LINCOLN LIFE SEPARATE ACCOUNT 4K		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-402	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5674319
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SATC STADION MANAGED CONSERVATI		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-705	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 735670
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SATM STADION MANAGED MODERATE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-706	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8044636
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SATG STADION MANAGED GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-707	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10065384
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL6 LVIP SSGA BOND INDEX		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-709	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3238909
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SALA SSGA S&P MIDCAP INDEX NON-		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-713	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15375517
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SATB STADION MANAGED BALANCED		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-722	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 925704
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SATT STADION MANAGED MAXIMUM GR		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-724	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38638
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAV1 VANGUARD TARGET RETIREMENT		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-730	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAV2 VANGUARD TARGET RETIREMENT		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-731	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAV3 VANGUARD TARGET RETIREMENT		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-732	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAV4 VANGUARD TARGET RETIREMENT		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-733	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAV5 VANGUARD TARGET RETIREMENT		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-734	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SEPARATE ACCOUNT VB		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-737	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24239934

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SEPARATE ACCOUNT VC		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-738	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 651584

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SEPARATE ACCOUNT VD		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-739	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 76894157

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SEPARATE ACCOUNT VE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-740	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1489470

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SEPARATE ACCOUNT VF		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-741	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 102553018

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SEPARATE ACCOUNT VG		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-742	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1528109

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SEPARATE ACCOUNT VH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-743	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72267947

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SEPARATE ACCOUNT VI**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.

c EIN-PN 35-0472300-744	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1738058
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SEPARATE ACCOUNT VJ**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.

c EIN-PN 35-0472300-745	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31853349
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SEPARATE ACCOUNT VK**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.

c EIN-PN 35-0472300-746	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 397531
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SEPARATE ACCOUNT VL**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.

c EIN-PN 35-0472300-747	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 86408
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SEPARATE ACCOUNT VA**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.

c EIN-PN 35-0472300-748	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 257571
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a Name of MTIA, CCT, PSA, or 103-12 IE: RELIANCE TRUST STABLE VALUE FUND NE**b** Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY

c EIN-PN 46-6350416-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1372242
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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
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
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 OASIS RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ► 333
C Plan sponsor's name as shown on line 2a of Form 5500 OASIS OUTSOURCING HOLDINGS, INC. AND ITS AFFILIATES		D Employer Identification Number (EIN) 65-0731524

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	83550	271386
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	3789395	5290473
(2) Participant contributions	1b(2)	1506468	1684818
(3) Other.....	1b(3)	98339	100109
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)	11076208	12375886
(9) Value of interest in common/collective trusts	1c(9)		1372242
(10) Value of interest in pooled separate accounts	1c(10)	421619305	484761370
(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)		26136724
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	26569025	32344003
(15) Other	1c(15)	0	

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	464742290	564337011

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	922397	968070
k Total liabilities (add all amounts in lines 1g through 1j)	1k	922397	968070

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	463819893	563368941
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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)	23744856	
(B) Participants	2a(1)(B)	59682963	
(C) Others (including rollovers)	2a(1)(C)	8308592	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		91736411
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)	453314	
(F) Other	2b(1)(F)	503146	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		956460
(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)	497024	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		497024
(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)		38207897
(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)		-282483
c Other income.....	2c		716160
d Total income. Add all income amounts in column (b) and enter total.....	2d		131831469

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	49688203	
(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)		49688203
f Corrective distributions (see instructions)	2f		843850
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	43221	
(2) Contract administrator fees.....	2i(2)	1793214	
(3) Investment advisory and management fees.....	2i(3)	561006	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2397441
j Total expenses. Add all expense amounts in column (b) and enter total	2j		52929494

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		78901975
l Transfers of assets:			
(1) To this plan.....	2l(1)		83969341
(2) From this plan.....	2l(2)		63322268

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		5000000
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	X		
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)
HANKINS PLASTIC SURGURY 401(K) PLAN	26-4281396	001
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001
RAINBOW INTERNATIONAL RESTORATION 401(K) PLAN	43-1945665	001
OPTIGRATE RETIREMENT SAVINGS PLAN	52-2197299	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			

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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
NEWPORT BAY SURGERY CENTER, LLC SAVINGS PLAN	56-2518360	001
INSPIRITY 401(K) PLAN	76-0178498	001
CENTURY EMPLOYER ORGANIZATION RETIREMENT SAVINGS PLAN	45-3542366	001
WILLIAM A. MORGAN III 401(K) PROFIT SHARING PLAN AND TRUST	52-2286850	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			
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l Has the plan failed to provide any benefit when due under the plan?	4l			
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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			
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
THOMPSON & LICHTNER CO. 401K PLAN	04-2627806	001
HR STRATEGIES 401K PLAN	58-2268123	001
GAGE & WILSON LLC 401(K) PROFIT SHARING PLAN & TRUST	30-0490958	001
J.K. PULLEY SAFE HARBOR 401(K) PLAN	43-1002807	002

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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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			
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
FLEXCARE LLC 401(K) PROFIT SHARING PLAN	20-5577402	001
OLIVE AVENUE STAFFING RETIRMENT, LLC RETIREMENT SAVINGS PLAN	47-5614074	002
COMPUTER AIDED TECHNOLOGIES, LLC PROFIT SHARING PLAN	84-1251613	001
FREEDOM WIRELESS PARTNERS, INC. 401(K) PROFIT SHARING PLAN	26-3816503	002

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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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			

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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)
LOYD'S AVIATION RETIREMENT SAVINGS PLAN	77-0500105	002
STANDY CORPORATION 401K PLAN	84-1173949	002
VERIS, INC. 401(K) PLAN	35-2493212	001
MICKIE SERVICE COMPANY, INC 401(K) PLAN	76-0341511	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
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
ASCENSUS- EXCEPTIONAL RISK ADVISORS, LLC 401(K) PLAN	20-3803990	001
COMPREHENSIVE HEALTH CENTER LLC 401K PLAN	59-2523291	002
FLORIDA SOUTHERN PLYWOOD CORP 401(K) PROFIT SHARING PLAN AND TRUST	59-2686942	001
NEXTEP 401(K) RETIRMENT SAVINGS PLAN	84-1364821	333

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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		Yes	No	Amount
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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)
PLATTE RIVER NETWORKS 401(K) PLAN	33-1021776	002
COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN	27-3007025	333
WESTSTAR MORTGAGE CORPORATION 401(K) SAVINGS PLAN	85-0308543	001
PLANET FINANCIAL GROUP 401(K) PROFIT SHARING PLAN AND TRUST	26-0362894	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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	Yes	No	Amount
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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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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)
TSL STAFF LEASING, INC. MULTIPLE EMPLOYER PLAN	46-4130164	001
MONTESSORI WORLD, INC. 401(K) PLAN	59-2126021	001
CHOICE EMPLOYER SOLUTIONS 401(K) PLAN	20-2273417	333
GOODSON ELECTRIC CONTRACTORS 401(K) PLAN	47-2869029	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			

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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
ADVANCED ENVIRONMENTAL SCIENCES, INC. 401(K) PLAN	27-1083068	001
LAPLANTE ELECTRIC 401K PLAN	01-0495102	001
COSTNER LAW OFFICE PLLC	24-4761705	001
STRATEGIC OUTSOURCING, INC. MULTIPLE EMPLOYER 401(K) PLAN	56-1952356	002

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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f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
LIGHTHOUSE OF SWFL, INC. 401(K) PLAN	59-1665257	001
ACRISURE 401(K) SAVINGS PLAN	26-3554645	005
SOUTH FLORIDA HAND 401(K) PLAN	65-1043814	001
MANAGED BY Q, INC. 401(K) PLAN	46-4492370	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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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
FIELDS APPLIANCE SERVICE, INC. 401(K) PLAN	59-1924547	001
SOCIETY OF ST. VINCENT DE PAUL 401(K) PROFIT SHARING PLAN AND TRUST	43-0652684	001
BROTHERS PRODUCE OF DALLAS INC. 401(K) PLAN	20-8123929	001
TRINET 401(K) PLAN	48-1304650	334

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
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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
CENTURY METALS & SUPPLIES, INC 401(K) PLAN	65-0033115	001
ARIZONA TECHNOLOGY COUNCIL MULTIPLE EMPLOYER 401(K) PLAN	86-0684848	001
BROTHERS PRODUCE 401(K) PLAN	76-0185843	001
OPTIMUM EMPLOYER SOLUTIONS 401(K) SAVINGS PLAN	76-0828247	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

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5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
HONEY TREE PRESCHOOL, LLC 401K PLAN	81-0763592	001
DECISION HR RETIREMENT SAVINGS PLAN	59-3405686	333
ASURE SOFTWARE, INC. 401(K) RETIREMENT PLAN	74-2415696	002
NATIVE HAWAIIAN VETERANS 401(K) PLAN	76-0778367	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)
LBK SERVICES, INC. 401(K) PLAN	75-2737130	001
BLUMBERG PARTNERS LLC 401(K) PROFIT SHARING PLAN AND TRUST	26-2869721	001
F&E AIRCRAFT MAINTENANCE MIAMI, LLC 401(K) PLAN	52-2177585	001
SCHULTZ & ASSOCIATES LLP 401(K) PROFIT SHARING PLAN AND TRUST	43-1856076	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)
JOHNSON ELECTRIC 401(K) RETIREMENT SAVINGS PLAN	98-0208105	002
C & R INSULATION, INC. RETIREMENT PLAN	06-1495600	002
LOGGERHEAD MARINELIFE CENTER 401(K) PLAN	59-2445926	001
FEDERAL RESOURCES SUPPLY COMPANY 401(K) PLAN	52-2133636	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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COMPLETE EMPLOYEE SERVICE, LLC 401(K) RETIREMENT PLAN	58-2318582	002
MILLENNIUM AUTO EQUIPMENT, INC. 401K PLAN	59-3544508	001
THE NAPLES SAILING & YACHT CLUB 401(K) PROFIT SHARING PLAN AND TRUST	59-6213933	001
BULLEN INSURANCE GROUP RETIREMENT SAVINGS PLAN	11-1855301	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)
INSURANCE PROGRAMS OF AMERICA, INC. 401(K) PLAN	20-8400799	002
HR OUTSOURCING, INC. 401(K) PLAN	58-2625927	001
CMAA CLUB RETIREMENT PLAN	53-0235732	003
PROVIDENCE HEALTHCARE 401(K) PLAN	47-2579275	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)
A CHILD'S PLACE 401(K) PLAN	59-2890389	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>OASIS RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>OASIS OUTSOURCING HOLDINGS, INC. AND ITS AFFILIATES</u>	D Employer Identification Number (EIN) <u>65-0731524</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>35-0472300</u> <u>65-0708495</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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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
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment
19	If the total number of participants is 1,000 or more, complete lines (a) through (c) a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____% b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan? 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 / / .	

OASIS RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS

Years Ended December 31, 2016 and 2015



INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of the
Oasis Retirement Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Oasis Retirement Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, 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

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 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 Lincoln National Life Insurance Company, the custodian of the Plan (the "Custodian"), 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 years then ended, that the information provided to the plan administrator by the Custodian 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.

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 DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Mayer Hoffman McCann P.C.

Boca Raton, Florida
January 31, 2018

OASIS RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
<u>ASSETS</u>		
Investments at fair value	\$ 512,270,336	\$ 421,619,305
Investments at contract value	32,344,003	26,569,025
Receivables:		
Employer contributions	5,290,473	3,789,395
Participant contributions	1,684,818	1,506,468
Notes receivable from participants	12,375,886	11,076,208
Other	100,109	98,339
	<u>19,451,286</u>	<u>16,470,410</u>
Non-interest bearing cash	<u>271,386</u>	<u>83,550</u>
TOTAL ASSETS	564,337,011	464,742,290
<u>LIABILITIES</u>		
Excess contributions refundable	<u>968,070</u>	<u>922,397</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 563,368,941</u>	<u>\$ 463,819,893</u>

See Notes to Financial Statements

OASIS RETIREMENT SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
ADDITIONS		
Investment income:		
Net appreciation in fair value of investments	\$ 37,925,415	\$ -
Dividends	497,024	-
Interest income	<u>503,146</u>	<u>391,434</u>
	<u>38,925,585</u>	<u>391,434</u>
Interest income on notes receivable from participants	<u>453,314</u>	<u>434,053</u>
Contributions:		
Employer	23,744,856	20,368,925
Participant	59,682,963	54,178,081
Rollover	<u>8,308,592</u>	<u>9,591,055</u>
	<u>91,736,411</u>	<u>84,138,061</u>
Other income	<u>716,160</u>	<u>673,576</u>
TOTAL ADDITIONS	<u>131,831,470</u>	<u>85,637,124</u>
DEDUCTIONS		
Net depreciation in fair value of investments	-	9,461,471
Benefits paid to participants	49,688,203	52,032,665
Administrative expenses	2,397,442	2,457,883
Refunds of excess contributions	<u>843,850</u>	<u>829,872</u>
TOTAL DEDUCTIONS	<u>52,929,495</u>	<u>64,781,891</u>
NET INCREASE BEFORE TRANSFERS	78,901,975	20,855,233
Transfers in from other plans	83,969,341	40,500,163
Transfers out to other plans	<u>(63,322,268)</u>	<u>(60,199,424)</u>
NET INCREASE AFTER TRANSFERS	99,549,048	1,155,972
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>463,819,893</u>	<u>462,663,921</u>
End of year	<u><u>\$ 563,368,941</u></u>	<u><u>\$ 463,819,893</u></u>

See Notes to Financial Statements

OASIS RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(1) Description of plan

The following description of the Oasis Retirement Savings Plan (the "Plan") provides only general information. Participants should refer to the plan document or summary plan description, both of which are available from the plan administrator, for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan established by Oasis Outsource Holdings, Inc. (the "Company"), a professional employer organization ("PEO"). A PEO provides a comprehensive, bundled outsourcing solution, including payroll, human resources, benefits, and workers' compensation to its clients. To reflect the co-employment relationship among the Company, its adopting affiliated companies, if any, and other employers and employees, the Company deemed it advisable and in the best interests of the employees that the Plan qualify as a multiple employer plan. Employers in a multiple employer plan may have different benefit formulas for their participating employees. Accordingly, each adopting employer executes an adoption agreement with terms and conditions specific to such employer.

Eligible employees of the Company and its adopting affiliated companies and other employers may enter the Plan on various entry dates coinciding with or following the date on which those employees meet the eligibility requirements as outlined within their respective employer adoption agreements. The Plan covers employees of participating employers, except union employees (unless otherwise agreed to by the union and the Company) and nonresident aliens who receive no earned income constituting U.S. source income, from the Company. Entry dates can be immediately upon employment, monthly, quarterly, or semi-annually. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Plan administration and subsequent event - The Plan is administered by the Company pursuant to the terms and conditions of the Plan and trust. Under the terms of the Plan, by action of the Board of Directors of the Company, the Company may designate one or more of its employees to perform the duties of the plan administrator. Lincoln National Life Insurance Company ("Lincoln") was the custodian of the Plan during the years ended December 31, 2016 and 2015 under a group annuity insurance arrangement.

In August 2016, the Company signed an agreement to have Slavic Integrated Administration ("Slavic") replace Lincoln as the record keeper of the Plan effective at a later date to be subsequently determined. In January 2017, under the terms of the agreement, Slavic became the record keeper for the Plan. Additionally, Slavic provided record keeping duties for plans assets merged into the Plan beginning in December 2016. Slavic also performed administrative services including reporting and testing for the Plan during the years ended December 31, 2016 and 2015.

Contributions - Participants may make contributions from their pretax annual compensation, as defined in the plan document, not to exceed annual limitations specified in the Internal Revenue Code (the "Code").

OASIS RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(1) Description of plan (continued)

Contributions (continued)

Participants may also make Roth 401(k) deferrals if the participating employer has elected this option in the employer's adoption agreement with the Plan. Participant contributions are recorded in the year in which the employer makes payroll deductions from the participants' earnings.

Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Additionally, participants age 50 or older, who are making contributions to the Plan, are allowed to make catch-up contributions, as defined in the plan document. Participants direct the investment of all contributions into various investment options offered by the Plan.

An employer, at its discretion, may make matching contributions equal to a specified percentage of the amount of employee contributions made by the Plan's participants, may make a profit-sharing contribution at an amount determined in accordance with the formula specified in the respective employer's adoption agreement, and/or may elect to make safe harbor contributions intended to meet the requirements of Section 401(k)(12) of the Code, if so elected in the adoption agreement. If an employer has elected to make a safe harbor contribution, the employer shall provide each participant with written notice of the participant's rights and obligations under the Plan. Employer contributions, if any, are recorded in the year for which the contribution applies. Employer contributions applicable to the years ended December 31, 2016 and 2015 totaled \$23,744,856 and \$20,368,925, respectively. All employer contributions are subject to Code limitations.

Participant investment account options - Throughout the years ended December 31, 2016 and 2015, the Plan offered various pooled separate accounts and guaranteed stable value accounts as investment options for participants. Participants of employers merged into the Plan during December 2016 were offered various mutual funds as investment options.

Participant accounts - Each participant's account is credited with the participant's contributions, and allocations of (a) the respective employer's contributions, if any, and, (b) plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined in the plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are immediately vested in their own contributions and any safe harbor matching contributions made by their employer, plus actual earnings thereon. Other employer contributions made on behalf of participants, and earnings thereon, vest in accordance with the schedule specified in each employer's adoption agreement.

OASIS RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(1) Description of plan (continued)

Forfeited accounts - At December 31, 2016 and 2015, forfeited nonvested accounts totaled \$2,054,427 and \$1,715,343, respectively. These accounts may be used to reduce future employer contributions. During 2016 and 2015, employer contributions were reduced by \$451,086 and \$161,274, respectively, from forfeited nonvested accounts. Forfeitures transferred out of the Plan during 2016 and 2015 aggregated \$72,249 and \$272,324, respectively.

Notes receivable from participants - Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The notes are secured by the balance in the participant's account and bear interest at rates as determined quarterly by the plan administrator. Principal and interest are paid ratably through payroll deductions.

Payment of benefits - On termination of service due to death, disability, retirement, or other reasons, a participant may receive distributions from the Plan in an amount equal to the vested value in the participant's account. These distributions may be in the form of a lump sum payment, a rollover into another qualified plan or individual retirement account, or in annual installments subject to the required minimum distribution rules.

Participants who attain the age of 59 ½ years may apply for an in-service distribution of any portion of his or her vested balance. Additionally, a participant may receive a "hardship" distribution from the Plan if qualifying under provisions prescribed by the Internal Revenue Service ("IRS"). Hardship distributions are made in the form of one lump sum payment.

(2) Summary of significant accounting policies

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

Recent accounting pronouncement - 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 ("NAV") per share as a practical expedient provided by FASB Accounting Standards Codification ("ASC") 820 Fair Value Measurement. Disclosures about investments in certain entities that calculate NAV per share are limited under this ASU to investments for which the entity has elected to estimate the fair value using the NAV 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. Early adoption is permitted. The Plan's management has not elected to early adopt the provisions of this new standard. The plan management is evaluating the impact of the new standards effect on the Plan's financial statements.

OASIS RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(2) Summary of significant accounting policies (continued)

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 certain reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment valuation and income recognition - Investments are reported at fair value (except for the guaranteed accounts held in insurance company general accounts which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The plan administrator determines the Plan's valuation policies utilizing information provided by the investment custodian. See Note 4 for discussions of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year. Dividend income includes capital gain dividends earned from mutual and exchange traded funds.

Notes receivable from participants - Notes receivable from participants are measured at their unpaid principal balance plus accrued but unpaid interest. Interest income on notes receivable from participants is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses have been recorded as of December 31, 2016 and 2015.

Payment of benefits - Benefits are recorded when paid.

Administrative expenses - Certain expenses of the Plan are paid by the Company and are not included on the statements of changes in net assets available for benefits. Other Plan related expenses, consisting primarily of recordkeeping, administrative fees, custodian fees, and other professional fees are paid for by the Plan and have been recorded as administrative expenses on the statements of changes in net assets available for benefits. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Additionally, certain investment related expenses are included in net appreciation (depreciation) in fair value of investments.

(3) Information prepared and 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 ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Lincoln, the custodian for most plan investments, has certified that the following data included in the accompanying financial statements and supplemental schedule are complete and accurate:

OASIS RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(3) Information prepared and certified by the custodian (continued)

- Investments in pooled separate accounts, measured at fair value, aggregating \$484,761,370 and \$421,619,305 at December 31, 2016 and 2015, respectively
- Investments in guaranteed stable value accounts, measured at contract value
- Notes receivable from participants
- Net appreciation (depreciation) in fair value of investments aggregating \$38,204,372 and (\$9,461,471) for the years ended December 31, 2016 and 2015, respectively
- Interest income
- Interest income on notes receivable from participants
- Pooled separate investments and guaranteed accounts included in the Schedule of assets (held at end of year)

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

(4) Fair value measurements

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy under FASB 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 quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted market 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 fair value measurement level of an asset or liability 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.

OASIS RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(4) Fair value measurements (continued)

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2016 and 2015.

Pooled separate accounts: Valued at the NAV of units of the separate account. The NAV, as provided by the custodian, is used as a practical expedient to estimating fair value of the underlying investments held by the account less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the separate account, the investment advisor reserves the right to temporarily delay withdrawal from the account in order to ensure that securities liquidations will be carried out in an orderly business manner.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The preceding methodologies described may produce a fair value calculation that may not be indicative of the net realizable value or reflective of future fair values. Furthermore, although the Plan's management believes its valuation methodologies 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 sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2016 and 2015:

Investments at Fair Value as of December 31, 2016				
	Level 1	Level 2	Level 3	Total
Pooled separate accounts	\$ -	\$ 484,761,370	\$ -	\$ 484,761,370
Mutual funds	27,508,966	-	-	27,508,966
	<u>\$ 27,508,966</u>	<u>\$ 484,761,370</u>	<u>\$ -</u>	<u>\$ 512,270,336</u>
Investments at Fair Value as of December 31, 2015				
	Level 1	Level 2	Level 3	Total
Pooled separate accounts	\$ -	\$ 421,619,305	\$ -	\$ 421,619,305

The fair value of the investments in the pooled separate accounts has been estimated using the NAV of the investments. The pooled separate accounts included in the preceding charts are redeemed on a daily basis and do not have any redemption restrictions. Additionally, there are no unfunded commitments.

OASIS RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(5) **Guaranteed stable value accounts**

The Plan has a fully benefit-responsive guaranteed stable value account and a managed principal protected portfolio with Lincoln. Lincoln maintains these investments in the general account. The Guaranteed Stable Value Account and the Managed Principal Protected Portfolio (collectively, the "Accounts") consist primarily of bonds and mortgages. The Accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The issuer is contractually obligated to repay the principal and interest under the terms of the contract.

Contributions received each quarter are credited with applicable interest rate during the current quarter and the next three succeeding quarters. Interest is credited daily at a rate not less than the guaranteed minimum interest rate, as shown on the contract specifications. The interest crediting rate is declared on a quarterly basis.

Because the Accounts are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the accounts. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

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

(6) **Plan termination**

Although it has not expressed any intent to do so, the Company has the right to discontinue contributions to the Plan at any time and to terminate the Plan subject to the provisions of ERISA. In the event of the Plan's termination, participants would become 100% vested in their employer's contributions.

(7) **Tax status**

The IRS has determined and informed the Company by a letter dated January 9, 2014, that the Plan is designed in accordance with applicable sections of the Code. The Plan's management believes that the Plan has continued to be operated in compliance with the applicable requirements of the Code.

OASIS RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(7) **Tax status (continued)**

Accounting principles generally accepted in the United States of America requires the Plan's 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 IRS. 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 in progress for any tax periods. The plan administrator believes that the Plan is no longer subject to income tax examinations for years prior to 2013.

(8) **Plan transfers**

In the normal course of business, as the Company adds employers, assets from the individual qualified plans that the added employers previously sponsored are transferred into the Plan, when administratively feasible to do so, after the new employers adopt the Plan. Likewise, as employers leave the Company and adopt different qualified plans, assets attributable to these outgoing employers are transferred out of the Plan.

During 2016 and 2015, transfers into the Plan totaled \$83,969,341 and \$40,500,163, respectively, and transfers out of the Plan totaled \$63,322,268 and \$60,199,424, respectively.

(9) **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, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported on the statements of net assets available for benefits.

(10) **Related parties and parties-in-interest transactions**

Many of the Plan's investments are in pooled separate accounts and guaranteed stable value accounts managed by Lincoln. Lincoln is the custodian, as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. Additionally, starting in December 2016, certain of the Plan's investments are in mutual funds managed by Slavic, who performed custodial duties applicable to such investments during December 2016. All of these transactions are permitted under the provisions of the Plan and are exempt from the prohibition of related party transactions under ERISA and applicable exemptions promulgated there under.

OASIS RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(10) **Related parties and parties-in-interest transactions (continued)**

During the years ended December 31, 2016 and 2015, the Company was paid for services provided to the Plan as the plan administrator. Additionally, certain recordkeeping and other services to the Plan were provided by third party administrators and Stadion Money Management (an entity affiliated with Lincoln), as well as certain professional service providers including law firms and auditors. Aggregate fees paid to these and other service providers during 2016 and 2015 amounted to \$2,397,442 and \$2,457,883, respectively. These amounts have been recorded as administrative expenses on the statements of changes in net assets available for benefits.

In December 2016, a separate multiple employer plan sponsored by the Company was merged into the Plan resulting in the transfer of approximately \$28 million into the Plan. This amount is included in transfers in from other plans on the statements of changes in net assets available for benefits.

During the years ended December 31, 2016 and 2015, the Plan received \$716,160 and \$673,576, respectively, in revenue sharing from Lincoln. These amounts have been recorded as other income on the statements of changes in net assets available for benefits. In addition, as of December 2016, Fidelity Investments ("Fidelity") provided reporting and trading services to the Plan, and therefore, Fidelity was also a party-in-interest to the Plan.

(11) **Plan fees**

ERISA and the DOL's regulations authorize the payment from the Plan's assets for Plan related expenses including but not limited to investment management or custodial fees, recordkeeping fees, and reporting and disclosure expenses. Additional non-recurring Plan related expenses may also be billed to the Plan. The list below provides information on various expenses that are billed to the assets of the Plan:

Lincoln Asset Fees

Lincoln's quarterly account asset charge is deducted from participant account balances to cover the costs of providing individual investment accounts in the Lincoln National Director contract. Lincoln's services include trust accounting for investment options, daily account investment transfers, quarterly account statements including a newsletter, an internet service center to monitor and control investments, a customer service center, and a 24-hour toll free telephone voice response system.

Plan Expense Reimbursement Account

A plan expense reimbursement account per quarter is credited to the trustees of the Plan. The fund is used to pay ongoing Plan related expenses such as legal fees, audit fees, and investment advisory firm fees.

OASIS RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(11) **Plan fees (continued)**

Administrative Fees

During 2016 and 2015, fees paid to Slavic include an administration fee which is billed quarterly at a fixed amount, and an asset-based fee, which is charged pro-rata to participant accounts based upon the quantification of assets in the Plan associated with the participant's employer.

Investment Management and Underlying Mutual Fund Fees

Investment management and underlying mutual fund fees are charges against the variable assets in the contract to cover investment management expenses. A portion of these fees may be paid to Lincoln for services provided to track and trade the funds. These fees vary by type of fund and are based upon the complexity, research, and trading cost associated with each. The fees are assessed daily in the unit value calculations and are not shown as a specific deduction on quarterly statements.

Participant Transaction Fees

Transaction fees such as account closing fee, transfer fee, loan fee, hardship fees, etc., are charged to individual participant accounts as applicable.

(12) **Contingencies and subsequent event**

In October 2016, the Plan received notification that a claim for benefits had been filed on behalf of a number of participants alleging certain breaches of fiduciary duties with respect to the Plan's expenses and related matters. The plan administrator is defending against these allegations and has denied the claim. It is too early in the process to determine the impact this matter may have on the Plan; however, the plan administrator does not believe it will have a material adverse effect on the Plan or its participants.

In January 2015, the Plan received a letter from the DOL stating that the Plan was selected for an investigation to determine whether the Plan is conforming to the provisions of ERISA. In September 2017, the Company received a letter from the Employee Benefits Security Administration ("EBSA") with the initial results of the investigation of the Plan. The DOL has made assertions that certain of the charges to the Plan made by the Company constitute prohibited use of plan assets under ERISA rules. The Company has responded to the assertions of the EBSA that there is a basis for nearly all of the charges made to the Plan by the sponsor. While the ultimate outcome cannot be determined, the plan administrator does not believe that this matter will have a material adverse effect on the Plan or its participants.

(13) **Excess contributions refundable**

Certain adopting employers within the Plan failed limitation and discrimination tests in connection with participant contributions applicable to the years ended December 31, 2016 and 2015. Accordingly, the Plan has recorded excess contributions refundable in the amounts of \$968,070 and \$922,397 on the statements of net assets available for benefits at December 31, 2016 and 2015, respectively.

OASIS RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

(14) Reconciliation of financial statements to Schedule H of Form 5500

Certain line items reported on Schedule H of Form 5500 as of December 31, 2016 have been reclassified on the accompanying financial statements. These reclassifications have no impact on net assets available for benefits as of December 31, 2016, or changes in net assets available for benefits for the year then ended.

(15) Subsequent events

The Plan has evaluated subsequent events through January 31, 2018, which is the date the financial statements were available to be issued. Other than as disclosed in Notes 1 and 12, no significant matters were identified for disclosure during this evaluation.

SUPPLEMENTAL SCHEDULE

OASIS RETIREMENT SAVINGS PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2016

EIN: 65-0731524

Plan number: 333

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Investments at fair value:			
*	Vanguard Target Retirement 2030	Pooled separate account	(1)	\$ 102,553,018
*	Vanguard Target Retirement 2020	Pooled separate account		76,894,157
*	Vanguard Target Retirement 2040	Pooled separate account		72,267,947
*	Vanguard Target Retirement 2050	Pooled separate account		31,853,349
*	Vanguard Target Retirement 2010	Pooled separate account		24,239,934
*	LVIP SSgA S&P 500 Index SA27	Pooled separate account		18,438,848
*	SSgA S&P Mid Cap Idx Non-Ln	Pooled separate account		15,375,517
*	Fidelity VIP ContraFund SA35	Pooled separate account		12,960,967
*	MFS VIT Growth SA65	Pooled separate account		11,056,349
*	AmerFunds Invest Co Amer	Pooled separate account		10,748,684
*	SA28 Invesco Growth & Income	Pooled separate account		10,104,505
*	Stadion Managed Growth SATG	Pooled separate account		10,065,384
*	SATM Stadion Managed Moderate	Pooled separate account		8,044,636
*	LVIP Delaware Bond SA12	Pooled separate account		7,753,612
*	LVIP SSgA Small Cap Index SA36	Pooled separate account		7,459,774
*	AB VPS Small Mid Value SA39	Pooled separate account		7,314,830
*	AmerFunds SMALLCAP World SA49	Pooled separate account		6,618,350
*	Delaware VIP Small Cap Value SA56	Pooled separate account		5,990,196
*	MFS VIT Utilities Series SA67	Pooled separate account		5,880,299
*	Blackrock High Yield Bond	Pooled separate account		5,674,319
*	WF Advantage Discovery SA63	Pooled separate account		5,443,614
*	LVIP Mon Int'l Value SA22	Pooled separate account		5,127,850
*	LVIP Clarion Gbl Real Est SA55	Pooled separate account		4,375,758
*	Oppenheimer Dvlping Mrkts SA94	Pooled separate account		4,362,818
*	LVIP SSgA Bond Index SAL6	Pooled separate account		3,238,909
*	Templeton Global Bond VIP SA86	Pooled separate account		3,061,999
*	Vanguard Target Retirement 2045	Pooled separate account		1,738,058
*	Vanguard Target Retirement 2035	Pooled separate account		1,528,109
*	Vanguard Target Retirement 2025	Pooled separate account		1,489,470
*	Stadion Managed Balanced SATB	Pooled separate account		925,704
*	Stadion Mgd Conservative SATC	Pooled separate account		735,670
*	Vanguard Target Retirement 2015	Pooled separate account		651,584
*	Vanguard Target Retirement 2055	Pooled separate account		397,530
*	Vanguard Target Retirement Income	Pooled separate account		257,571
*	Vanguard Target Retirement 2060	Pooled separate account		86,408
*	Stadion Managed Max Growth	Pooled separate account		38,638
*	WF Discovery Inst	Pooled separate account	↓	7,005
				484,761,370

OASIS RETIREMENT SAVINGS PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

December 31, 2016

EIN: 65-0731524

Plan number: 333

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Investments at fair value (continued):			
*	Vanguard Target Retirement 2020 Instl	Mutual fund	(1)	3,108,813
*	Vanguard Target Retirement 2030 Instl	Mutual fund		2,687,694
*	Vanguard Target Retirement 2025 Instl	Mutual fund		2,408,859
*	Fidelity 500 Index Instl	Mutual fund		2,198,089
*	Vanguard Target Retirement 2035 Instl	Mutual fund		1,960,241
*	Vanguard Developed Market Index Adm	Mutual fund		1,761,247
*	Reliance NY Life Anchor Series 1 CL 0	Mutual fund		1,372,243
*	American Funds The Inv. Co. of America	Mutual fund		1,352,362
*	Vanguard Total Bond Market Index Admiral	Mutual fund		1,155,431
*	Vanguard Target Retirement 2040-Instl	Mutual fund		1,129,223
*	Vanguard REIT Index Admiral	Mutual fund		1,076,219
*	Fidelity Contra Fund	Mutual fund		1,002,045
*	Vanguard Target Retirement 2045 Instl	Mutual fund		857,164
*	Vanguard Target Retirement 2015 Instl	Mutual fund		824,290
*	Eaton Vance Atlanta Capital SMD-R6	Mutual fund		760,060
*	Vanguard Target Retirement 2050 Instl	Mutual fund		650,022
*	Vanguard Explorer Adm	Mutual fund		539,207
*	Vanguard Target Retirement 2010 Instl	Mutual fund		454,885
*	Vanguard Mid Cap Index Instl	Mutual fund		446,846
*	Vanguard Short-Term Bond Index Admiral	Mutual fund		437,406
*	Vanguard Target Retirement Income Instl	Mutual fund		382,539
*	Vanguard Small Cap Index Inst	Mutual fund		318,890
*	JPMorgan Mid Cap Value Inst	Mutual fund		235,542
*	Prudential High Yield CI Q	Mutual fund		143,028
*	Oppenheimer Developing Markets I	Mutual fund		136,361
*	Invesco Diversified Dividend R6	Mutual fund		71,346
*	Vanguard Target Retirement 2055 Instl	Mutual fund		20,079
*	Vanguard Target Retirement 2060 Inst	Mutual fund		11,141
*	American Small Cap World Fund CL R6	Mutual fund		3,845
*	MFS Growth Fund R6	Mutual fund		1,640
*	Dodge & Cox Income	Mutual fund		697
*	Delaware Small Cap Value Instl	Mutual fund		672
*	Laudus Mondrian Int'l Equity Instl	Mutual fund		590
*	Hartford World Bond CL Y	Mutual fund		250
				<u>27,508,966</u>
		Total investments at fair value		<u>\$ 512,270,336</u>

OASIS RETIREMENT SAVINGS PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

December 31, 2016

EIN: 65-0731524

Plan number: 333

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Investments at contract value:			
*	Guaranteed Stable Value Account	Guaranteed stable value account	(1)	\$ 29,584,744
*	Managed Principal Protected Portfolio	Guaranteed stable value account	↓	<u>2,759,259</u>
		Total investments at contract value		<u>\$ 32,344,003</u>
*	Notes receivable from participants with interest rates ranging from 3.25% to 9.25% per annum with maturities through July 2038.		-	<u>\$ 12,375,886</u>
*	Party-in-interest as defined by ERISA.			
(1)	Cost information may be omitted for Plan assets which are participant-directed.			

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR).

OASIS RETIREMENT SAVINGS PLAN

PLAN #333

EIN #:

65-0731524

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date rate of interest, collateral, par, or maturity value	(d) cost	(e) Current value
	GTEE Guaranteed Stable Value Acct	Guaranteed stable value account		29,584,744
	SA12 LVIP Delaware Bond	Pooled separate account		7,753,612
	SA20 Franklin High Income	Pooled separate account		-
	SA22 LVIP Mon Int'l Value	Pooled separate account		5,127,850
	SA27 LVIP SSgA S&P 500 Index	Pooled separate account		18,438,848
	SA28 Invesco Growth & Income	Pooled separate account		10,104,505
	SA35 Fidelity VIP ContraFund	Pooled separate account		12,960,966
	SA36 LVIP SSgA Small-Cap Index	Pooled separate account		7,459,774
	SA39 AB VPS Small Mid Value	Pooled separate account		7,314,830
	SA46 AmerFunds SMALLCAP World	Pooled separate account		6,618,350
	SA49 AmerFunds Invest Co Amer	Pooled separate account		10,748,684
	SA55 LVIP Clarion Gbl Real Est	Pooled separate account		4,375,758
	SA56 Delaware VIP SmCap Value	Pooled separate account		5,990,196
	SA63 WellsFargo Discovery Inst	Pooled separate account		7,005
	SA63 WF Advantage Discovery	Pooled separate account		5,443,613
	SA65 MFS VIT Growth	Pooled separate account		11,056,349
	SA67 MFS VIT Utilities Series	Pooled separate account		5,880,299
	SA6M BLACKROCK HIGH YIELD BOND	Pooled separate account		5,674,319
	SA86 Templeton Global Bond VIP	Pooled separate account		3,061,999
	SA94 Oppenheimer Dvlping Mrkts	Pooled separate account		4,362,818
	SAL6 LVIP SSgA Bond Index	Pooled separate account		3,238,909
	SALA SSgA S&P MidCp Idx Non-Ln	Pooled separate account		15,375,517
	SAMP Mgd Prin Protect Portfolio	Guaranteed stable value account		2,759,259
	SATB Stadion Managed Balanced	Pooled separate account		925,704
	SATC Stadion Mgd Conservative	Pooled separate account		735,670
	SATG Stadion Managed Growth	Pooled separate account		10,065,384
	SATM Stadion Managed Moderate	Pooled separate account		8,044,636
	SATT Stadion Mgd Max Growth	Pooled separate account		38,638
	SAV1 Vanguard Target Ret 2010	Pooled separate account		-
	SAV2 Vanguard Target Ret 2020	Pooled separate account		-
	SAV3 Vanguard Target Ret 2030	Pooled separate account		-
	SAV4 Vanguard Target Ret 2040	Pooled separate account		-
	SAV5 Vanguard Target Ret 2050	Pooled separate account		-
	SAVA VG Target Ret Income	Pooled separate account		257,571
	SAVB VG Target Ret 2010	Pooled separate account		24,239,934
	SAVC VG Target Ret 2015	Pooled separate account		651,584
	SAVD VG Target Ret 2020	Pooled separate account		76,894,157
	SAVE VG Target Ret 2025	Pooled separate account		1,489,470
	SAVF VG Target Ret 2030	Pooled separate account		102,553,018
	SAVG VG Target Ret 2035	Pooled separate account		1,528,109
	SAVH VG Target Ret 2040	Pooled separate account		72,267,947

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date rate of interest, collateral, par, or maturity value	(d) cost	(e) Current value
	SAVI VG Target Ret 2045	Pooled separate account		1,738,058
	SAVJ VG Target Ret 2050	Pooled separate account		31,853,349
	SAVK VG Target Ret 2055	Pooled separate account		397,531
	SAVL VG Target Ret 2060	Pooled separate account		86,408
	American Funds	RICGX - American Funds The Inv _Co_ of America		1,352,362
	American Funds	RLLGX - American Small Cap World Fund CL R6		3,845
	American Funds	RWIGX - American Funds Capital World G & I R6		-
	Delaware	DEVIX - Delaware Small Cap Value Instl		672
	Dodge & Cox	DODIX - Dodge & Cox Income		697
	Eaton Vance	ERASX - Eaton Vance Atlanta Capital SMD-R6		760,060
	Fidelity	FCNTX - Fidelity Contra Fund		1,002,045
	Fidelity	FXSIX - Fidelity 500 Index Instl		2,198,089
	Fidelity	FZBXX - Fidelity Govt _Money Market		-
	Hartford	HWDYX - Hartford World Bond CL Y		250
	Invesco	LCEFX - Invesco Diversified Dividend R6		71,346
	JPMorgan	FLMVX - JPMorgan Mid Cap Value Inst		235,541
	Laudus	LIEIX - Laudus Mondrian Int'l Equity Instl		590
	MFS	MFEKX - MFS Growth Fund R6		1,640
	Oppenheimer Funds	ODVIX - Oppenheimer Developing Markets I		136,362
	Prudential	PHYQX - Prudential High Yield CI Q		143,028
	Reliance Trust	QEWFAQ - Reliance NY Life Anchor Series 1 CL 0		1,372,242
	Vanguard	VAIPX - Vanguard Inflation Protected Securities		-
	Vanguard	VBIRX - Vanguard Short-Term Bond Index Admiral		437,406
	Vanguard	VBTLX - Vanguard Total Bond Market Index Admiral		1,155,431
	Vanguard	VEEXX - Vanguard Explorer Adm		539,207
	Vanguard	VGSLX - Vanguard REIT Index Admiral		1,076,219
	Vanguard	VILVX - Vanguard Target Retirement 2060 Inst		11,141
	Vanguard	VIRSX - Vanguard Target Retirement 2040-Instl		1,129,224
	Vanguard	VIRTX - Vanguard Target Retirement 2010 Instl		454,885
	Vanguard	VITFX - Vanguard Target Retirement 2035 Instl		1,960,241
	Vanguard	VITLX - Vanguard Target Retirement 2045 Instl		857,164
	Vanguard	VITRX - Vanguard Target Retirement Income Instl		382,539
	Vanguard	VITVX - Vanguard Target Retirement 2015 Instl		824,290
	Vanguard	VITWX - Vanguard Target Retirement 2020 Instl		3,108,813
	Vanguard	VIVLX - Vanguard Target Retirement 2055 Instl		20,079
	Vanguard	VMCIX - Vanguard Mid Cap Index Instl		446,846
	Vanguard	VMFXX - Vanguard Federal Money Market		-
	Vanguard	VMMXX - Vanguard Money Market Prime		0
	Vanguard	VRIVX - Vanguard Target Retirement 2025 Instl		2,408,860
	Vanguard	VSCIX - Vanguard Small Cap Index Inst		318,890
	Vanguard	VSMAX - Vanguard Small Cap Index Admiral		-
	Vanguard	VTHRX - Vanguard Target Retirement 2030		-
	Vanguard	VTMGX - Vanguard Developed Market Index Adm		1,761,247
	Vanguard	VTRLX - Vanguard Target Retirement 2050 Instl		650,022

(a)	(b) Identity of issue, borrower,	(c) Description of investment including maturity date	(d) cost	(e) Current
	lessor, or similar party	rate of interest, collateral, par, or maturity value		value
	Vanguard	VTSEX - Vanguard Total Stock Market Index Admira		-
	Vanguard	VTTWX - Vanguard Target Retirement 2030 Instl		2,687,694
	Vanguard	VTWXX - Vanguard Target Retirement 2020		-
	Participant Loans	3.25% - 6%		12,375,886

Multiple-Employer Plan Participating Employer Information

OASIS RETIREMENT SAVINGS PLAN		PLAN #333	EIN #: 65-0731524
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
12818	45-5286454	0.01%	
12591	57-1154521	0.02%	
13188	46-0880347	0.01%	
14438	46-1631851	0.03%	
14364	80-0372807	0.11%	
8412	03-0375372	0.19%	
13562	20-3042688	0.06%	
8356	77-0702825	0.01%	
15483	27-2357569	0.02%	
14304	72-1621788	0.01%	
14953	41-1247163	0.12%	
14310	30-0487134	0.11%	
11397	26-0522672	0.00%	
12948	46-5246031	0.09%	
14232	46-5251451	0.01%	
6404	59-2943954	0.01%	
827	65-0853833	0.05%	
13572	46-5427641	0.03%	
14773	46-5692410	0.00%	
5280	54-0966612	0.16%	
11881	56-2566723	0.08%	
14952	39-2039932	0.23%	
11232	84-1699712	0.18%	
11850	58-2318582	0.06%	
12011	20-2434907	0.55%	
12695	59-0135648	0.03%	
13602	32-0062671	0.49%	
3688	86-1076236	0.16%	
12036	46-1891425	0.01%	
16029	35-1878494	0.01%	
7687	27-1083068	0.03%	
229	65-0489791	0.00%	
1819	33-0958267	0.47%	
14776	47-4649763	0.00%	
3960	75-2966741	0.03%	
13083	59-2229811	0.01%	
15123	20-8207034	0.00%	
14435	33-0616121	0.05%	
9325	20-1309425	0.12%	
13329	46-3252326	0.12%	
12380	52-2276257	0.01%	
1200	65-0462207	0.17%	
14809	56-1771077	0.13%	
10720	45-5446757	0.01%	

Multiple-Employer Plan Participating Employer Information

OASIS RETIREMENT SAVINGS PLAN		PLAN #333	EIN #: 65-0731524
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
3657	20-0086009	0.11%	
6803	26-4212408	0.20%	
1356	59-3255687	0.02%	
7059	42-1532694	0.05%	
10426	59-2604160	0.01%	
2066	58-1842628	0.01%	
12041	80-0901180	0.05%	
6125	59-3055513	0.07%	
5101	65-0879796	0.00%	
10267	27-2967414	0.18%	
15091	27-0809633	0.05%	
9372	20-8940081	0.01%	
7070	20-8502680	0.59%	
10371	59-3120638	0.36%	
23867	36-4257376	0.19%	
13987	47-1392823	0.38%	
1020009	57-0635882	0.12%	
13766	59-3018988	0.01%	
13374	46-4410601	0.03%	
10729	76-0277108	0.11%	
8444	84-1553161	0.03%	
2456	74-1658801	0.05%	
1113	59-2765778	0.00%	
14187	27-2134022	0.09%	
12405	45-2734649	0.07%	
14960	39-2075465	0.05%	
13335	46-2348282	0.04%	
12421	43-4130167	0.00%	
9310	71-0864412	0.06%	
1726	58-2291410	0.01%	
14789	86-0567728	0.00%	
4810	59-3355425	0.03%	
15988	84-1711383	0.00%	
13047	84-1003212	0.06%	
11021	59-2118699	0.01%	
14908	84-1279658	0.01%	
6556	26-0380042	0.02%	
10186	74-2415696	0.65%	
12020	46-1156270	0.01%	
14563	20-1330930	0.03%	
13227	46-5543216	0.07%	
6101	20-3811752	0.00%	
6099	65-0273454	0.01%	
6104	65-0091524	0.00%	

Multiple-Employer Plan Participating Employer Information

OASIS RETIREMENT SAVINGS PLAN		PLAN #333	EIN #: 65-0731524
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
12828	46-3405802	0.04%	
14544	47-2076074	0.02%	
12223	20-1390005	0.14%	
12290	46-1327251	0.04%	
13803	32-0258700	0.01%	
2932	20-1402785	0.04%	
12632	46-4557382	0.01%	
3496	20-0524761	0.06%	
13657	20-3765281	0.00%	
1378	65-0953811	0.01%	
10130	20-0521510	0.04%	
15586	81-2941577	0.01%	
12486	30-0781368	0.02%	
13207	59-3169433	0.15%	
10440	75-2451006	0.95%	
12052	59-1936363	0.00%	
13321	84-0829264	0.10%	
15949	45-2697440	0.00%	
13860	65-0332613	0.00%	
7688	61-1339803	0.12%	
729	27-1511060	0.05%	
8592	65-1028884	0.01%	
11194	46-0783945	0.03%	
13031	45-3737076	0.03%	
14836	46-3787856	0.04%	
7494	65-0996449	0.01%	
3678	59-3791870	0.01%	
358	65-0159999	0.17%	
1076	59-3135685	0.00%	
8030	84-1485869	0.02%	
14217	92-0169802	0.00%	
9658	26-3829936	0.07%	
14732	47-2541230	0.01%	
14377	26-2869721	0.00%	
9311	20-3655998	0.02%	
9740	59-6019851	0.18%	
9779	27-2545570	0.00%	
6461	22-3893601	0.01%	
10661	34-1836174	0.49%	
15382	94-1579901	0.01%	
8817	30-0609165	0.57%	
12407	45-3712657	0.01%	
9816	26-1447346	0.17%	
7114	58-2405642	0.01%	

Multiple-Employer Plan Participating Employer Information

OASIS RETIREMENT SAVINGS PLAN		PLAN #333	EIN #: 65-0731524
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
11533	11-0585380	0.07%	
11036	76-0185843	0.02%	
6239	02-0591175	0.05%	
14447	47-3865645	0.01%	
14870	11-2924728	0.01%	
10715	65-1072266	0.00%	
10016	13-3688242	0.16%	
1362	59-6173620	0.04%	
1324	59-2169828	0.15%	
3367	20-0456013	0.09%	
9500	20-0872397	0.00%	
13337	45-3555603	0.10%	
6090	06-1495600	0.06%	
977	65-0198197	0.05%	
9731	04-3609270	0.05%	
3010062	80-3884816	0.01%	
8780	26-1603279	0.10%	
9938	45-4635440	0.06%	
14723	38-3577888	0.01%	
12802	45-2047218	0.05%	
12129	46-1151804	0.05%	
9974	26-0804803	0.30%	
7413	20-4761498	0.12%	
11635	26-4498500	0.02%	
11636	26-4019886	0.09%	
13743	58-1955530	0.19%	
7666	36-3665353	0.14%	
15185	47-5235835	0.00%	
1367	65-0149423	0.02%	
13449	80-0004839	0.10%	
12773	65-0736955	0.07%	
3076	54-1560447	0.00%	
9042	45-3365754	0.03%	
3157	20-1080235	0.02%	
9801	51-0475156	0.35%	
14222	33-1146153	0.02%	
5422	58-2631622	0.20%	
5594	06-7381282	0.01%	
15538	33-0592912	0.04%	
8315	20-3320135	0.15%	
9315	84-1525857	0.06%	
8068	20-5671250	0.04%	
15169	59-3368679	0.07%	
12080	94-3347578	0.21%	

Multiple-Employer Plan Participating Employer Information

OASIS RETIREMENT SAVINGS PLAN		PLAN #333	EIN #: 65-0731524
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
8403	59-1766368	0.01%	
1010070	33-0538765	0.02%	
13283	65-0033115	0.09%	
5164	77-0535619	0.05%	
11192	90-0912877	0.19%	
10780	80-0170026	0.06%	
4121	20-5771252	0.14%	
3376	48-1109234	0.02%	
14081	74-2149248	0.21%	
14930	43-1999026	0.26%	
5516	52-2247544	0.03%	
12843	23-7245037	0.01%	
14792	98-0547045	0.07%	
15462	65-0964705	0.03%	
13876	55-2042776	0.02%	
10455	26-1091283	0.16%	
11177	22-1855473	0.15%	
5278	59-3576980	0.02%	
13598	45-4006740	0.03%	
11545	56-2571058	0.02%	
2541	58-1835987	0.01%	
14983	20-4812756	0.09%	
14871	61-1767362	0.01%	
3120232	33-0230185	0.08%	
15539	45-2520653	0.01%	
10087	56-2180909	0.08%	
14948	58-2432208	1.21%	
11774	75-1164120	0.08%	
12638	45-4885588	0.00%	
7055	84-0735278	0.04%	
14905	13-2579415	0.15%	
12886	45-0982620	0.04%	
1600	01-0698678	0.12%	
10093	59-3347382	0.08%	
8421	27-5208409	0.07%	
14695	26-3252346	0.19%	
11666	59-3216414	0.07%	
10213	45-2508615	0.25%	
3237	77-0575125	0.01%	
13878	20-4854308	0.03%	
14396	30-0893280	0.09%	
3072	65-1078412	0.03%	
12115	03-0421179	0.00%	
3974	20-5148953	0.01%	

Multiple-Employer Plan Participating Employer Information

OASIS RETIREMENT SAVINGS PLAN		PLAN #333	EIN #: 65-0731524
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
14087	45-2487142	0.00%	
8684	20-8846596	0.10%	
2078	59-2612542	0.05%	
11708	86-1038040	0.02%	
8341	95-4653877	0.04%	
1292	62-1463723	0.00%	
6472	59-2653265	0.02%	
13500	74-2565416	0.10%	
11633	26-3793258	0.04%	
10084	43-2011710	0.09%	
13210	26-4735845	0.00%	
13761	20-1909743	0.17%	
7866	02-0535554	0.03%	
10792	30-0520838	0.20%	
997	65-0073113	0.04%	
14397	43-2116994	0.14%	
6322	14-1875297	0.03%	
13366	20-2661507	0.25%	
13201	36-4580491	0.06%	
11449	76-0838983	0.03%	
12458	59-0870549	0.07%	
10763	22-3601148	0.30%	
13401	46-0938295	0.16%	
15341	20-3491882	0.07%	
11356	58-1911284	0.03%	
6723	27-0548410	0.08%	
12728	45-1056887	0.01%	
12946	59-1141349	0.17%	
15089	46-5032911	0.15%	
4916	20-8448098	0.01%	
50237	65-1111440	0.01%	
12637	20-8357185	0.02%	
1011	59-1813444	0.01%	
10301	45-4808311	0.03%	
10924	31-1790136	0.63%	
16126	90-0636108	0.01%	
13432	20-1157112	0.06%	
15975	43-1871257	0.02%	
12830	27-2152135	0.03%	
13418	45-5357978	0.00%	
7641	27-2770885	0.00%	
15194	47-1176299	0.05%	
13799	30-0050590	1.82%	
14520	65-0802918	0.01%	

Multiple-Employer Plan Participating Employer Information

OASIS RETIREMENT SAVINGS PLAN		PLAN #333	EIN #: 65-0731524
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
15191	52-2344386	0.16%	
1018	65-0544937	0.01%	
2540	65-1199788	0.01%	
14558	75-1543941	0.27%	
5336	26-1403488	0.35%	
14673	26-3942567	0.02%	
1282	58-2395049	0.00%	
6056	20-4405509	0.10%	
14459	46-3112218	0.02%	
11241	93-1226943	0.01%	
14988	59-3500748	0.04%	
12012	88-0420526	0.02%	
8135	76-0469326	0.05%	
12588	36-4759588	0.01%	
11418	46-0797624	0.06%	
15344	26-3664355	0.00%	
14750	20-3656767	0.02%	
8300	93-1118833	0.43%	
14139	20-5544009	0.11%	
9379	13-4025150	0.03%	
15943	45-2531637	0.11%	
13255	88-0279474	0.80%	
10799	45-4956649	0.51%	
15239	65-0914672	0.18%	
10627	52-2177585	0.21%	
14531	36-3837639	0.11%	
14730	43-1609394	0.03%	
8852	94-2145259	0.10%	
9670	59-1837448	0.02%	
10695	74-1956306	0.02%	
7247	20-5703810	0.01%	
12505	26-1887566	0.13%	
15482	81-1344464	0.03%	
7891	59-6142206	0.07%	
16282	59-3473648	0.00%	
10408	59-3385658	0.01%	
14570	45-2703935	0.03%	
2768	76-0287704	0.02%	
1396	65-0980079	0.14%	
10316	94-3129446	0.01%	
8818	45-2772167	0.13%	
12384	59-2858904	0.01%	
13526	98-0425677	0.29%	
12524	13-1950672	0.11%	

Multiple-Employer Plan Participating Employer Information

OASIS RETIREMENT SAVINGS PLAN		PLAN #333	EIN #: 65-0731524
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
4441	41-0973005	0.00%	
13835	59-2725289	0.02%	
9502	23-2935890	0.13%	
14099	47-4271196	0.01%	
6005	58-1269725	0.19%	
15030	35-2513324	0.01%	
3708	65-6152134	0.00%	
10890	95-3306014	0.17%	
15095	27-3023135	0.02%	
7406	59-2979963	0.00%	
10774	20-3614919	0.01%	
3596	29-9400561	0.00%	
15349	04-2698548	0.11%	
5375	20-1377322	0.09%	
13325	39-3920758	0.11%	
14657	51-0445603	0.11%	
13102	11-1855301	0.08%	
8548	59-3711334	0.04%	
14358	20-8228331	0.12%	
14623	46-1394333	0.30%	
22231	59-3383429	0.15%	
13113	20-3966581	0.09%	
11591	59-3619115	0.06%	
12359	32-0338373	0.25%	
2304	65-0381409	0.09%	
13377	65-1124055	0.03%	
10770	59-3531779	0.05%	
10583	26-1403450	0.12%	
14498	11-2384981	0.01%	
13156	58-1497801	0.02%	
13232	35-2106817	0.10%	
7233	20-1935344	0.06%	
1371	65-0825869	0.01%	
2523	31-1828673	0.05%	
2653	20-0344180	0.60%	
14420	46-3112102	0.68%	
6175	65-0002925	0.13%	
6486	59-0542388	0.17%	
13750	59-2850410	0.01%	
13069	45-0901446	0.03%	
7620	27-2803409	0.44%	
11575	38-3901158	0.07%	
12200	26-1418121	0.03%	
5836	65-0531333	0.01%	

Multiple-Employer Plan Participating Employer Information

OASIS RETIREMENT SAVINGS PLAN		PLAN #333	EIN #: 65-0731524
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
14778	65-0554049	0.00%	
10913	46-1268760	0.09%	
2769	65-0763727	0.15%	
11337	27-1438705	0.08%	
3393	65-0639147	0.15%	
14756	20-4143260	0.09%	
7732	65-0868877	0.06%	
15375	47-4475730	0.00%	
13745	26-0646330	0.16%	
14097	35-2190855	0.14%	
10619	94-3040607	0.12%	
5165	23-1570212	0.00%	
383	59-1255666	0.01%	
14979	76-0514084	0.47%	
14782	56-1407786	0.04%	
12306	26-0153695	0.01%	
13813	27-3385970	0.00%	
9268	20-1885100	1.66%	
12554	03-0477184	0.02%	
9981	75-2859293	0.03%	
9340	74-1760427	0.18%	
3797	20-0466118	0.01%	
279	65-1134741	0.01%	
15057	65-1019172	0.05%	
3059	65-0071524	0.01%	
1880	59-6002321	0.22%	
3896	20-4186900	0.02%	
12517	45-4825077	0.06%	
5990	26-3426398	0.12%	
12903	65-0211424	0.09%	
11429	20-3376180	0.45%	
22503	20-1345236	0.04%	
14743	27-2555171	0.00%	
7668	65-0839302	0.05%	
14209	80-0951411	0.07%	
16009	02-0601048	0.07%	
14645	20-5966183	0.01%	
6044	58-1899309	0.25%	
14808	91-2167165	0.18%	
8381	27-4815951	0.49%	
12549	20-8082795	0.03%	
12179	20-8400799	0.03%	
5779	26-2089163	0.24%	
14860	46-3004549	0.00%	

Multiple-Employer Plan Participating Employer Information

OASIS RETIREMENT SAVINGS PLAN		PLAN #333	EIN #: 65-0731524
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
7827	27-3509554	0.02%	
14629	20-3222042	0.01%	
10771	20-8651089	0.04%	
16199	74-2629714	0.21%	
8172	59-1774167	0.04%	
14820	11-2889636	0.09%	
12865	46-3079663	0.08%	
14867	59-3123866	0.20%	
8643	20-0499338	0.14%	
5224	74-2742797	0.36%	
14244	47-1246943	0.00%	
15971	81-2736131	0.30%	
12583	46-3345634	0.01%	
7971	74-2942733	0.05%	
13200	27-0786032	0.09%	
14195	47-3193257	0.01%	
10206	26-3542814	0.03%	
15031	47-2358151	0.03%	
9616	45-4109483	0.00%	
12798	91-2007478	0.31%	
16030	80-0025367	0.12%	
7286	27-1250572	0.07%	
14260	27-0701371	0.00%	
12945	48-1264292	0.18%	
14118	06-1504152	0.18%	
1684	65-0065985	0.01%	
14957	65-0456604	0.07%	
15152	46-4178544	0.01%	
3438	26-4170795	0.01%	
50099	26-1769239	0.04%	
16428	46-4494118	0.00%	
7766	65-0794113	0.05%	
9197	45-3025093	0.05%	
12293	20-4796637	0.12%	
8289	20-2052866	0.00%	
10749	16-1646487	0.03%	
1869	65-0466559	0.20%	
1868	65-0216638	8.95%	
1843	58-2512961	0.02%	
6907	95-3541750	0.00%	
1499	59-2663774	0.06%	
3318	68-0468408	0.01%	
14866	59-2347231	0.04%	
13085	75-3035413	0.05%	

Multiple-Employer Plan Participating Employer Information

OASIS RETIREMENT SAVINGS PLAN		PLAN #333	EIN #: 65-0731524
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
23931	27-3627438	0.06%	
8291	95-4084546	0.01%	
9367	27-2483338	0.01%	
12260	62-1856308	0.38%	
15347	45-3758041	0.00%	
12623	27-2496183	0.01%	
13205	46-4089399	0.05%	
13420	27-1484286	0.07%	
8927	06-1505775	0.11%	
4179	95-4718890	0.06%	
1034	59-2366899	0.00%	
5368	13-3731004	0.04%	
1212	01-0460729	0.00%	
14594	46-3545118	0.04%	
10340	65-0535131	0.01%	
11297	75-2737130	0.05%	
13838	35-2493058	0.03%	
8775	61-1414091	0.06%	
5666	84-0795654	0.06%	
1737	59-1400596	0.06%	
14247	47-1237723	0.20%	
16308	81-2041128	0.02%	
12455	90-1006202	0.00%	
11514	59-1031980	0.06%	
5654	59-1665257	0.00%	
7172	59-3266817	0.00%	
12558	20-8834474	0.34%	
16261	20-1591015	0.03%	
14322	59-1656359	0.00%	
10464	59-2445926	0.03%	
10705	45-5393859	0.01%	
14740	20-5894742	0.33%	
14796	02-0582969	0.00%	
14318	47-2939314	0.07%	
11945	75-3253309	0.05%	
8001	20-2371894	0.26%	
2576	59-3010534	0.11%	
13167	90-0271480	0.01%	
13995	47-0912759	0.01%	
9272	04-3702379	0.02%	
16188	27-1644269	0.06%	
14788	26-2137917	0.06%	
13441	30-0818719	0.10%	
8785	95-3315653	0.32%	

Multiple-Employer Plan Participating Employer Information

OASIS RETIREMENT SAVINGS PLAN		PLAN #333	EIN #: 65-0731524
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
13954	20-3339638	0.07%	
13361	65-0244281	0.02%	
13646	26-2730032	0.25%	
13612	45-4273005	0.08%	
15561	26-3074958	0.00%	
7733	80-0269136	0.09%	
7917	11-3706445	0.01%	
7890	56-2647548	0.10%	
9467	84-1251613	0.08%	
908	59-2077753	0.02%	
15212	20-5481687	0.01%	
10931	90-0700144	0.06%	
9610	45-1448468	0.00%	
13450	47-1797088	0.00%	
14300	46-5310516	0.00%	
5650	95-4649229	0.23%	
12042	76-0509077	0.03%	
11741	42-1575520	0.11%	
3915	20-4685075	0.00%	
12988	46-5505799	0.13%	
10079	73-1577374	1.48%	
8166	59-2438551	0.01%	
9317	20-8334347	0.35%	
10751	20-3519736	0.04%	
8115	33-0115599	0.00%	
15469	58-2513460	0.46%	
13908	13-5581829	0.85%	
4991	20-8808655	0.07%	
12922	46-0971651	0.88%	
6337	20-5116429	0.05%	
16520	46-5711877	0.00%	
9570	95-4383131	0.25%	
11330	59-3544508	0.01%	
10489	59-2560783	0.06%	
2002022	88-0355123	0.02%	
6963	38-3751012	0.04%	
12292	81-0861546	0.02%	
11958	90-0403875	0.06%	
12996	22-1824492	0.13%	
7464	20-2126847	0.03%	
4037	65-0041605	0.00%	
10849	36-4565693	0.00%	
10040	33-0681290	0.00%	
8093	20-3281353	0.00%	

Multiple-Employer Plan Participating Employer Information

OASIS RETIREMENT SAVINGS PLAN		PLAN #333	EIN #: 65-0731524
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
10000	84-1394733	0.01%	
15339	27-3991732	0.00%	
2517	59-1676046	0.00%	
7468	61-1520540	0.07%	
13515	47-1920215	0.01%	
13367	32-0443160	0.04%	
13328	20-0252039	0.27%	
8328	59-3486797	0.05%	
13695	46-4795959	0.00%	
9273	04-3702380	0.04%	
15945	27-1680520	0.08%	
3147	59-2792934	0.06%	
12057	20-1153171	0.05%	
9274	20-0063684	0.04%	
12984	53-0238820	0.17%	
13413	59-3649599	0.03%	
5533	20-5290047	0.02%	
9847	27-2370843	0.07%	
214	59-2957805	0.00%	
5257	20-2886391	0.19%	
14762	76-0778367	0.15%	
8913	26-4563000	0.00%	
4131	05-0511338	0.96%	
2238	65-0913775	0.07%	
4181	14-1682569	0.01%	
9710	45-0651088	0.05%	
12376	35-2454288	0.21%	
13276	27-0680164	0.02%	
15051	02-0466753	0.43%	
2792	59-3708254	0.13%	
1833	65-0898491	0.12%	
15404	81-1118505	0.04%	
8832	41-2116973	0.05%	
12258	81-4429502	0.00%	
11503	22-3118012	0.09%	
1718	59-2570434	0.00%	
10108	27-4524820	0.11%	
9769	45-2388269	0.01%	
9568	95-2876276	0.22%	
15083	59-3600275	0.02%	
12891	59-6213933	0.07%	
13306	75-2829371	0.16%	
8426	27-2016428	0.10%	
1000	65-0731524	1.91%	

Multiple-Employer Plan Participating Employer Information

OASIS RETIREMENT SAVINGS PLAN		PLAN #333	EIN #: 65-0731524
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
11656	42-1774691	0.44%	
11282	65-1120392	0.03%	
13436	45-2960524	0.01%	
12559	45-3726003	0.01%	
7327	95-3010572	0.11%	
13411	30-0565233	0.16%	
6942	95-4816692	0.12%	
12381	35-2121143	0.07%	
13638	35-1913890	0.06%	
1958	75-3071677	0.01%	
1310	65-1128120	0.00%	
10341	26-0288838	0.01%	
11500	45-0521427	0.26%	
8484	58-2539909	0.03%	
15080	37-1469578	0.02%	
1369	65-0943118	0.11%	
12497	20-8032857	0.90%	
14931	59-3594816	0.01%	
5942	26-3353967	0.04%	
13828	47-1203475	0.10%	
13131	59-1035790	0.00%	
3012	58-0165544	0.03%	
2120115	95-4148287	0.00%	
11849	20-5694427	0.09%	
7972	74-2942860	0.05%	
7485	26-2285957	0.09%	
11326	46-1195153	0.01%	
13363	65-0194846	0.03%	
12353	86-0986452	0.06%	
15125	22-3383023	0.04%	
5468	13-1247390	0.02%	
14100	47-2858371	0.01%	
15464	04-2176769	0.01%	
12560	27-1648433	0.15%	
8241	26-1669496	0.03%	
11929	46-1851763	2.97%	
5544	05-1327897	0.02%	
11604	46-1159551	0.15%	
5325	20-5194878	0.27%	
13531	59-3294260	0.03%	
14339	47-3551293	0.00%	
10646	45-4907366	0.00%	
7755	04-3686630	0.00%	
15383	27-3500928	0.02%	

Multiple-Employer Plan Participating Employer Information

OASIS RETIREMENT SAVINGS PLAN		PLAN #333	EIN #: 65-0731524
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
10287	77-0452081	0.16%	
11696	30-0174583	0.01%	
12715	34-1200546	0.02%	
9966	33-0897841	0.30%	
16250	47-3342813	0.02%	
9827	48-1298435	0.65%	
13088	46-5231317	0.00%	
14199	26-1575318	0.46%	
9275	58-2659555	0.00%	
15296	81-0803292	0.00%	
15126	56-2527121	0.00%	
23426	26-3168480	0.00%	
12639	13-4209978	0.07%	
15206	47-4148943	0.02%	
15536	46-4590921	0.04%	
13812	59-2556768	0.10%	
3634	20-3493880	0.04%	
1317	59-2432829	0.09%	
11343	65-0622370	0.04%	
15178	20-3875396	0.02%	
11407	46-2036441	0.00%	
9919	65-0910832	0.04%	
5258	59-1890272	0.16%	
8626	82-0544936	0.40%	
11701	65-0484026	0.00%	
7571	43-1791451	0.17%	
13654	47-2035996	0.01%	
12663	58-2522786	0.00%	
1204	43-1768849	0.03%	
1325	65-0401524	0.00%	
3485	27-0027707	0.03%	
10484	20-0817435	0.43%	
9766	27-4812980	0.02%	
4168	65-0385620	0.09%	
8494	20-5251262	0.00%	
11802	27-3197568	0.08%	
4040046	94-3323661	0.10%	
14824	56-2130813	0.00%	
5936	20-5622907	0.00%	
9267	26-1951793	0.25%	
15209	75-2643430	0.00%	
15411	47-4893324	0.05%	
7116	59-2701430	0.01%	
11239	27-1477561	0.32%	

Multiple-Employer Plan Participating Employer Information

OASIS RETIREMENT SAVINGS PLAN		PLAN #333	EIN #: 65-0731524
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
5188	84-1141101	0.00%	
13747	20-5166238	0.02%	
11857	26-2664838	0.00%	
4135	20-3308849	0.00%	
15256	05-0598254	0.00%	
10406	01-0551817	0.01%	
15480	59-3555939	0.00%	
11962	26-2846668	0.17%	
6533	26-4385630	0.00%	
15515	45-4588965	0.05%	
7709	65-0242971	0.29%	
12180	45-2458516	0.06%	
5113	20-1481137	0.02%	
15958	27-1766552	0.06%	
14365	11-2389465	0.05%	
15224	95-4698021	0.08%	
15978	47-5008305	0.06%	
13346	59-2355736	0.00%	
15441	65-0841982	0.04%	
7939	26-3864026	0.00%	
12436	06-1319589	0.04%	
10742	45-1583638	0.06%	
11300	43-1972573	0.05%	
15585	26-1473643	0.00%	
14390	27-1506009	0.03%	
14749	75-1892308	0.48%	
12003	59-1799124	0.01%	
4223	22-3802935	0.05%	
15155	45-3556192	0.03%	
13142	95-3740226	0.07%	
5302	84-1465482	0.01%	
4820	59-6018404	0.03%	
5479	74-3242057	0.04%	
12395	94-3389398	0.25%	
5615	14-1790052	0.00%	
14888	47-5206601	0.04%	
9025	27-2087592	0.04%	
9196	65-0950107	0.08%	
15479	27-4699443	0.21%	
10572	22-2332789	0.77%	
9401	43-1856076	0.02%	
14838	06-1499829	0.19%	
9503	27-5102329	0.02%	
9969	27-4011784	0.03%	

Multiple-Employer Plan Participating Employer Information

OASIS RETIREMENT SAVINGS PLAN		PLAN #333	EIN #: 65-0731524
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
7068	65-0388060	0.22%	
8868	57-1155068	0.40%	
12563	26-3964489	0.02%	
14182	59-3147545	0.01%	
14736	47-4892941	0.00%	
7248	20-5575494	0.00%	
12433	59-3639242	0.09%	
14417	20-3323973	0.06%	
7702	20-8253745	0.01%	
16027	20-3059744	0.01%	
12159	04-2867081	0.00%	
16397	45-3058471	0.05%	
1407	59-2379818	0.01%	
5670	38-3672069	0.03%	
8113	20-1583740	0.05%	
15969	20-1341419	0.00%	
11248	72-1549994	0.00%	
10777	43-0652684	0.02%	
14497	30-0857931	0.04%	
13104	58-2473225	0.38%	
7206	59-3112541	0.03%	
9035	58-2363251	0.18%	
50228	65-0375139	0.03%	
11655	76-0096884	0.02%	
12992	59-2432318	0.15%	
7195	22-3483707	0.03%	
7024	23-3046760	0.03%	
13060	26-3462629	0.01%	
14281	47-3508120	0.05%	
10855	13-4995710	0.20%	
13059	26-2476412	0.00%	
13617	83-0361935	0.00%	
8812	80-0738963	0.15%	
5292	84-1173949	0.01%	
3065	59-3582664	0.03%	
15050	90-0128040	0.00%	
15522	46-2832227	0.13%	
16209	20-8622194	0.00%	
13573	46-5591249	0.02%	
12963	36-2695636	0.05%	
11947	57-0661503	0.02%	
170	74-1679217	0.03%	
9783	41-2274640	0.03%	
15286	59-3186321	0.02%	

Multiple-Employer Plan Participating Employer Information

OASIS RETIREMENT SAVINGS PLAN		PLAN #333	EIN #: 65-0731524
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
10838	26-0425789	0.89%	
7039	59-2390702	0.13%	
1340	59-2670974	0.01%	
11602	27-1486691	0.07%	
1754	59-3172662	0.01%	
4963	65-0583089	0.03%	
4006	59-3728820	0.00%	
5780	06-1829380	0.06%	
14751	47-1873892	0.01%	
14991	20-4193242	0.16%	
3830	65-0513831	0.02%	
3022	59-1743719	0.02%	
3445	20-3098907	0.02%	
9339	59-2649349	0.02%	
12764	45-4878825	0.00%	
13785	27-1941464	0.01%	
15980	47-5142165	0.02%	
13503	46-5239160	0.00%	
10752	36-4504849	0.00%	
14101	13-3877546	0.09%	
3846	59-3598437	0.01%	
5267	57-1218432	0.13%	
13607	46-1641886	0.00%	
1681	59-2808612	0.02%	
13350	04-2974450	0.01%	
13794	56-1500431	0.16%	
13044	59-1569751	0.00%	
4102	59-1801747	0.02%	
4750	65-0311444	0.09%	
8012	65-0348726	0.08%	
8051	27-3981621	0.04%	
2486	01-0733180	0.04%	
6507	84-0174190	0.10%	
7546	80-0272309	0.04%	
12625	84-0688506	0.20%	
6419	43-1661647	0.20%	
9394	56-1696630	0.20%	
7881	45-2483781	0.20%	
13796	27-1397124	0.20%	
50160	59-1146636	0.05%	
16223	68-0479290	0.00%	
13215	58-2629438	1.07%	
5677	59-1910887	0.01%	
8014	20-5688305	1.25%	

Multiple-Employer Plan Participating Employer Information

OASIS RETIREMENT SAVINGS PLAN		PLAN #333	EIN #: 65-0731524
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
14172	26-0279569	0.01%	
1354	59-3541167	0.04%	
8668	24-0411275	0.18%	
12382	27-2577674	0.35%	
8662	95-3628072	0.03%	
13786	75-3063545	0.18%	
15036	47-4380463	0.02%	
11515	46-2163419	0.07%	
13614	27-0984261	0.03%	
8102	80-0007891	0.18%	
12090	27-0796526	0.01%	
12468	58-2358577	0.01%	
15571	90-0192196	0.02%	
13065	46-5529887	0.03%	
10015	25-3590982	0.00%	
14213	84-1084656	0.06%	
16434	58-1537859	0.09%	
13254	11-3673736	0.01%	
13000	46-5370103	0.01%	
11366	90-0808400	0.01%	
9065	22-3339894	0.13%	
2525	59-1954518	0.00%	
7948	56-1419124	0.07%	
16231	02-0647356	0.02%	
12838	86-0960241	0.00%	
731	59-1009062	0.10%	
16372	33-0901312	0.04%	
16049	45-2175695	0.01%	
12454	56-2632414	0.01%	
9829	16-1746030	0.19%	
5256	54-1211846	0.04%	
11629	74-2176078	0.35%	
50300	74-3181311	0.01%	
8091	27-2779224	0.00%	
8156	81-0575683	0.06%	
12796	46-4737999	0.19%	
9380	02-0731076	0.11%	
15323	20-2131346	0.04%	
12100	20-5070889	0.10%	
14086	46-3114520	0.06%	
13280	20-5461083	0.18%	
11349	33-0038598	0.09%	
16425	20-0204329	0.00%	
12479	99-0364067	0.43%	

Multiple-Employer Plan Participating Employer Information

OASIS RETIREMENT SAVINGS PLAN		PLAN #333	EIN #: 65-0731524
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
8414	20-2772310	0.11%	
15324	74-3214919	0.04%	
14007	59-2550614	0.36%	
15447	46-1349269	0.10%	
12236	86-0259271	0.03%	
3814	65-1070914	0.02%	
4968	59-3152422	0.11%	
5526	65-0932879	0.08%	
12199	27-3362452	0.07%	
14927	81-0673619	1.12%	
12288	35-1631715	0.11%	
1237	43-1186827	0.13%	
14137	59-3442786	0.01%	
14772	27-5197884	0.04%	
3085	35-2162199	0.00%	
13831	47-2539060	0.01%	
12322	20-8661192	0.01%	
15111	45-3136098	0.04%	
8907	45-2697138	0.35%	
1429	59-3670830	0.01%	
6612	27-0322435	0.22%	
13043	06-1775180	0.24%	
8569	62-1458512	0.13%	
10104	27-4196710	0.12%	
12932	95-4557477	0.00%	
4040049	55-9765369	0.04%	
2709	59-7349734	0.06%	
16221	47-4378219	0.06%	
2867	14-1873643	0.03%	
14861	32-0116471	0.03%	
440	59-3471405	0.10%	
13561	13-4269325	0.37%	
3904	75-3146721	0.39%	
10685	59-3328859	0.27%	
12156	46-3049016	0.05%	
15566	47-2405969	0.00%	
11278	20-0837806	0.13%	
1765	59-1369073	0.06%	
13161	37-1580762	0.04%	
14277	45-5319565	0.06%	
16374	27-3664415	0.00%	
16356	54-1850279	0.01%	
16377	47-2614270	0.00%	
12063	90-0939047	0.02%	

Multiple-Employer Plan Participating Employer Information

OASIS RETIREMENT SAVINGS PLAN		PLAN #333	EIN #: 65-0731524
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
15085	56-1996721	0.05%	
2036	59-3194342	0.05%	
12166	73-1728184	0.07%	
15196	20-2068904	0.25%	
9207	37-1494913	0.13%	
23186	22-3901123	0.00%	
22446	75-3091761	0.00%	
16539	59-1978963	0.03%	
14956	47-3742095	0.01%	
23073	58-1604287	0.00%	
16077	46-1469741	0.01%	
21752	20-8245800	0.00%	
21686	76-0020687	0.02%	
22929	59-1039978	0.00%	
21811	59-1205307	0.02%	
21829	65-0563163	0.02%	
22926	74-1941710	0.01%	
22504	20-2909216	0.01%	
22579	20-2337690	0.00%	
21854	65-0425039	0.02%	
22310	76-0679343	0.01%	
23148	36-4443786	0.00%	
23049	56-2205733	0.02%	
22439	59-3347295	0.00%	
22410	74-1949182	0.00%	
22902	20-4885288	0.00%	
21687	74-6515774	0.00%	
21676	76-0665437	0.00%	
22111	06-1679152	0.00%	
11928	26-3829487	0.00%	
23580	02-0713074	0.01%	
16559	61-1725696	0.03%	
23791	27-0160216	0.01%	
21591	76-0609544	0.01%	
23503	14-1466289	0.00%	
23646	27-0416981	0.00%	
23293	26-1606257	0.00%	