

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>			
A This return/report is for:	☐ a multiemployer plan	☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☐ a single-employer plan	☐ a DFE (specify) _____	
B This return/report is:	☐ the first return/report	☐ the final return/report	
	☐ an amended return/report	☐ a short plan year return/report (less than 12 months)	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558	☐ automatic extension	☐ the DFVC program
	☒ special extension (enter description) <u>HURRICANE HARVEY</u>		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	<u>G & A PARTNERS, INC. MULTIPLE EMPLOYER 401(K) PLAN</u>	1b Three-digit plan number (PN) ►	<u>001</u>
		1c Effective date of plan	<u>01/01/2001</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>G & A OUTSOURCING, INC. DBA G & A PARTNERS, INC.</u> <u>17220 KATY FREEWAY, SUITE 350</u> <u>HOUSTON, TX 77094</u>	2b Employer Identification Number (EIN) <u>76-0461926</u>	2c Plan Sponsor's telephone number <u>713-784-1181</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.	<u>01/31/2018</u>	<u>ANTONIO R GRIJALVA</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

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

Form 5500 (2016)
v. 160205

3a Plan administrator's name and address ☒ Same as Plan Sponsor	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 8333
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 7139 6a(2) 4942 6b 0 6c 2035 6d 6977 6e 0 6f 6977 6g 4345 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2A 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) ☐ 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 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.
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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 G & A PARTNERS, INC. MULTIPLE EMPLOYER 401(K) PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 G & A OUTSOURCING, INC. DBA G & A PARTNERS, INC.	D Employer Identification Number (EIN) 76-0461926

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
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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)

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 37 38 50	TPA	616843	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

G&A OUTSOURCING

76-0461926

(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	152199	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SLAVIC MUTUAL FUND MANAGEMENT CORP

59-2749576

(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?
28	INVESTMENT MGMT	140330	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)

NEAL FINANCIAL GROUP, LP

1770 ST JAMES PLACE, STE 360
HOUSTON, TX 77056

(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 50	INVESTMENT ADVISOR	13646	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	GOLDSTEIN, ZUGMAN, WEINSTEIN & POOLE	b EIN:	20-0453834
c Position:	AUDITOR		
d Address:	6301 NW 5TH WAY SUITE 4200 FORT LAUDERDALE, FL 33309	e Telephone:	954-351-9000

Explanation: MANAGEMENT'S DECISION TO REDUCE PLAN AUDIT EXPENSE

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>G & A PARTNERS, INC. MULTIPLE EMPLOYER 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>G & A OUTSOURCING, INC. DBA G & A PARTNERS, INC.</u>	D Employer Identification Number (EIN) <u>76-0461926</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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO STABLE VALUE FUND C

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN <u>52-2250946-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11875</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

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

Part II Information on Participating Plans (to be completed by DFEs)

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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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
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For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>		
A Name of plan <u>G & A PARTNERS, INC. MULTIPLE EMPLOYER 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>G & A OUTSOURCING, INC. DBA G & A PARTNERS, INC.</u>	D Employer Identification Number (EIN) <u>76-0461926</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	387739	416872
(2) Participant contributions	1b(2)	321129	412763
(3) Other.....	1b(3)	18523	40576
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	10832796	12451408
(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)	2706950	3298004
(9) Value of interest in common/collective trusts	1c(9)	30213	11875
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	78825303	104976636
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	93122653	121608134

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	93122653	121608134
---	-----------	----------	-----------

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)	6328206	
(B) Participants	2a(1)(B)	13828166	
(C) Others (including rollovers)	2a(1)(C)	3002197	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		23158569
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)	119002	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		119002
(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)	2286134	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2286134
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		5806167
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		31369872

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10507977	
(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)		10507977
f Corrective distributions (see instructions)	2f		162609
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	769042	
(3) Investment advisory and management fees.....	2i(3)	153976	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		923018
j Total expenses. Add all expense amounts in column (b) and enter total	2j		11593604

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		19776268
l Transfers of assets:			
(1) To this plan.....	2l(1)		18938001
(2) From this plan.....	2l(2)		10228788

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: ABIP, P.C.

(2) EIN: 76-0689865

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		58352
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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	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)
VETHAN LAW FIRM 401(K) PLAN	26-1647443	001
GENRG POWER SOLUTIONS 401(K) PLAN	47-2254784	001
CCAA MANAGEMENT SERVICES LLC 401K PLAN	27-2943596	001
ALTERNATIVE HOSE INC. 401(K) PROFIT SHARING PLAN	86-0711604	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)
INSPIRITY 401K PLAN	76-0178498	001
HR&P SOLUTIONS, INC. 401(K) SALARY REDUCTION PLAN AND TRUST	76-0652302	001
PRACTICEMAX, INC. 401(K) PROFIT SHARING PLAN	80-0372209	001
ESCO PRODUCTS INC. PLAN	76-0549464	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)
TRIMBLE NAVIGATION SAVINGS AND RETIREMENT PLAN	94-2802192	001
LASCO ENTERPRISES, LLC 401K PLAN	20-1884385	002
FRANKCRUM RETIREMENT SAVINGS PLAN	59-2626531	001
SOLID BUSINESS SOLUTIONS 401(K) PLAN	45-4566093	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
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>G & A PARTNERS, INC. MULTIPLE EMPLOYER 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>G & A OUTSOURCING, INC. DBA G & A PARTNERS, INC.</u>	D Employer Identification Number (EIN) <u>76-0461926</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	
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>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.)
----------------	---

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

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

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

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

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

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

Schedule R (Form 5500) 2016
v. 160205

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

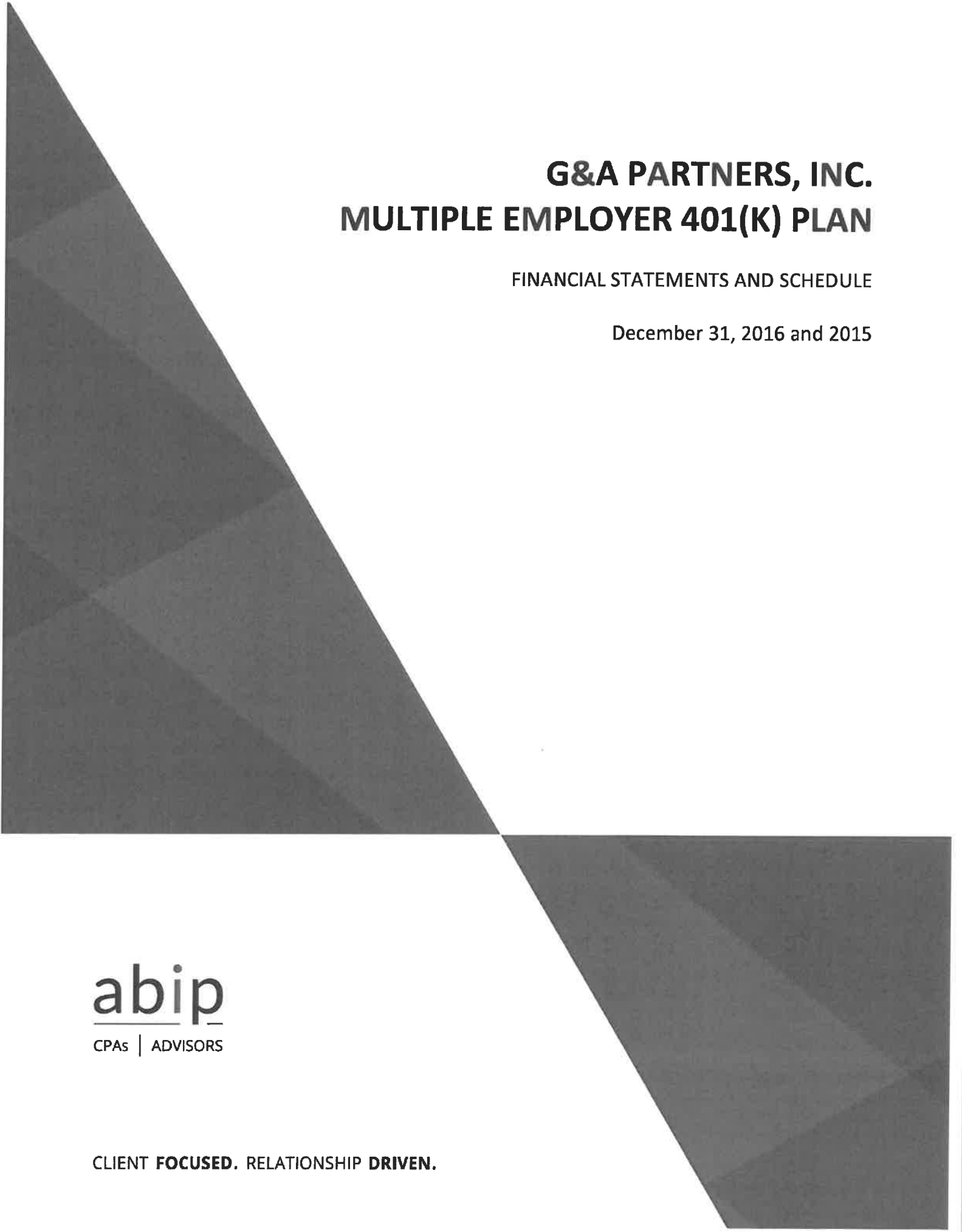
14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of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

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

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

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



G&A PARTNERS, INC. MULTIPLE EMPLOYER 401(K) PLAN

FINANCIAL STATEMENTS AND SCHEDULE

December 31, 2016 and 2015



CLIENT **FOCUSED**. RELATIONSHIP **DRIVEN**.

**G&A PARTNERS, INC.
MULTIPLE EMPLOYER 401(K) PLAN**

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December 31, 2016 and 2015

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INDEPENDENT AUDITORS' REPORT

To: The Plan Administrator and Participants
G&A Partners, Inc. Multiple Employer 401(k) Plan

Report on the Financial Statements

We have audited the accompanying financial statements of **G&A Partners, Inc. Multiple Employer 401(k) Plan** (the "Plan"), which are comprised of the statement of net assets available for plan benefits as of December 31, 2016, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan 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 our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for plan benefits of the Plan as of December 31, 2016, and the changes in net assets available for plan benefits for the year ended December 31, 2016 in accordance with accounting principles generally accepted in the United States of America.

INDEPENDENT AUDITORS' REPORT (cont'd)

Report on Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of delinquent participant contributions and assets (held at year end) as of December 31, 2016 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Prior Period Financial Statements

The financial statements of the Plan as of December 31, 2015, were audited by other auditors whose report, dated October 3, 2016, expressed an unmodified opinion on those statements.

ABIP, PC

Houston, Texas

January 31, 2018

**G&A PARTNERS, INC.
MULTIPLE EMPLOYER 401(K) PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

December 31, 2016

	<u>ASSETS</u>	
	<u>2016</u>	<u>2015</u>
INVESTMENTS, at fair value:		
Money market accounts	\$ 12,451,408	\$ 10,832,796
Common/collective trust	11,875	30,213
Registered investment companies	<u>104,976,636</u>	<u>78,825,303</u>
Total investments	117,439,919	89,688,312
RECEIVABLES:		
Participant contributions	412,763	321,129
Employer contributions	416,872	387,739
Participant loans receivable	3,298,004	2,690,383
Other	<u>40,576</u>	<u>20,464</u>
Total receivables	<u>4,168,215</u>	<u>3,419,715</u>
TOTAL ASSETS	121,608,134	93,108,027
LIABILITIES:		
Corrective distributions payable	<u>267,489</u>	<u>-</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS	<u><u>\$ 121,340,645</u></u>	<u><u>\$ 93,108,027</u></u>

See accompanying notes to financial statements.

**G&A PARTNERS, INC.
MULTIPLE EMPLOYER 401(K) PLAN**

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

For the year ended December 31, 2016

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment income:

Net appreciation in fair value of investments	\$ 5,806,167
Interest and dividends from registered investment companies	2,286,134
Total investment income	<u>8,092,301</u>

Interest income – participant loans	119,002
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Contributions:

Participant	13,828,166
Employer	6,328,206
Rollovers	<u>3,002,197</u>
Total contributions	<u>23,158,569</u>
Total additions	<u>31,369,872</u>

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants	10,147,325
Corrective distributions	430,098
Certain deemed distributions	360,652
Administrative expense	<u>923,018</u>
Total deductions	<u>11,861,093</u>

NET INCREASE BEFORE TRANSFERS	19,508,779
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TRANSFERS FROM OTHER PLANS	18,938,001
TRANSFERS TO OTHER PLANS	<u>(10,228,788)</u>

NET INCREASE IN NET ASSETS AVAILABLE FOR PLAN BENEFITS	28,217,992
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NET ASSETS AVAILABLE FOR PLAN BENEFITS:

Beginning of year	<u>93,108,027</u>
End of year	<u><u>\$ 121,326,019</u></u>

See accompanying notes to financial statements.

**G&A PARTNERS, INC.
MULTIPLE EMPLOYER 401(K) PLAN**

NOTES TO FINANCIAL STATEMENTS

December 31, 2016

(1) Description of the plan

Effective January 1, 2001, G&A Outsourcing, Inc. d/b/a G&A Partners, Inc. (the “Company” or “Sponsor”) adopted the G&A Partners, Inc. Multiple Employer 401(k) Plan (the “Plan”) to provide retirement benefits for all eligible employees of the Adopting Employers (the “Employers”). The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more comprehensive description of the Plan’s provisions.

General

The Plan is a multiple employer defined contribution plan that covers all employees, as defined in the Plan, who have completed the age and service requirements selected by the Employers in the Adoption Agreement. New Employers entering the Plan may initially waive the eligibility requirements for employees employed by the Employers as of the date entering the Plan. Participation occurs on the first day of any month after completing each Employers’ age and service requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

Asset custodian and administration

The Plan’s assets are held by Fidelity Workplace Services, LLC, the custodian of the Plan, and are invested through participant-directed accounts in various mutual funds or other investments offered by the custodian. Duties of the custodian include, among others, recordkeeping, receiving and investing cash contributions and investment income, and making payments from the Plan funds as directed by the participants and the Plan administrator.

Administrative functions are performed by officers or employees of the Company. No officer or employee of the Company receives compensation from the Plan.

Contributions

Participants may make contributions to the Plan under a 401(k) salary deferral arrangement from 1% to 98% of IRS allowable annual W-2 compensation as defined by the Plan, not to exceed \$18,000 in 2016. Additionally, participants who are at least 50 years of age as of December 31, 2016, are permitted to make catch-up contributions of up to an additional \$6,000 for 2016. Participants are also allowed to contribute amounts representing distributions from other qualified defined benefit or contribution plans.

Discretionary employer-provided matching contributions may be made to the Plan. The match, if any, will be a specified percentage of the elective contributions the employee makes to the Plan. The Employers will determine the amount of the discretionary contributions, if any, they will make each Plan year. Employers can also elect to make a 401(k) safe harbor plan design contribution which aids the companies in passing discrimination testing required by ERISA. Discretionary employer-provided non-elective (profit sharing) contributions may also be made to the Plan. Allocation of these contributions to participants will be made in accordance with the formula selected by the Employers as defined in the Plan.

The total of employer and employee contributions is limited to the lesser of \$53,000 or 100% of the participant’s eligible pre-tax compensation for the year ended December 31, 2016.

**G&A PARTNERS, INC.
MULTIPLE EMPLOYER 401(K) PLAN**

NOTES TO FINANCIAL STATEMENTS

December 31, 2016

(1) Description of the plan (cont'd)

Participant accounts

Each participant's account is valued on a daily basis and is credited with the participant's contribution, his or her portion of the Employers' matching contribution, allocations of Employer provided non-elective (profit sharing) contributions, and account earnings or losses and is charged with certain administrative expenses as determined by the different investment options he or she directs the Plan custodian to make on his or her behalf. The benefit to which a participant is entitled is the benefit that can be provided from the vested portion of the participant's account.

Vesting

Participant contributions are 100% vested. Each Employer may select among three options for vesting of employer contributions. Under the first option, employer contributions are 20% vested after two years of service, and 20% for each additional year of service. Under the second option, employer contributions are not vested until after three years of service at which time the contributions are 100% vested. The third option provides for full and immediate vesting, or any accelerated vesting that vests sooner than the first option. Automatic 100% vesting occurs upon attainment of normal retirement age (65), upon retirement due to disability, upon death, and upon termination of the Plan.

For vesting purposes, employees must complete at least 1,000 hours of service during the Plan's calendar year to qualify for one year of service. Any variations in the time of service requirement are set forth in each respective Employer's adoption agreement.

Investments

Upon enrollment in the Plan, a participant may direct the allocation of their contributions and Employer contributions among various investment funds offered by the Plan custodian. Each participant may choose to deposit all contributions in one fund or allocate the investment among several funds in any whole percentages. The funds are invested in a broad range of stocks and bonds with varying risks. The allocation of investment income for each of the investment options is based on the ratio that each participant's account balance bears to the total balance of all eligible participants.

Participant loans receivable

Under provisions of the Plan, participants may borrow a minimum of \$1,000 or up to a maximum of the lesser of \$50,000 or 50% of the vested portion of their account. Loan transactions are treated as a transfer to (from) the investment fund from (to) the participant loan fund. Loan terms range from one to five years except for the purchase of a primary residence, in which case the term may not extend beyond fifteen years. The loans are collateralized by the balance in the participants' accounts and bear interest at the rate of 1% over the prevailing rate charged by persons in the business of lending money for loans which would be made under similar circumstances. Interest rates range from 4.25% to 9.25%. Principal and interest are paid through periodic payroll deductions.

Payment of benefits

Upon termination of service, a participant who has a vested interest in their account which is less than or equal to \$5,000 shall receive a lump sum to the value of their account. A participant who has a vested interest in their account which exceeds \$5,000 may elect to leave their account balance in the Plan or receive a single sum payment. Under the terms of the Plan, participants who attain retirement age or become totally disabled

**G&A PARTNERS, INC.
MULTIPLE EMPLOYER 401(K) PLAN**

NOTES TO FINANCIAL STATEMENTS

December 31, 2016

(1) Description of the plan (cont'd)

Payment of benefits (cont'd)

prior to their retirement date are entitled to receive all amounts credited to their accounts. Upon the death of the participant while actively employed, the distribution is made in accordance with the participant's previous direction. All participants will receive their account balance in either a lump sum or in installments equal to the value of their account.

Withdrawals

Participants may request early withdrawals of all or a portion of their elective deferral contributions in their account under the hardship provision of the Plan. A participant may request unrestricted withdrawals of their vested accounts on or after age 59½.

Forfeitures

At December 31, 2016 and 2015, the forfeiture account balance totaled \$192,721 and \$152,148, respectively, and is available to reduce any administrative expenses and then reduce any future employer contributions. During 2016, \$88,128 was used to reduce employer contributions and \$2,574 to reduce administrative expenses.

(2) Summary of significant accounting policies

Basis of statement preparation

The Plan's financial statements are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Recently issued accounting standards

On January 1, 2016, the Plan adopted Accounting Standards Update ("ASU") 2015-12, which amends existing guidance in Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 962, *Defined Contribution Pension Plans*. Part I of the guidance in this ASU eliminates the requirement to reconcile and adjust contract values of fully benefit-responsive investment contracts to fair value in the financial statements and requires reporting at contract value only. Part II of the guidance in this ASU eliminates the requirement to disclose individual investments greater than 5 percent of net assets and requires net appreciation/depreciation to be disclosed only in aggregate, not by investment type. The adoption of these ASU's resulted in changes to disclosures only and had no impact on the Plan's financial statements.

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 and disclosures. Accordingly, actual results could differ from those estimates.

Investment valuation and income recognition

Investments are reported at fair value. Fair value is defined as 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. 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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**G&A PARTNERS, INC.
MULTIPLE EMPLOYER 401(K) PLAN**

NOTES TO FINANCIAL STATEMENTS

December 31, 2016

(2) Summary of significant accounting policies (cont'd)

Participant loans receivable

Loans to participants are reported as participant loans receivable at the unpaid principal balance plus any accrued but unpaid interest.

Benefits paid to participants

Benefits are recorded when paid.

Federal income tax

FASB ASC 740, *Income Taxes*, provides detailed guidance for the financial statement recognition, measurement and disclosure of uncertain tax positions recognized in an entity's financial statements and requires an entity to recognize the financial statement impact of a tax position when it is more likely than not that the position will be sustained upon examination. The Plan believes that all significant tax positions utilized by the Plan will more likely than not be sustained upon examination. As of December 31, 2016, the tax years that remain subject to examination by the major tax jurisdictions under the statute of limitations are from the year 2013 forward (with limited exceptions). Tax penalties and interest, if any, would be accrued as incurred and would be classified as tax expense in the statement of changes in net assets available for plan benefits.

Subsequent events

The Plan has evaluated subsequent events through January 31, 2018, the date financial statements were available to be issued. No subsequent events occurred which would require adjustment or disclosure to the financial statements at December 31, 2016.

(3) Fair value measurements

FASB ASC 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. Fair value measurements are based upon observable and unobservable inputs. Observable inputs reflect market data obtained from independent sources while unobservable inputs reflect the Plan's view of market assumptions in the absence of observable market information. The Plan utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. In determining fair value, the Plan uses various methods including market, income and cost approaches.

The Plan categorizes its fair value measurements into a three-level fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- Level 1 – Unadjusted quoted prices accessible in active markets for identical assets or liabilities at the measurement date and mutual funds where the value per share (unit) is determined and published daily and is the basis for current transactions.

**G&A PARTNERS, INC.
MULTIPLE EMPLOYER 401(K) PLAN**

NOTES TO FINANCIAL STATEMENTS

December 31, 2016

(3) Fair value measurements (cont'd)

- Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. Unadjusted quoted prices for similar assets or liabilities in active markets or inputs (other than quoted prices) that are observable or that are derived principally from or corroborated by observable market data through correlation or other means. Primary inputs to this valuation technique may include comparative trades, bid/asks, interest rate movements, U.S. Treasury rates, London Interbank Offered Rate (“LIBOR”), prime rates, cash flows, maturity dates, call ability, estimated prepayments, and/or underlying collateral values.
- Level 3 – Unobservable inputs for the asset or liability. Prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement. Inputs reflect management’s best estimate about the assumptions market participants would use at the measurement date in pricing the asset or liability. Consideration is given to the risk inherent in both the method of valuation and the valuation inputs. Primary inputs to this valuation technique include broker quotes and comparative trades.

When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were used only when Level 1 or Level 2 inputs were not available.

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.

Money market accounts

Money market accounts consist of money market funds that are valued at the net asset value of shares held by the Plan at year end.

Common/collective trust

Common/collective trust investments are valued at fair value of the underlying assets in the common/collective trust at year end.

Registered investment companies

Investments in registered investment companies consist of mutual funds valued at the daily quoted net asset value closing price of the shares as reported by the fund at year end. 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 daily net asset value (“NAV”) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

**G&A PARTNERS, INC.
MULTIPLE EMPLOYER 401(K) PLAN**

NOTES TO FINANCIAL STATEMENTS

December 31, 2016

(3) Fair value measurements (cont'd)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016 and 2015.

2016				
	Fair Value	Level 1	Level 2	Level 3
Money market accounts	\$ 12,451,408	\$ 12,451,408	\$ -	\$ -
Common/collective trust:				
Stable value funds	11,875	11,875	-	-
Registered investment companies:				
Value funds	6,505,070	6,505,070	-	-
Growth funds	13,523,129	13,523,129	-	-
Blended funds	52,939,076	52,939,076	-	-
Target date funds	10,579,604	10,579,604	-	-
Bonds	5,085,747	5,085,747	-	-
Government debt	16,344,010	16,344,010	-	-
	104,976,636	104,976,636	-	-
	<u>\$ 117,439,919</u>	<u>\$ 117,439,919</u>	<u>\$ -</u>	<u>\$ -</u>
2015				
	Fair Value	Level 1	Level 2	Level 3
Money market accounts	\$ 10,832,796	\$ 10,832,796	\$ -	\$ -
Common/collective trust:				
Stable value funds	30,213	30,213	-	-
Registered investment companies:				
Value funds	4,282,930	4,282,930	-	-
Growth funds	11,976,810	11,976,810	-	-
Blended funds	39,148,333	39,148,333	-	-
Target date funds	5,569,863	5,569,863	-	-
Bonds	3,817,339	3,817,339	-	-
Government debt	14,030,028	14,030,028	-	-
	78,825,303	78,825,303	-	-
	<u>\$ 89,688,312</u>	<u>\$ 89,688,312</u>	<u>\$ -</u>	<u>\$ -</u>

**G&A PARTNERS, INC.
MULTIPLE EMPLOYER 401(K) PLAN**

NOTES TO FINANCIAL STATEMENTS

December 31, 2016

(4) Party-in-interest transactions

Slavic Integrated Administration, Inc. ("SIA"), the Plan's third-party administrator receives fees for recordkeeping services along with participant account administrative and asset fees. The total fee paid by the Plan for the year ended December 31, 2016 was \$616,843.

Slavic Mutual Funds Management Corporation ("SMF"), which is owned by the stockholders of SIA, is the investment advisor to the Plan. Participants, if they elect this service, are charged a quarterly advisor fee. The total fee paid by the Plan for the year ended December 31, 2016 was \$140,330.

The Plan Administrator has an expense reimbursement agreement with the Plan to cover various Plan administrative expenses. The agreement calls for reimbursement of Plan administrative expenses to be remitted to the Plan Administrator through a quarterly fee. For the year ended December 31, 2016, the annual expense reimbursement was \$152,199.

In addition, the Plan has an investment advisory agreement with Neal Financial Group, LP. The agreement calls for advisor fees to be remitted to Neal Financial Group, LP through a quarterly fee. For the year ended December 31, 2016, the annual advisor fee was \$13,646.

Slavic Investment Corporation ("SIC"), which is owned by the stockholders of SIA and SMF, is an SEC registered securities broker/dealer. SIC collects 12b-1 commissions and SubTa and SSF recording fees paid by the mutual fund companies. SIC credits the fees on a monthly basis directly to participant accounts holding those mutual funds. Only participants holding the funds at the crediting date receive a proration of the mutual fund reimbursement revenue; participants who trade out of the fund prior to the crediting date are not credited any prorated revenue. The total amount of the mutual fund revenue reimbursements credited to Plan participants for the year ended December 31, 2016 was \$21,596.

(5) Plan termination

Although it has not expressed any intent to do so, the Employers have the right to discontinue contributions at any time. In addition, although it has not expressed any intent to do so, the Plan Administrator has the right to terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, the Plan custodian will distribute the Plan assets to the participants as soon as practicable. All participants will have a 100% vested interest in their accounts at the date of termination.

(6) Tax status

The Plan was established under a volume submitter profit sharing 401(k) plan, which received its most recent determination letter on March 31, 2014, in which the Internal Revenue Service stated the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and ERISA. Accordingly, the Plan administrator believes the Plan was qualified and was tax exempt as of the financial statement dates.

**G&A PARTNERS, INC.
MULTIPLE EMPLOYER 401(K) PLAN**

NOTES TO FINANCIAL STATEMENTS

December 31, 2016

(7) Risks and uncertainties

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

(8) Prohibited transactions

Department of Labor ("DOL") Regulation 2510.3-102 requires employers to remit amounts paid by a participant or beneficiary to an employer and/or withheld by an employer for contribution to a 401(k) plan as soon as they can be reasonably segregated from the employer's general assets. Any contributions and loan repayments remitted to the plan beyond the time frame set forth by this criteria was considered a prohibited transaction and in violation of the provisions of ERISA and the Internal Revenue Code.

As reported on Form 5500, Schedule H, Line 4a – Schedule of Delinquent Participant Contributions, certain participant contributions were not remitted to the Plan within the time frame specified by the Department of Labor's ("DOL") Regulation 29 CFR 2510.3-102, thus constituting prohibited transactions between the Plan and the Company during the 2016 plan year. Late remittances totaled \$58,352 for the year. The Company has made the appropriate filings in accordance with the DOL's Voluntary Fiduciary Corrective Program. Costs incurred for penalties and interest were borne by the Plan Sponsor. The Plan Sponsor believes that with the completion of these corrections, the Plan will continue to be in compliance with applicable requirements of the Code.

In accordance with the Plan provisions, participants who receive bonuses and commissions are required to have their elected deferrals taken from bonuses and commissions. Management has determined that proper documentation was not obtained for participants in the Plan to waive their elective deferrals on bonus and commission payments. Plan management has determined the monetary impact of not withholding 401(k) deductions on bonuses and commissions to be immaterial.

Plan management has developed a corrective action plan to obtain further documentation to confirm with affected participants that it was their intent to exclude elected deferrals from bonuses and commissions. These participants will be provided the option to change their deferrals. Written communications will be sent by February 15, 2018. Management has implemented a plan, effective October 2017, in which all participants were informed that any waivers of deferrals on bonuses or commissions must be requested in writing by completing a Bonus Deferral Election Form.

(9) Reconciliation of financial statements to Form 5500

The following is a reconciliation of net assets available for plan benefits per the financial statements to Form 5500 as of December 31, 2016 and 2015:

	<u>2016</u>	<u>2015</u>
Net assets available for plan benefits per the financial statements	\$ 121,340,645	\$ 93,108,027
Plus: Corrective contributions payable at year-end	<u>267,489</u>	<u>-</u>
Net assets available for plan benefits per the Form 5500	<u><u>\$ 121,608,134</u></u>	<u><u>\$ 93,108,027</u></u>

**G&A PARTNERS, INC.
MULTIPLE EMPLOYER 401(K) PLAN**

NOTES TO FINANCIAL STATEMENTS

December 31, 2016

(9) Reconciliation of financial statements to Form 5500 (cont'd)

The following is a reconciliation of corrective distributions per the financial statements to Form 5500 for the year ended December 31, 2016:

Corrective distributions per the financial statements	\$ 430,098
Less: corrective distributions payable at current year end	<u>267,489</u>
Corrective distributions per the Form 5500	<u><u>\$ 162,609</u></u>

**G&A PARTNERS, INC.
MULTIPLE EMPLOYER 401(K) PLAN**

**EIN 76-0461926
PLAN No. 001**

**SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
Form 5500 – Schedule H, Part IV, Line 4(a)**

December 31, 2016

Participant Contributions Transferred Late to Plan Check here if Late Participant Loan Repayments are Included: ☒	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51	
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP		
\$ 58,352	\$ -	\$ 58,352	\$ -	\$ -	\$ -

See independent auditors' report.

**G&A PARTNERS, INC.
MULTIPLE EMPLOYER 401(K) PLAN**

**EIN 76-0461926
PLAN NO. 001**

**SCHEDULE OF ASSETS (HELD AT YEAR END)
Form 5500, Schedule H, Part IV, Line 4i**

December 31, 2016

(a)	(b) Identity of Issue	(c) Description of Investment	(e) Current Value
	American Century	American Century Mid Cap Value	\$ 2,240,566
	American Funds	American Funds Capital World Bond R6	307,377
	American Funds	American Funds EuroPacific R6	4,642,191
	DFA	DFA Large Cap Int'l	488,487
	DFA	DFA Emerging Markets Core Equity	2,439,842
*	Fidelity	Fidelity Contra Fund	2,143,609
*	Fidelity	Fidelity Spartan 500 Index Adv	4,141,813
	Franklin/Templeton	Franklin Gold and Precious Metals	853,314
	Franklin/Templeton	Franklin Natural Resources ADV	552,382
	JPMorgan	JP Morgan Equity Income	1,528,941
	MFS	MFS Utilities A	586,460
	Nationwide	Nationwide Ziegler NYSE Arca Tech 100 In	1,216,022
	Prudential	Prudential High Yield Z	1,097,242
	T Rowe Price	T. Rowe Price Dividend Growth	1,628,436
	T Rowe Price	T. Rowe Price Equity-Income	98,142
	T Rowe Price	T. Rowe Price New American Growth	1,725,292
	Vanguard	Vanguard Inflation Protected Securities	546,156
	Vanguard	Vanguard Intermediate-Term Bond Index Ad	1,422,232
	Vanguard	Vanguard Short-Term Bond Index Admiral	603,449
	Vanguard	Vanguard Total Bond Market Index Admiral	1,109,291
	Vanguard	Vanguard Target Retirement 2055	70,837
	Vanguard	Vanguard Target Retirement 2050	524,011
	Vanguard	Vanguard Target Retirement 2040	1,400,322
	Vanguard	Vanguard Energy Admiral	758,320
	Vanguard	Vanguard REIT Index Admiral	1,950,128
	Vanguard	Vanguard Mid Cap Index Admiral	2,156,686
	Vanguard	Vanguard Industrial Index Admiral	3,183,057
	Vanguard	Vanguard Federal Money Market	12,451,398
	Vanguard	Vanguard Mid Cap Growth	1,004,203
	Vanguard	Vanguard Money Market Prime	10
	Vanguard	Vanguard Morgan Growth	725,371
	Vanguard	Vanguard Small Cap Growth Index Adm	1,213,127

See independent auditors' report.

**G&A PARTNERS, INC.
MULTIPLE EMPLOYER 401(K) PLAN**

**EIN 76-0461926
PLAN NO. 001**

**SCHEDULE OF ASSETS (HELD AT YEAR END)
Form 5500, Schedule H, Part IV, Line 4i**

December 31, 2016

(a)	(b) Identity of Issue	(c) Description of Investment	(e) Current Value
	Vanguard	Vanguard Short-Term Federal Admiral	16,344,010
	Vanguard	Vanguard Small Cap Value Index Adm	740,259
	Vanguard	Vanguard Small Cap Index Admiral	961,922
	Vanguard	Vanguard Target Retirement 2010	5,816
	Vanguard	Vanguard Target Retirement 2030	1,773,669
	Vanguard	Vanguard Total Int'l Stock Index Admiral	1,046,311
	Vanguard	Vanguard Target Retirement Income	68,513
	Vanguard	Vanguard Target Retirement 2045	1,031,614
	Vanguard	Vanguard Total Stock Market Index Admira	34,942,394
	Vanguard	Vanguard Target Retirement 2035	1,501,925
	Vanguard	Vanguard Target Retirement 2060	78,020
	Vanguard	Vanguard Target Retirement 2025	2,022,480
	Vanguard	Vanguard Target Retirement 2020	1,209,056
	Vanguard	Vanguard Target Retirement 2015	893,341
	Wells Fargo	Wells Fargo Stable Value C	11,875
*	Participant Loans	4.25% To 9.25%	3,298,004
			<u>\$ 120,737,923</u>
*	Identified as a party-in-interest to the Plan		

See independent auditors' report.

Multiple-Employer Plan Participating Employer Information

G & A Partners, Inc. Multiple Employer 401(k) Plan		PLAN#001	EIN: 76-0461926
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
	XX-XXXX695	0.34%	
	XX-XXXX401	0.03%	
	XX-XXXX670	0.26%	
	XX-XXXX763	0.24%	
	XX-XXXX533	0.07%	
	XX-XXXX117	0.26%	
	XX-XXXX520	0.01%	
	XX-XXXX660	0.11%	
	XX-XXXX511	0.23%	
	XX-XXXX900	0.89%	
	XX-XXXX903	0.39%	
	XX-XXXX320	0.39%	
	XX-XXXX615	0.04%	
	XX-XXXX476	0.31%	
	XX-XXXX685	1.35%	
	XX-XXXX240	0.27%	
	XX-XXXX813	1.85%	
	XX-XXXX372	0.33%	
	XX-XXXX914	0.03%	
	XX-XXXX868	0.07%	
	XX-XXXX064	0.13%	
	XX-XXXX512	0.10%	
	XX-XXXX370	0.05%	
	XX-XXXX584	0.02%	
	XX-XXXX428	1.12%	
	XX-XXXX408	0.06%	
	XX-XXXX082	0.01%	
	XX-XXXX779	0.01%	
	XX-XXXX670	0.15%	
	XX-XXXX212	0.39%	
	XX-XXXX417	0.08%	
	XX-XXXX668	0.11%	
	XX-XXXX164	0.17%	
	XX-XXXX701	0.03%	
	XX-XXXX459	0.41%	
	XX-XXXX963	0.00%	
	XX-XXXX176	0.35%	
	XX-XXXX853	0.14%	
	XX-XXXX596	0.00%	
	XX-XXXX854	0.25%	
	XX-XXXX739	0.34%	
	XX-XXXX907	0.13%	
	XX-XXXX877	0.18%	
	XX-XXXX548	1.84%	
	XX-XXXX418	0.29%	
	XX-XXXX209	0.85%	
	XX-XXXX468	1.59%	
	XX-XXXX430	0.26%	
	XX-XXXX852	0.13%	
	XX-XXXX567	0.13%	
	XX-XXXX199	0.55%	
	XX-XXXX788	0.42%	
	XX-XXXX336	0.14%	
	XX-XXXX666	0.15%	
	XX-XXXX230	0.05%	
	XX-XXXX675	0.08%	

G & A Partners, Inc. Multiple Employer 401(k) Plan		PLAN#001	EIN: 76-0461926
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
	XX-XXXX556	0.81%	
	XX-XXXX605	0.01%	
	XX-XXXX633	0.01%	
	XX-XXXX023	3.88%	
	XX-XXXX108	0.05%	
	XX-XXXX973	0.03%	
	XX-XXXX501	0.31%	
	XX-XXXX955	0.28%	
	XX-XXXX338	0.08%	
	XX-XXXX723	0.09%	
	XX-XXXX094	0.45%	
	XX-XXXX238	0.16%	
	XX-XXXX791	0.00%	
	XX-XXXX958	0.12%	
	XX-XXXX739	0.06%	
	XX-XXXX697	0.51%	
	XX-XXXX982	0.51%	
	XX-XXXX450	0.26%	
	XX-XXXX227	0.06%	
	XX-XXXX986	0.49%	
	XX-XXXX473	0.14%	
	XX-XXXX528	0.01%	
	XX-XXXX676	0.01%	
	XX-XXXX642	0.07%	
	XX-XXXX542	0.64%	
	XX-XXXX177	0.31%	
	XX-XXXX620	0.20%	
	XX-XXXX926	5.18%	
	XX-XXXX266	0.14%	
	XX-XXXX497	1.18%	
	XX-XXXX891	0.38%	
	XX-XXXX744	0.51%	
	XX-XXXX184	0.11%	
	XX-XXXX741	0.80%	
	XX-XXXX446	0.79%	
	XX-XXXX443	0.00%	
	XX-XXXX118	0.10%	
	XX-XXXX677	1.04%	
	XX-XXXX363	0.62%	
	XX-XXXX731	0.29%	
	XX-XXXX757	0.35%	
	XX-XXXX592	0.01%	
	XX-XXXX969	0.19%	
	XX-XXXX830	0.16%	
	XX-XXXX921	0.12%	
	XX-XXXX723	0.03%	
	XX-XXXX357	0.01%	
	XX-XXXX369	0.16%	
	XX-XXXX351	0.06%	
	XX-XXXX044	0.01%	
	XX-XXXX696	0.11%	
	XX-XXXX226	0.19%	
	XX-XXXX161	0.12%	
	XX-XXXX231	0.21%	
	XX-XXXX206	0.03%	
	XX-XXXX385	0.49%	
	XX-XXXX728	0.65%	
	XX-XXXX477	0.30%	
	XX-XXXX928	4.91%	
	XX-XXXX204	6.13%	

G & A Partners, Inc. Multiple Employer 401(k) Plan		PLAN#001	EIN: 76-0461926
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
	XX-XXXX601	0.72%	
	XX-XXXX571	0.11%	
	XX-XXXX451	0.02%	
	XX-XXXX210	0.98%	
	XX-XXXX079	0.08%	
	XX-XXXX561	0.02%	
	XX-XXXX996	0.51%	
	XX-XXXX448	0.18%	
	XX-XXXX237	0.11%	
	XX-XXXX985	0.30%	
	XX-XXXX435	1.36%	
	XX-XXXX365	1.52%	
	XX-XXXX881	0.03%	
	XX-XXXX262	0.64%	
	XX-XXXX237	0.33%	
	XX-XXXX945	0.29%	
	XX-XXXX433	0.01%	
	XX-XXXX870	0.00%	
	XX-XXXX504	2.12%	
	XX-XXXX616	0.14%	
	XX-XXXX581	0.79%	
	XX-XXXX934	0.35%	
	XX-XXXX677	0.92%	
	XX-XXXX676	1.65%	
	XX-XXXX120	0.31%	
	XX-XXXX162	0.01%	
	XX-XXXX734	0.42%	
	XX-XXXX116	0.04%	
	XX-XXXX911	0.00%	
	XX-XXXX950	0.98%	
	XX-XXXX935	0.15%	
	XX-XXXX785	0.01%	
	XX-XXXX207	0.06%	
	XX-XXXX240	0.65%	
	XX-XXXX351	1.11%	
	XX-XXXX561	2.26%	
	XX-XXXX466	0.59%	
	XX-XXXX016	0.14%	
	XX-XXXX035	0.06%	
	XX-XXXX360	0.15%	
	XX-XXXX384	1.34%	
	XX-XXXX254	0.05%	
	XX-XXXX314	0.00%	
	XX-XXXX256	0.02%	
	XX-XXXX013	1.75%	
	XX-XXXX996	0.41%	
	XX-XXXX472	0.24%	
	XX-XXXX235	0.04%	
	XX-XXXX304	0.13%	
	XX-XXXX393	0.19%	
	XX-XXXX739	0.17%	
	XX-XXXX467	0.44%	
	XX-XXXX607	0.25%	
	XX-XXXX231	1.26%	
	XX-XXXX920	0.09%	
	XX-XXXX184	1.43%	
	XX-XXXX185	8.11%	
	XX-XXXX183	0.92%	
	XX-XXXX416	0.15%	
	XX-XXXX717	0.37%	

G & A Partners, Inc. Multiple Employer 401(k) Plan		PLAN#001	EIN: 76-0461926
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
	XX-XXXX777	0.46%	
	XX-XXXX475	2.55%	
	XX-XXXX062	0.01%	
	XX-XXXX507	0.04%	
	XX-XXXX636	0.53%	
	XX-XXXX996	0.01%	
	XX-XXXX522	0.26%	
	XX-XXXX162	0.48%	
	XX-XXXX382	0.59%	
	XX-XXXX704	0.14%	
	XX-XXXX325	0.04%	
	XX-XXXX343	0.33%	
	XX-XXXX391	2.46%	
	XX-XXXX184	0.03%	
	XX-XXXX972	0.11%	
	XX-XXXX255	0.06%	
	XX-XXXX330	0.17%	
	XX-XXXX443	0.00%	
	XX-XXXX279	0.09%	
	XX-XXXX943	0.03%	
	XX-XXXX982	0.11%	
	XX-XXXX179	0.12%	
	XX-XXXX606	0.34%	
	XX-XXXX101	0.40%	

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

G & A Partners, Inc. Multiple Employer 401(k) Plan

PLAN#001

EIN #: 76-0461926

(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
	American Century	ACMVX - American Century Mid Cap Value		2,240,566
	American Funds	RCWGX - American Funds Capital World Bond R6		307,377
	American Funds	RERGX - American Funds EuroPacifc R6		4,642,191
	DFA	DFALX - DFA Large Cap Int'l		488,487
	DFA	DFCEX - DFA Emerging Markets Core Equity		2,439,842
	Fidelity	FCNTX - Fidelity Contra Fund		2,143,609
	Fidelity	FUSVX - Fidelity Spartan 500 Index Adv		4,141,814
	Franklin/Templeton	FKRCX - Franklin Gold and Precious Metals		853,314
	Franklin/Templeton	FNRAV - Franklin Natural Resources ADV		552,382
	JPMorgan	OIERX - JP Morgan Equity Income		1,528,941
	MFS	MMUFX - MFS Utilities A		586,460
	Nationwide	NWJCX - Nationwide Ziegler NYSE Arca Tech 100 In		1,216,022
	Prudential	PHYZX - Prudential High Yield Z		1,097,242
	T Rowe Price	PRDGX - T_ Rowe Price Dividend Growth		1,628,436
	T Rowe Price	PRFDX - T_ Rowe Price Equity-Income		98,142
	T Rowe Price	PRWAX - T_ Rowe Price New American Growth		1,725,292
	Vanguard	VAIPX - Vanguard Inflation Protected Securities		546,156
	Vanguard	VBILX - Vanguard Intermediate-Term Bond Index Ad		1,422,232
	Vanguard	VBIRX - Vanguard Short-Term Bond Index Admiral		603,449
	Vanguard	VBTLX - Vanguard Total Bond Market Index Admiral		1,109,291
	Vanguard	VFFVX - Vanguard Target Retirement 2055		70,837
	Vanguard	VFIFX - Vanguard Target Retirement 2050		524,011
	Vanguard	VFORX - Vanguard Target Retirement 2040		1,400,322
	Vanguard	VGELX - Vanguard Energy Admiral		758,320
	Vanguard	VGSLX - Vanguard REIT Index Admiral		1,950,128
	Vanguard	VIMAX - Vanguard Mid Cap Index Admiral		2,156,686
	Vanguard	VINAX - Vanguard Industrial Index Admiral		3,183,057
	Vanguard	VMFXX - Vanguard Federal Money Market		12,451,398
	Vanguard	VMGRX - Vanguard Mid Cap Growth		1,004,203
	Vanguard	VMMXX - Vanguard Money Market Prime		10
	Vanguard	VMRGX - Vanguard Morgan Growth		725,371
	Vanguard	VSGAX - Vanguard Small Cap Growth Index Adm		1,213,127
	Vanguard	VSGBX - Vanguard Short-Term Fed		0
	Vanguard	VSGDX - Vanguard Short-Term Federal Admiral		16,344,010
	Vanguard	VSIAX - Vanguard Small Cap Value Index Adm		740,259
	Vanguard	VSMAX - Vanguard Small Cap Index Admiral		961,922
	Vanguard	VTENX - Vanguard Target Retirement 2010		5,816
	Vanguard	VTHRX - Vanguard Target Retirement 2030		1,773,669
	Vanguard	VTIAX - Vanguard Total Int'l Stock Index Admiral		1,046,311
	Vanguard	VTINX - Vanguard Target Retirement Income		68,513
	Vanguard	VTIVX - Vanguard Target Retirement 2045		1,031,614
	Vanguard	VTSAV - Vanguard Total Stock Market Index Admira		34,942,394
	Vanguard	VTTHX - Vanguard Target Retirement 2035		1,501,925
	Vanguard	VTTSX - Vanguard Target Retirement 2060		78,020
	Vanguard	VTTVX - Vanguard Target Retirement 2025		2,022,480
	Vanguard	VTWNV - Vanguard Target Retirement 2020		1,209,056
	Vanguard	VTXVX - Vanguard Target Retirement 2015		893,341
	Wells Fargo	QBGZQ - Wells Fargo Stable Value C		11,875
	Participant Loans	4.25% To 9.25%		3,298,004