

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2015 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</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); or ☐ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan	1b Three-digit plan number (PN) ▶ <u>333</u>
<u>OASIS RETIREMENT SAVINGS PLAN</u>	1c Effective date of plan <u>01/01/1998</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	2b Employer Identification Number (EIN) <u>65-0731524</u>
<u>OASIS OUTSOURCING HOLDINGS, INC. AND ITS AFFILIATES</u>	2c Plan Sponsor's telephone number <u>888-627-4735</u>
<u>2054 VISTA PKWY</u> <u>2054 VISTA PKWY</u> <u>WEST PALM BEACH, FL 33411-6741</u> <u>WEST PALM BEACH, FL 33411-6741</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.	05/24/2018	MARK CUNNINGHAM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	05/24/2018	MARK CUNNINGHAM
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 51077
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 45141
a(2) Total number of active participants at the end of the plan year	6a(2) 50688
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 6410
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 57098
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 57098
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 17360
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 369
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

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

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection

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

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

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

(a) Name of insurance carrier
LINCOLN NATIONAL LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	VARIOUS	18203	01/01/2015	12/31/2015

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 1	(b) Total amount of fees paid 1439792
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid LINCOLN FINANCIAL ADVISORS 1300 SOUTH CLINTON STREET SUITE#150 FORT WAYNE, IN 46802

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	30	NON-MONETARY COMP TO SALES REP	4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid SLAVIC INTEGRATED 1075 BROKEN SOUND PARKWAY NORTHWEST SUITE 100 BOCA RATON, FL 33487
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	175523	TPA AWARDS	5

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

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

OASIS

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	338736	PLAN EXPENSES	0

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

SLAVIC INTEGRATEDS

1075 BROKEN SOUND PARKWAY NORTHWEST
SUITE 100
BOCA RATON, FL 33487

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	925503	TPA SUBSIDY	5

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

LINCOLN FINANCIAL ADVISORS

1300 SOUTH CLINTON STREET, SUITE#15
FORT WAYN, IN 46802

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	26568836
5 Current value of plan's interest under this contract in separate accounts at year end	5	421619305

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP VAR ANNUITY W/GUAR FUND

b Balance at the end of the previous year	7b	14414895
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c Additions: (1) Contributions deposited during the year	7c(1)	3960272	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	389855	
(4) Transferred from separate account	7c(4)	17503856	
(5) Other (specify below)	7c(5)	2188287	

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

(6) Total additions	7c(6)	24042270
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d Total of balance and additions (add lines 7b and 7c(6))	7d	38457165
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	5410607	
(2) Administration charge made by carrier	7e(2)	43892	
(3) Transferred to separate account	7e(3)	5189732	
(4) Other (specify below)	7e(4)	1244680	

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

(5) Total deductions	7e(5)	11888911
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	26568254
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan OASIS RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 OASIS OUTSOURCING HOLDINGS, INC. AND ITS AFFILIATES	D Employer Identification Number (EIN) 65-0731524	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
LINCOLN NATIONAL CORPORATION
35-1140070

(b) Enter name and EIN or address of person who provided you disclosure 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)

FIDUCIARY PARTNERS RETIREMENT GROUP

51-0595589

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	SERVICE PROVIDER	7500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDUCIARY PARTNERS INVEST CONSULTIN

26-1370206

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	SERVICE PROVIDER	10000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HILL, WARD & HENDERSON

59-2678550

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	SERVICE PROVIDER	15970	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MAYER HOFFMAN MCCANN

43-1947695

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	SERVICE PROVIDER	31050	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REGIONS

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	SERVICE PROVIDER	111250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STADION MONEY MANAGEMENT

58-2099805

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	SERVICE PROVIDER	16118	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)

OASIS OUTSOURCING

65-0731524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	PLAN ADMINISTRATOR	338736	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 38 50	TPA	731445	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LINCOLN NATIONAL CORPORATION

35-1140070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	SERVICE PROVIDER	1042164	Yes ☒ No ☐	Yes ☒ No ☐	0	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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SAV5 VANGUARD TARGET RETIREMENT</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>			
c EIN-PN <u>35-0472300-734</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>26401356</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SAV4 VANGUARD TARGET RETIREMENT</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>			
c EIN-PN <u>35-0472300-733</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>63732012</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SAV3 VANGUARD TARGET RETIREMENT</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>			
c EIN-PN <u>35-0472300-732</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>93232760</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SAV2 VANGUARD TARGET RETIREMENT</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>			
c EIN-PN <u>35-0472300-731</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>70834133</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SAV1 VANGUARD TARGET RETIREMENT</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>			
c EIN-PN <u>35-0472300-730</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>18401225</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SATT STADION MANAGED MAXIMUM GR</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>			
c EIN-PN <u>35-0472300-724</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>24725</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SATB STADION MANAGED BALANCED</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>			
c EIN-PN <u>34-0472300-722</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>904977</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SALM PIMCO TOTAL RETURN		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-720	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SALA SSGA S&P MIDCAP INDEX NON-		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-713	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12425216
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL6 LVIP SSGA BOND INDEX		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-709	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2200034
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SATG STADION MANAGED GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-707	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10309726
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SATM STADION MANAGED MODERATE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-706	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9135763
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SATC STADION MANAGED CONSERVATI		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-705	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 858249
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA94 OPPENHEIMER DEVELOPING MAR		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-194	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3565251
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA86 TEMPLETON GLOBAL BOND VIP		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-186	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3355464
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA67 MFS VIT UTILITIES SERIES		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-167	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4894434
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA65 MFS VIT GROWTH SERIES		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-165	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9731746

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA63 WELLS FARGO ADVANTAGE DISC		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-163	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5632273
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA56 DELAWARE VIP SMALL CAP VAL		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-156	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3784554
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SASS LVIP CLARION GLOBAL REAL E		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-155	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4828775
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA49 AMERICAN FUNDS INVESTMENT		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-149	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7175108
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA46 AMERICAN FUNDS SMALLCAP WO		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-146	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7730650
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA39 ALLIANCEBERNSTEIN VPS SMAL		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-139	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5657966
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA36 LVIP SSGA SMALLCAP INDEX		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-136	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5108704
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA35 FIDELITY VIP CONTRAFUND		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-135	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12523984
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA28 INVESCO GROWTH AND INCOME		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-128	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8130036
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA27 LVIP SSGA S&P 500 INDEX		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-127	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14653309

a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SA22 LVIP MONDRIAN INT'L VALUE](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL LIFE INSURANCE CO.](#)

c EIN-PN 35-0472300-122	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5064087
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SA20 FRANKLIN HIGH INCOME](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL LIFE INSURANCE CO.](#)

c EIN-PN 35-0472300-120	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3891629
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SA14 FEDERATED GOVERNMENT ULTRA](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL LIFE INSURANCE CO.](#)

c EIN-PN 35-0472300-114	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SA12 LVIP DELAWARE BOND](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL LIFE INSURANCE CO.](#)

c EIN-PN 35-0472300-112	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7431154
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

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

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan OASIS RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	333
C Plan sponsor's name as shown on line 2a of Form 5500 OASIS OUTSOURCING HOLDINGS, INC. AND ITS AFFILIATES	D Employer Identification Number (EIN) 65-0731524	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	3795	83550
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	3032205	3789395
	(2) Participant contributions	1b(2)	834134	1506468
	(3) Other.....	1b(3)	98339	98339
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)	10925133	11076208
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)	434390060	421619305
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	14414703	26569025
	(15) Other	1c(15)	50891	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	463749260	464742290

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	1085339	922397
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1085339	922397

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	462663921	463819893
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	20368925	
(B) Participants	2a(1)(B)	54178081	
(C) Others (including rollovers)	2a(1)(C)	9591055	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		84138061
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)	434053	
(F) Other	2b(1)(F)	391434	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		825487
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(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)		-9461471
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		673576
d Total income. Add all income amounts in column (b) and enter total	2d		76175653

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	52032665	
(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)		52032665
f Corrective distributions (see instructions)	2f		829872
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	47162	
(2) Contract administrator fees	2i(2)	1706126	
(3) Investment advisory and management fees	2i(3)	161196	
(4) Other	2i(4)	543399	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2457883
j Total expenses. Add all expense amounts in column (b) and enter total	2j		55320420

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		20855233
l Transfers of assets:			
(1) To this plan	2l(1)		40500163
(2) From this plan	2l(2)		60199424

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	☒	☐	☐	19700
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	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		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.)		X		
e Was this plan covered by a fidelity bond?	X			5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)	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.)		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?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	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.	X			
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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)
SOUTHEAST INDUSTRIAL SALES CO. 401(K) PS PLAN	20-5771909	001
GLO 401(K) PLAN	20-8540348	001
VISTAPHARM 401K PLAN	63-1195016	001
INTELLIGRATED INC. 401K RETIREMENT PLAN	31-1787103	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

Part V Trust Information

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>35-0472300</u>		
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
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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 and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2015
v. 150123

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No



INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of the
Oasis Retirement Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Oasis Retirement Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Lincoln National Life Insurance Company, the custodian of the Plan (the "Custodian"), except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the Custodian as of December 31, 2015 and 2014 and for the years then ended, that the information provided to the plan administrator by the Custodian is complete and accurate.



Disclaimer of Opinion

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

Other Matter

The supplemental schedules of assets (held at end of year) as of December 31, 2015 and delinquent participant contributions for the year then ended are required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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



Boca Raton, Florida
October 17, 2016

OASIS RETIREMENT SAVINGS PLAN

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

December 31, 2015

EIN: 65-0731524

Plan number: 333

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Investments at fair value:			
*	Vanguard Target Ret 2030	Pooled separate account	(1)	\$ 93,232,762
*	Vanguard Target Ret 2020	Pooled separate account		70,834,133
*	Vanguard Target Ret 2040	Pooled separate account		63,732,012
*	Vanguard Target Ret 2050	Pooled separate account		26,401,356
*	Vanguard Target Ret 2010	Pooled separate account		18,401,225
*	LVIP SSgA S&P 500 Index SA27	Pooled separate account		14,653,309
*	Fidelity VIP ContraFund SA35	Pooled separate account		12,523,984
*	SSgA S&P Mid Cap Idx Non-Ln	Pooled separate account		12,425,216
*	Stadion Managed Growth SATG	Pooled separate account		10,309,726
*	MFS VIT Growth SA65	Pooled separate account		9,731,746
*	SATM Stadion Managed Moderate	Pooled separate account		9,135,763
*	SA28 Invesco Growth & Income	Pooled separate account		8,130,036
*	AmerFunds SMALLCAP World SA49	Pooled separate account		7,730,651
*	LVIP Delaware Bond SA12	Pooled separate account		7,431,154
*	AmerFunds Invest Co Amer	Pooled separate account		7,175,108
*	AB VPS Small Mid Value SA39	Pooled separate account		5,657,966
*	WF Advantage Discovery SA63	Pooled separate account		5,632,273
*	LVIP SSgA Small Cap Index SA36	Pooled separate account		5,108,704
*	LVIP Mon Int'l Value SA22	Pooled separate account		5,064,087
*	MFS VIT Utilities Series SA67	Pooled separate account		4,894,434
*	LVIP Clarion Gbl Real Est SA55	Pooled separate account		4,828,775
*	Franklin High Income SA20	Pooled separate account		3,891,629
*	Delaware VIP Small Cap Value SA56	Pooled separate account		3,784,555
*	Oppenheimer Dvlping Mrkts SA94	Pooled separate account		3,565,251
*	Templeton Global Bond VIP SA86	Pooled separate account		3,355,464
*	LVIP SSgA Bond Index SAL6	Pooled separate account		2,200,034
*	Stadion Managed Balanced SATB	Pooled separate account		904,977
*	Stadion Mgd Conservative SATC	Pooled separate account		858,250
*	Stadion Mgd Max Growth SATT	Pooled separate account		24,725
				<u>\$ 421,619,305</u>
	Investments at contract value:			
*	Guaranteed Stable Value Account	Guaranteed stable value account		\$ 23,354,048
*	Mgd Prin Protect Portfolio	Guaranteed stable value account	↓	3,214,977
				<u>\$ 26,569,025</u>
*	Notes receivable from participants with interest rates ranging from 3.25% to 9.25% per annum with maturities through July 2038.		-	<u>\$ 11,076,208</u>
*	Party-in-interest as defined by ERISA.			
(1)	Cost information may be omitted for Plan assets which are participant-directed.			

OASIS RETIREMENT SAVINGS PLAN

SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Year Ended December 31, 2015

EIN: 65-0731524
Plan number: 333

Participant Contributions Transferred Late to Plan	Check Here if Late Participant Loan Repayments are Included	Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under the VFCP and Prohibited Transaction Exemption 2002-51	
		Contributions Not Corrected	Contributions Corrected Outside the Voluntary Fiduciary Correction Program ("VFCP")	Contributions Pending Correction in the VFCP		
Year Ended December 31, 2013:						
\$ 19,700	X	\$ -	\$ 19,700	\$ -	\$ -	\$ -

Multiple-Employer Plan Participating Employer Information

OASIS RETIREMENT SAVINGS PLAN		PLAN #333	EIN #: 65-0731524
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
13188	46-0880347	0.00%	
14438	46-1631851	0.00%	
14364	80-0372807	0.09%	
8412	03-0375372	0.27%	
13562	20-3042688	0.03%	
14304	72-1621788	0.00%	
9466	30-0133230	0.11%	
14310	30-0487134	0.09%	
11397	26-0522672	0.00%	
12948	46-5246031	0.03%	
14232	46-5251451	0.00%	
6404	59-2943954	0.01%	
827	65-0853833	0.05%	
9881	90-0544639	0.03%	
5280	54-0966612	0.15%	
11881	56-2566723	0.06%	
11232	84-1699712	0.56%	
11850	58-2318582	0.10%	
12011	20-2434907	0.50%	
12695	59-0135648	0.02%	
13602	32-0062671	0.30%	
3688	86-1076236	0.17%	
12036	46-1891425	0.03%	
7687	27-1083068	0.10%	
229	65-0489791	0.00%	
13410	38-3719307	0.36%	
1819	33-0958267	0.52%	
4852	20-5266681	0.05%	
3960	75-2966741	0.03%	
13083	59-2229811	0.01%	
14435	33-0616121	0.05%	
9325	20-1309425	0.11%	
13329	46-3252326	0.08%	
12380	52-2276257	0.05%	
1200	65-0462207	0.17%	
10720	45-5446757	0.02%	
3657	20-0086009	0.08%	
11509	46-2028993	0.01%	
6803	26-4212408	0.11%	
1356	59-3255687	0.02%	
7059	42-1532694	0.04%	
2066	58-1842628	0.01%	
12041	80-0901180	0.08%	
6125	59-3055513	0.12%	
10267	27-2967414	0.17%	
9372	20-8940081	0.01%	
10371	59-3120638	0.30%	
23867	36-4257376	0.26%	
7503	20-2781096	0.01%	
13987	26-0002897	0.42%	
1020009	57-0635882	0.29%	
13766	59-3018988	0.02%	
13374	46-4410601	0.01%	
10729	76-0277108	0.19%	
2456	74-1658801	0.03%	
1113	59-2765778	0.00%	

Multiple-Employer Plan Participating Employer Information

OASIS RETIREMENT SAVINGS PLAN		PLAN #333	EIN #: 65-0731524
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
14187	27-2134022	0.02%	
12405	45-2734649	0.09%	
13335	46-2348282	0.03%	
12421	43-4130167	0.05%	
1105	65-0257374	0.01%	
1726	58-2291410	0.01%	
4810	59-3355425	0.01%	
13047	84-1300000	0.06%	
11021	59-2118699	0.00%	
12310	84-1471437	0.07%	
6556	26-0380042	0.03%	
10186	74-2415696	0.99%	
10168	27-2790495	0.01%	
12020	46-1156270	0.05%	
14563	20-1330930	0.01%	
10779	26-3813172	0.01%	
13227	46-5543216	0.02%	
6099	65-0273454	0.05%	
6104	65-0091524	0.02%	
8843	75-2484872	0.22%	
12828	46-3405802	0.04%	
10699	65-1117869	0.06%	
14544	47-2076074	0.02%	
12223	20-1390005	0.13%	
12290	46-1327251	0.05%	
13803	32-0258700	0.02%	
2932	20-1402785	0.05%	
12632	46-4557382	0.00%	
3496	20-0524761	0.04%	
1378	65-0953811	0.02%	
10130	20-0521510	0.05%	
11088	86-0898452	0.01%	
12486	30-0781368	0.02%	
13207	59-3169433	0.19%	
14593	47-3942404	0.24%	
12052	59-1936363	0.02%	
13321	84-0829264	0.08%	
7688	61-1339803	0.12%	
729	27-1511060	0.05%	
8592	65-1028884	0.01%	
11194	46-0783945	0.04%	
13031	45-3737076	0.01%	
7494	65-0996449	0.01%	
3678	59-3791870	0.01%	
358	65-0159999	0.18%	
1076	59-3135685	0.01%	
5363	95-4891781	0.43%	
8030	84-1485869	0.02%	
14217	92-0169802	0.00%	
9658	26-3829936	0.05%	
14190	27-3132200	0.00%	
12377	42-1775233	0.00%	
14732	47-2541230	0.00%	
14377	26-2869721	0.01%	
9311	20-3655998	0.01%	
9740	59-6019851	0.16%	

Multiple-Employer Plan Participating Employer Information

OASIS RETIREMENT SAVINGS PLAN		PLAN #333	EIN #: 65-0731524
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
9779	27-2545570	0.02%	
6461	22-3893601	0.00%	
10661	34-1836174	0.61%	
8817	30-0609165	0.52%	
12407	45-3712657	0.00%	
9816	26-1447346	0.18%	
7114	58-2405642	0.06%	
11533	11-0585380	0.07%	
11036	76-0185843	0.09%	
6239	02-0591175	0.06%	
14447	47-3865645	0.01%	
10016	13-3688242	0.22%	
1362	59-6173620	0.05%	
1324	59-2169828	0.09%	
10440	75-2451006	0.77%	
3367	20-0456013	0.08%	
13337	45-3555603	0.07%	
6090	06-1495600	0.08%	
977	65-0198197	0.06%	
9731	04-3609270	0.08%	
3010062	80-3884816	0.01%	
8780	26-1603279	0.10%	
9938	45-4635440	0.01%	
12802	45-2047218	0.06%	
12129	46-1151804	0.08%	
8661	59-3340085	0.01%	
9636	59-2126216	0.00%	
9974	26-0804803	0.29%	
7413	20-4761498	0.05%	
11635	26-4498500	0.01%	
11636	26-4019886	0.09%	
13743	58-1955530	0.20%	
7666	36-3665353	0.14%	
1367	65-0149423	0.19%	
11971	65-0712618	0.03%	
13449	80-0004839	0.08%	
10013	45-4974980	0.00%	
12773	65-0736955	0.04%	
3076	54-1560447	0.01%	
9042	45-3365754	0.02%	
3157	20-1080235	0.01%	
9801	51-0475156	0.34%	
5422	58-2631622	0.21%	
5594	06-7381282	0.01%	
8315	20-3320135	0.12%	
9315	84-1525857	0.06%	
8068	20-5671250	0.04%	
12080	94-3347578	0.21%	
8403	59-1766368	0.00%	
13283	65-0033115	0.24%	
5164	77-0535619	0.05%	
11192	90-0912877	0.47%	
10780	80-0170026	0.05%	
4121	20-5771252	0.14%	
3376	48-1109234	0.03%	
14081	74-2149248	0.23%	

Multiple-Employer Plan Participating Employer Information

OASIS RETIREMENT SAVINGS PLAN		PLAN #333	EIN #: 65-0731524
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
5516	52-2247544	0.04%	
12843	23-7245037	0.03%	
13876	55-2042776	0.02%	
10455	26-1091283	0.21%	
11177	22-1855473	0.17%	
13632	59-2488285	0.00%	
13598	45-4006740	0.15%	
11545	56-2571058	0.04%	
2541	58-1835987	0.01%	
3120232	33-0230185	0.08%	
10087	56-2180909	0.10%	
11774	75-1164120	0.07%	
7055	84-0735278	0.05%	
12886	45-0982620	0.11%	
1600	01-0698678	0.14%	
10092	03-0583960	0.06%	
8421	27-5208409	0.07%	
5223	84-1364821	0.27%	
14695	26-3252346	0.04%	
9804	59-2523291	0.03%	
11666	59-3216414	0.09%	
10213	45-2508615	0.22%	
12962	46-5431374	0.00%	
3237	77-0575125	0.04%	
14396	98-1017982	0.02%	
3072	65-1078412	0.03%	
3974	20-5148953	0.01%	
8684	20-8846596	0.09%	
2078	59-2612542	0.10%	
11708	86-1038040	0.02%	
8341	95-4653877	0.06%	
1292	62-1463723	0.00%	
12389	26-4761705	0.05%	
6472	59-2653265	0.02%	
13500	74-2565416	0.11%	
11633	26-3793258	0.05%	
10084	43-2011710	0.04%	
996	59-1214282	0.02%	
13210	26-4735845	0.02%	
13761	20-1909743	0.17%	
7866	02-0535554	0.04%	
10792	30-0520838	0.23%	
997	65-0073113	0.03%	
8580	59-1550859	0.26%	
14397	43-2116994	0.07%	
6322	14-1875297	0.03%	
13366	20-2661507	0.26%	
11828	46-2908179	0.08%	
13201	36-4580491	0.06%	
11449	76-0838983	0.04%	
8628	26-0316399	0.14%	
12458	59-0870549	0.06%	
10763	22-3601148	0.34%	
13401	46-0938295	0.15%	
11356	58-1911284	0.04%	
6723	27-0548410	0.10%	

Multiple-Employer Plan Participating Employer Information

OASIS RETIREMENT SAVINGS PLAN		PLAN #333	EIN #: 65-0731524
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
1020035	95-3527005	0.00%	
10753	59-1856831	0.01%	
12728	45-1056887	0.01%	
12946	59-1141349	0.12%	
11695	13-4227620	0.08%	
4916	20-8448098	0.01%	
50237	65-1111440	0.01%	
1011	59-1813444	0.02%	
10301	45-4808311	0.03%	
10924	31-1790136	0.72%	
13432	20-1157112	0.02%	
10898	90-0897237	0.01%	
5341	59-1493497	0.00%	
12830	27-2152135	0.03%	
13418	45-5357978	0.00%	
7641	27-2770885	0.00%	
13596	75-3023789	0.07%	
13269	26-2049414	0.14%	
13799	30-0050590	1.03%	
14520	65-0802918	0.00%	
1018	65-0544937	0.02%	
14558	75-1543941	0.06%	
5336	26-1403488	0.39%	
14673	26-3942567	0.00%	
1282	58-2395049	0.00%	
13287	58-1611352	0.04%	
11018	27-4295802	0.00%	
6056	20-4405509	0.08%	
11241	93-1226943	0.00%	
12012	88-0420526	0.01%	
8135	76-0469326	0.06%	
12588	36-4759588	0.01%	
7649	33-1031752	0.00%	
14750	20-3656767	0.00%	
8300	93-1118833	0.46%	
14139	20-5544009	0.08%	
9379	13-4025150	0.03%	
13807	20-3803990	0.07%	
13255	88-0279474	1.02%	
10627	52-2177585	0.41%	
14531	36-3837639	0.04%	
14730	43-1609394	0.00%	
8852	94-2145259	0.13%	
9670	59-1837448	0.03%	
10695	74-1956306	0.03%	
6826	20-8844983	0.00%	
7247	20-5703810	0.01%	
12505	26-1887566	0.13%	
9949	91-1886062	0.03%	
13887	47-2452259	0.00%	
13163	59-1924547	0.00%	
15482	13-3629641	0.03%	
7891	59-6142206	0.07%	
10408	59-3385658	0.01%	
2768	76-0287704	0.11%	
1396	65-0980079	0.14%	

Multiple-Employer Plan Participating Employer Information

OASIS RETIREMENT SAVINGS PLAN		PLAN #333	EIN #: 65-0731524
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
10316	94-3129446	0.01%	
4118	20-5577402	0.29%	
8818	45-2772167	0.11%	
12384	59-2858904	0.03%	
11556	27-5042666	0.00%	
9441	59-2686942	0.09%	
7023	95-4778897	0.04%	
13526	98-0425677	0.22%	
12524	13-1950672	0.17%	
11435	20-5040597	0.09%	
12008	46-3992595	0.08%	
13835	59-2725289	0.02%	
9502	23-2935890	0.15%	
6005	58-1269725	0.20%	
12620	46-4575903	0.00%	
3708	65-6152134	0.06%	
10890	95-3306014	0.05%	
7406	59-2979963	0.00%	
3596	29-9400561	0.00%	
5375	20-1377322	0.50%	
13325	39-3920758	0.11%	
14657	51-0445603	0.02%	
13102	11-1855301	0.10%	
14358	20-8228331	0.04%	
5288	22-3532161	0.00%	
14623	46-1394333	0.12%	
11825	42-1772414	0.02%	
22231	59-3383429	0.08%	
13113	20-3966581	0.08%	
11591	59-3619115	0.01%	
12359	32-0338373	0.26%	
2304	65-0381409	0.10%	
13377	65-1124055	0.03%	
10770	59-3531779	0.05%	
10583	26-1403450	0.14%	
5478	20-8594440	0.23%	
14498	11-2384981	0.00%	
13156	58-1497801	0.02%	
13232	35-2106817	0.09%	
7233	20-1935344	0.06%	
1371	65-0825869	0.01%	
2523	31-1828673	0.05%	
2653	20-0344180	0.61%	
14420	46-3112102	0.26%	
6175	65-0002925	0.13%	
6486	59-0542388	0.10%	
13750	59-2850410	0.02%	
13069	45-0901446	0.02%	
9362	26-4281396	0.14%	
7620	27-2803409	0.17%	
11575	38-3901158	0.08%	
12200	26-1418121	0.04%	
5836	65-0531333	0.01%	
10913	46-1268760	0.12%	
2769	65-0763727	0.15%	
12351	46-4209169	0.20%	

Multiple-Employer Plan Participating Employer Information

OASIS RETIREMENT SAVINGS PLAN		PLAN #333	EIN #: 65-0731524
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
11337	27-1438705	0.04%	
11057	99-9990001	0.01%	
11984	59-3707649	0.02%	
3393	65-0639147	0.16%	
14756	20-4143260	0.00%	
7732	65-0868877	0.07%	
13745	26-0646330	0.12%	
14097	35-2190855	0.14%	
10619	94-3040607	0.14%	
5165	23-1570212	0.01%	
785	59-1860444	0.00%	
383	59-1255666	0.01%	
12306	26-0153695	0.01%	
6258	26-2977943	0.01%	
6733	65-0235625	0.09%	
10600	45-3326332	1.83%	
12554	03-0477184	0.02%	
12059	20-4178825	0.01%	
9981	75-2859293	0.05%	
9340	65-0791905	0.22%	
3797	20-0466118	0.01%	
279	65-1134741	0.05%	
3059	65-0071524	0.01%	
1880	59-6002321	0.26%	
3896	20-4186900	0.03%	
9268	20-1885100	0.03%	
12517	45-4825077	0.06%	
5990	26-3426398	0.09%	
12903	65-0211424	0.12%	
11429	20-3376180	0.22%	
12782	26-2840526	0.01%	
14209	80-0951411	0.02%	
11916	59-1448478	0.03%	
6044	58-1899309	0.26%	
8381	27-4815951	0.30%	
12549	20-8082795	0.03%	
12179	20-8400799	0.05%	
5779	26-2089163	0.19%	
7827	27-3509554	0.02%	
10771	20-8651089	0.16%	
8172	59-1774167	0.05%	
12865	46-3079663	0.11%	
8643	20-0499338	0.09%	
5224	74-2742797	0.98%	
12583	46-3345634	0.02%	
7971	74-2942733	0.06%	
13200	27-0786032	0.07%	
7120	43-1002807	0.05%	
1331	59-2190121	0.00%	
14195	47-3193257	0.01%	
10206	26-3542814	0.05%	
9616	45-4109483	0.01%	
12798	91-2007478	0.34%	
7286	27-1250572	0.07%	
14260	27-0701371	0.00%	
12945	48-1264292	0.14%	

Multiple-Employer Plan Participating Employer Information

OASIS RETIREMENT SAVINGS PLAN		PLAN #333	EIN #: 65-0731524
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
14118	06-1504152	0.09%	
1684	65-0065985	0.02%	
3438	26-4170795	0.01%	
50099	26-1769239	0.04%	
7766	65-0794113	0.07%	
11689	13-3924649	0.03%	
9197	45-3025093	0.04%	
12293	20-4796637	0.25%	
8289	20-2052866	0.00%	
10749	16-1646487	0.03%	
1869	65-0466559	0.22%	
1868	65-0216638	9.69%	
1843	58-2512961	0.02%	
6907	95-3541750	0.01%	
1499	59-2663774	0.05%	
13085	75-3035413	0.05%	
23931	27-3627438	0.06%	
8291	95-4084546	0.01%	
9367	27-2483338	0.00%	
12260	62-1856308	0.50%	
12831	27-4216720	0.33%	
12623	27-2496183	0.01%	
13205	46-4089399	0.05%	
13420	27-1484286	0.08%	
8927	06-1505775	0.14%	
4179	95-4718890	0.07%	
1034	59-2366899	0.00%	
5368	13-3731004	0.04%	
14594	46-3545118	0.01%	
11297	75-2737130	0.05%	
13838	35-2493058	0.01%	
8775	61-1414091	0.07%	
5666	84-0795654	0.07%	
1737	59-1400596	0.06%	
14247	47-1237723	0.06%	
12455	90-1006202	0.01%	
11514	59-1031980	0.07%	
5654	59-1665257	0.02%	
7172	59-3266817	0.02%	
12320	86-0703937	0.38%	
12558	20-8834474	0.45%	
14322	59-1656359	0.00%	
10464	59-2445926	0.05%	
14740	20-5894742	0.02%	
10948	94-3311099	0.03%	
12564	77-0500105	0.15%	
14796	02-0582969	0.00%	
14318	47-2939314	0.02%	
11945	75-3253309	0.04%	
8001	20-2371894	0.26%	
2576	59-3010534	0.15%	
13167	90-0271480	0.00%	
12348	26-0250418	0.00%	
13995	47-0912759	0.00%	
9272	04-3702379	0.01%	
13441	35-2528887	0.07%	

Multiple-Employer Plan Participating Employer Information

OASIS RETIREMENT SAVINGS PLAN		PLAN #333	EIN #: 65-0731524
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
8785	95-3315653	0.37%	
5283	58-1381739	0.00%	
9281	56-1685160	0.00%	
13954	20-3339638	0.07%	
7931	33-0384686	0.01%	
13361	65-0244281	0.02%	
13646	26-2730032	0.33%	
13612	45-4273005	0.08%	
7733	80-0269136	0.06%	
7917	11-3706445	0.02%	
7890	56-2647548	0.11%	
9467	84-1251613	0.35%	
908	59-2077753	0.01%	
7941	20-3487768	0.08%	
10931	90-0700144	0.06%	
4912	65-0314246	0.01%	
5650	95-4649229	0.24%	
12042	76-0509077	0.04%	
11741	42-1575520	0.07%	
3915	20-4685075	0.00%	
12988	46-5505799	0.05%	
10079	73-1577374	1.14%	
8166	59-2438551	0.01%	
9317	20-8334347	0.41%	
10751	20-3519736	0.04%	
15469	58-2513460	0.56%	
13908	13-5581829	0.91%	
4991	20-8808655	0.08%	
12922	46-0971651	0.48%	
6337	20-5116429	0.05%	
13162	76-0341511	0.04%	
9570	95-4383131	0.28%	
11330	59-3544508	0.02%	
10489	59-2560783	0.07%	
6004	26-3427453	0.07%	
2002022	88-0355123	0.03%	
6963	38-3751012	0.06%	
12292	65-1081882	0.05%	
11958	90-0403875	0.07%	
12996	22-1824492	0.10%	
7464	20-2126847	0.12%	
12358	59-2126021	0.02%	
4037	65-0041605	0.00%	
10849	36-4565693	0.00%	
10040	33-0681290	0.00%	
8093	20-3281353	0.00%	
10000	84-1394733	0.00%	
2517	59-1676046	0.00%	
7468	61-1520540	0.08%	
13515	47-1920215	0.01%	
13367	32-0443160	0.04%	
13328	20-0252039	0.29%	
8328	59-3486797	0.06%	
13695	46-4795959	0.00%	
9273	04-3702380	0.03%	
3147	59-2792934	0.04%	

Multiple-Employer Plan Participating Employer Information

OASIS RETIREMENT SAVINGS PLAN		PLAN #333	EIN #: 65-0731524
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
12057	20-1153171	0.01%	
9274	20-0063684	0.04%	
12984	53-0238820	0.24%	
5533	20-5290047	0.04%	
9847	27-2370843	0.06%	
214	59-2957805	0.00%	
5257	20-2886391	0.08%	
1720	59-2433423	0.00%	
14762	76-0778367	0.07%	
4131	05-0511338	0.97%	
2238	65-0913775	0.03%	
4181	14-1682569	0.02%	
9710	45-0651088	0.06%	
12376	35-2454288	0.22%	
13276	27-0680164	0.03%	
13895	47-2177500	0.01%	
2792	59-3708254	0.14%	
1833	65-0898491	0.11%	
7128	56-2518360	0.10%	
8832	41-2116973	0.05%	
12258	20-8386013	0.99%	
11503	22-3118012	0.09%	
1718	59-2570434	0.02%	
10108	27-4524820	0.11%	
9769	45-2388269	0.04%	
9568	95-2876276	0.22%	
13306	75-2829371	0.29%	
8426	27-2016428	0.06%	
1000	65-0731524	1.87%	
11656	42-1774691	0.59%	
9517	90-0779057	0.02%	
11282	65-1120392	0.04%	
13436	45-2960524	0.00%	
12559	45-3726003	0.07%	
7327	95-3010572	0.12%	
8756	20-2277365	0.00%	
13411	30-0565233	0.22%	
6942	95-4816692	0.13%	
12381	35-2121143	0.08%	
13638	35-1913890	0.00%	
1958	75-3071677	0.01%	
1310	65-1128120	0.01%	
10341	26-0288838	0.00%	
11500	45-0521427	0.22%	
6701	52-2197299	0.20%	
8484	58-2539909	0.03%	
1369	65-0943118	0.13%	
8225	26-4122762	0.06%	
12497	20-8032857	1.13%	
5942	26-3353967	0.04%	
13131	59-1035790	0.00%	
3012	58-0165544	0.03%	
2120115	95-4148287	0.00%	
11849	20-5694427	0.06%	
7972	74-2942860	0.06%	
7485	26-2285957	0.10%	

Multiple-Employer Plan Participating Employer Information

OASIS RETIREMENT SAVINGS PLAN		PLAN #333	EIN #: 65-0731524
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
11326	46-1195153	0.01%	
163	65-1128263	0.00%	
7712	65-0294494	0.00%	
13363	65-0194846	0.01%	
12353	86-0986452	0.07%	
5468	13-1247390	0.02%	
12560	27-1648433	0.09%	
2010174	95-6000759	0.02%	
8241	26-1669496	0.02%	
11929	46-1851763	2.92%	
5578	09-5384308	0.00%	
5544	05-1327897	0.02%	
11604	46-1159551	0.08%	
5325	20-5194878	0.31%	
13531	59-3294260	0.00%	
7755	04-3686630	0.01%	
10287	77-0452081	0.14%	
11696	30-0174583	0.01%	
12715	34-1200546	0.02%	
9966	33-0897841	0.34%	
9827	48-1298435	0.62%	
6110	26-0362894	1.58%	
6448	33-1021776	0.30%	
11270	46-1170317	0.00%	
14199	26-1575318	0.31%	
9275	58-2659555	0.00%	
23426	26-3168480	0.01%	
12639	13-4209978	0.02%	
8982	74-2193738	0.20%	
13812	59-2556768	0.07%	
3634	20-3493880	0.00%	
1317	59-2432829	0.25%	
11343	65-0622370	0.04%	
11407	46-2036441	0.00%	
9919	65-0910832	0.04%	
12504	20-5136220	0.04%	
5258	59-1890272	0.17%	
8626	82-0544936	0.30%	
11701	65-0484026	0.01%	
7571	43-1791451	0.03%	
13654	47-2035996	0.01%	
12663	58-2522786	0.00%	
1204	43-1768849	0.04%	
1325	65-0401524	0.00%	
3485	27-0027707	0.03%	
10484	20-0817435	0.37%	
4168	65-0385620	0.10%	
8494	20-5251262	0.05%	
11802	27-3197568	0.08%	
4040046	94-3323661	0.11%	
12232	59-2445193	0.03%	
5936	20-5622907	0.01%	
9267	26-1951793	0.30%	
7116	59-2701430	0.01%	
11239	27-1477561	0.31%	
13747	20-5166238	0.00%	

Multiple-Employer Plan Participating Employer Information

OASIS RETIREMENT SAVINGS PLAN		PLAN #333	EIN #: 65-0731524
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
11857	26-2664838	0.00%	
4135	20-3308849	0.01%	
10406	01-0551817	0.00%	
10381	58-2442998	0.00%	
8869	20-3580853	0.06%	
2241	43-1945665	0.04%	
6533	26-4385630	0.01%	
7709	65-0242971	0.30%	
12180	45-2458516	0.06%	
5113	20-1481137	0.11%	
14365	11-2389465	0.03%	
5913	59-1774000	0.02%	
13346	59-2355736	0.00%	
7939	26-3864026	0.02%	
12436	06-1319589	0.08%	
10742	45-1583638	0.02%	
11300	43-1972573	0.02%	
14390	27-1506009	0.00%	
14749	75-1892308	0.06%	
12003	59-1799124	0.01%	
4223	22-3802935	0.07%	
13142	95-3740226	0.08%	
5302	84-1465482	0.01%	
4820	59-6018404	0.03%	
5479	74-3242057	0.08%	
9712	45-4407589	0.06%	
50172	59-2041191	0.01%	
12395	94-3389398	0.14%	
5615	14-1790052	0.00%	
9025	27-2087592	0.05%	
9196	65-0950107	0.07%	
10572	22-2332789	0.63%	
9401	43-1856076	0.07%	
14838	06-1499829	0.01%	
9503	27-5102329	0.03%	
9969	27-4011784	0.03%	
7068	65-0388060	0.25%	
8868	57-1155068	0.38%	
12563	26-3964489	0.02%	
14182	59-3147545	0.01%	
7248	20-5575494	0.00%	
12433	59-3639242	0.09%	
14417	20-3323973	0.06%	
10860	93-0550918	0.30%	
12159	04-2867081	0.02%	
12456	20-1655392	0.03%	
1407	59-2379818	0.00%	
5670	38-3672069	0.06%	
8113	20-1583740	0.06%	
11428	46-1872360	0.01%	
11248	72-1549994	0.00%	
10777	43-0652684	0.06%	
13104	58-2473225	0.43%	
7206	59-3112541	0.03%	
9035	58-2363251	0.11%	
11655	76-0096884	0.03%	

Multiple-Employer Plan Participating Employer Information

OASIS RETIREMENT SAVINGS PLAN		PLAN #333	EIN #: 65-0731524
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
12992	59-2432318	0.08%	
7195	22-3483707	0.03%	
7024	23-3046760	0.02%	
13060	26-3462629	0.01%	
14281	47-3508120	0.00%	
10855	13-4995710	0.21%	
13617	83-0361935	0.00%	
10617	90-0891101	0.00%	
11182	80-0873424	0.00%	
12712	47-1019324	0.00%	
8812	80-0738963	0.18%	
5292	84-1173949	0.11%	
3065	59-3582664	0.03%	
13256	27-0212709	0.00%	
9624	20-8181963	0.08%	
10374	33-0676880	0.00%	
11846	03-0569171	0.77%	
13797	27-0396252	0.01%	
12119	27-0959769	0.00%	
13573	46-5591249	0.03%	
12963	36-2695636	0.06%	
11947	57-0661503	0.06%	
170	74-1679217	0.03%	
10838	26-0425789	1.01%	
7039	59-2390702	0.12%	
1340	59-2670974	0.04%	
11602	27-1486691	0.08%	
9963	73-1700285	0.01%	
1754	59-3172662	0.01%	
4963	65-0583089	0.06%	
5780	06-1829380	0.07%	
12309	84-0953929	0.07%	
10394	65-0397386	0.06%	
3445	20-3098907	0.01%	
9339	59-2649349	0.02%	
9997	74-2069034	0.31%	
13785	27-1941464	0.02%	
13503	46-5239160	0.01%	
10752	36-4504849	0.12%	
14101	13-3877546	0.03%	
3846	59-3598437	0.01%	
5267	57-1218432	0.07%	
13607	46-1641886	0.01%	
1681	59-2808612	0.01%	
13350	04-2974450	0.02%	
13794	56-1500431	0.16%	
4102	59-1801747	0.02%	
4750	65-0311444	0.10%	
8012	65-0348726	0.07%	
7651	59-1929720	0.00%	
8051	27-3981621	0.04%	
2486	01-0733180	0.05%	
6507	84-0174190	0.11%	
9471	59-1673859	0.05%	
7546	80-0272309	0.05%	
12625	84-0688506	0.18%	

Multiple-Employer Plan Participating Employer Information

OASIS RETIREMENT SAVINGS PLAN		PLAN #333	EIN #: 65-0731524
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
6419	43-1661647	0.21%	
5943	65-0522900	0.04%	
9394	56-1696630	0.21%	
7881	45-2483781	0.25%	
3497	20-2537421	0.00%	
13796	27-1397124	0.21%	
50160	59-1146636	0.04%	
13215	58-0860784	0.08%	
5677	59-1910887	0.01%	
8072	04-2627806	0.13%	
8014	20-5688305	1.31%	
14172	26-0279569	0.01%	
1354	59-3541167	0.04%	
8668	24-0411275	0.23%	
12382	27-2577674	0.23%	
8662	95-3628072	0.04%	
13786	75-3063545	0.08%	
10458	01-0657040	0.00%	
11515	46-2163419	0.10%	
13614	27-0984261	0.20%	
8102	80-0007891	0.16%	
12090	27-0796526	0.03%	
12468	58-2358577	0.05%	
13065	46-5529887	0.01%	
10015	25-3590982	0.00%	
14213	84-1084656	0.05%	
2697	84-1266964	0.10%	
8429	33-0513985	0.00%	
12024	46-1731318	0.00%	
13254	11-3673736	0.01%	
13000	46-5370103	0.00%	
11366	90-0808400	0.01%	
9065	22-3339894	0.15%	
2525	59-1954518	0.00%	
7948	56-1419124	0.09%	
10602	90-0894263	0.03%	
10625	80-0855620	0.01%	
731	59-1009062	0.12%	
12454	56-2632414	0.02%	
9829	16-1746030	0.16%	
13787	35-2239295	0.03%	
5256	54-1211846	0.05%	
11629	74-2176078	0.62%	
50300	74-3181311	0.01%	
8091	27-2779224	0.00%	
8156	81-0575683	0.04%	
12796	46-4737999	0.19%	
9380	02-0731076	0.09%	
5174	26-0846767	0.38%	
10597	20-5211980	0.00%	
12100	20-5070889	0.01%	
14086	46-3114520	0.00%	
13280	20-5461083	0.21%	
13278	47-1148201	0.07%	
11349	33-0038598	0.09%	
6043	58-2205239	0.12%	

Multiple-Employer Plan Participating Employer Information

OASIS RETIREMENT SAVINGS PLAN		PLAN #333	EIN #: 65-0731524
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions	
13493	35-2493212	0.16%	
12479	99-0364067	0.16%	
8414	20-2772310	0.13%	
14007	59-2550614	0.40%	
12236	86-0259271	0.03%	
3814	65-1070914	0.02%	
4968	59-3152422	0.13%	
12199	27-3362452	0.02%	
12288	35-1631715	0.13%	
1237	43-1186827	0.15%	
14137	59-3442786	0.01%	
14772	27-5197884	0.00%	
3085	35-2162199	0.01%	
13831	47-2539060	0.00%	
12322	20-8661192	0.03%	
8907	45-2697138	0.28%	
1429	59-3670830	0.02%	
6035	20-0279895	0.03%	
6612	27-0322435	0.33%	
13043	06-1775180	0.30%	
8569	62-1458512	0.12%	
10104	27-4196710	0.13%	
4040049	55-9765369	0.05%	
2709	59-7349734	0.06%	
2867	14-1873643	0.03%	
440	59-3471405	0.11%	
13561	13-4269325	0.38%	
3904	75-3146721	0.40%	
12386	02-0554412	0.00%	
10685	59-3328859	0.24%	
12156	46-3049016	0.06%	
11278	20-0837806	0.10%	
1765	59-1369073	0.07%	
13161	37-1580762	0.01%	
14277	45-5319565	0.02%	
12063	90-0939047	0.00%	
6608	86-0457836	0.00%	
2036	59-3194342	0.08%	
12166	73-1728184	0.05%	
9207	37-1494913	0.19%	