

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
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| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u> |                                                                                                                                                                                                                                           |
| A This return/report is for:                                                                             | <input type="checkbox"/> a multiemployer plan; <input checked="" type="checkbox"/> a multiple-employer plan; or<br><input type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| B This return/report is:                                                                                 | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| C If the plan is a collectively-bargained plan, check here. . . . .                                      | <input type="checkbox"/>                                                                                                                                                                                                                  |
| D Check box if filing under:                                                                             | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |            |                                                             |  |                                                             |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------|-------------------------------------------------------------|--|-------------------------------------------------------------|--|--|--|
| <b>Part II</b>                                                                                                                                                                                                                       | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                                                                                    |                                                                     |            |                                                             |  |                                                             |  |  |  |
| <b>1a</b> Name of plan<br><u>SYNDEO OUTSOURCING 401(K) RETIREMENT PLAN</u>                                                                                                                                                           | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>333</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>01/01/2003</u></td> </tr> </table>                                                                                                                   | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>333</u> | <b>1c</b> Effective date of plan<br><u>01/01/2003</u>       |  |                                                             |  |  |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                             | <u>333</u>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |            |                                                             |  |                                                             |  |  |  |
| <b>1c</b> Effective date of plan<br><u>01/01/2003</u>                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |            |                                                             |  |                                                             |  |  |  |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><br><u>SYNDEO OUTSOURCING, LLC</u><br><br><u>3504 N GREAT PLAINS DRIVE, STE 200</u><br><u>WICHITA, KS 67220</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN)<br/><u>71-0893511</u></td> </tr> <tr> <td colspan="2"><b>2c</b> Sponsor's telephone number<br/><u>316-440-9901</u></td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions)<br/><u>561300</u></td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>71-0893511</u> |            | <b>2c</b> Sponsor's telephone number<br><u>316-440-9901</u> |  | <b>2d</b> Business code (see instructions)<br><u>561300</u> |  |  |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>71-0893511</u>                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |            |                                                             |  |                                                             |  |  |  |
| <b>2c</b> Sponsor's telephone number<br><u>316-440-9901</u>                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |            |                                                             |  |                                                             |  |  |  |
| <b>2d</b> Business code (see instructions)<br><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.

|                                                                                                            |                                                   |            |                                                              |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature. | 10/14/2014 | BILL MANESS                                                  |
|                                                                                                            | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                           |                                                   |            |                                                              |
|                                                                                                            | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                           |                                                   |            |                                                              |
|                                                                                                            | 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. (optional) |                                                   |            | Preparer's telephone number (optional)                       |

|                                                                                                                                                                                            |  |                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address                        |  | <b>3b</b> Administrator's EIN              |
| <b>4</b> 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:     |  | <b>3c</b> Administrator's telephone number |
| <b>a</b> Sponsor's name                                                                                                                                                                    |  |                                            |
| <b>4b</b> EIN                                                                                                                                                                              |  |                                            |
| <b>4c</b> PN                                                                                                                                                                               |  |                                            |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                    |  | <b>5</b> 1472                              |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                     |  |                                            |
| <b>a</b> Active participants .....                                                                                                                                                         |  | <b>6a</b> 1419                             |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                        |  | <b>6b</b> 0                                |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                         |  | <b>6c</b> 112                              |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                   |  | <b>6d</b> 1531                             |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....                                                                                 |  | <b>6e</b> 1                                |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                    |  | <b>6f</b> 1532                             |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                            |  | <b>6g</b> 737                              |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                |  | <b>6h</b> 3                                |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                       |  | <b>7</b>                                   |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2A 2E 2F 2G 2J 2K 2T 2R 3H |  |                                            |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                |  |                                            |

|                                                                                                                                                                       |                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)                                                                                                             | <b>9b</b> Plan benefit arrangement (check all that apply)                              |
| <b>(1)</b> <input type="checkbox"/> Insurance                                                                                                                         | <b>(1)</b> <input type="checkbox"/> Insurance                                          |
| <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts                                                                                        | <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts         |
| <b>(3)</b> <input checked="" type="checkbox"/> Trust                                                                                                                  | <b>(3)</b> <input checked="" type="checkbox"/> Trust                                   |
| <b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                     | <b>(4)</b> <input type="checkbox"/> General assets of the sponsor                      |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)     |                                                                                        |
| <b>a Pension Schedules</b>                                                                                                                                            | <b>b General Schedules</b>                                                             |
| <b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)                                                                                 | <b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)        |
| <b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | <b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)      |
| <b>(3)</b> <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                               | <b>(3)</b> <input type="checkbox"/> <b>0</b> <b>A</b> (Insurance Information)          |
|                                                                                                                                                                       | <b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) |
|                                                                                                                                                                       | <b>(5)</b> <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)      |
|                                                                                                                                                                       | <b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)         |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
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| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2013</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

|                                                                                          |                                                             |     |
|------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br>SYNDEO OUTSOURCING 401(K) RETIREMENT PLAN                       | <b>B</b> Three-digit plan number (PN) ▶                     | 333 |
|                                                                                          |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>SYNDEO OUTSOURCING, LLC | <b>D</b> Employer Identification Number (EIN)<br>71-0893511 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation |
|------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

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

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

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

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

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

BLUESTAR RETIREMENT SERVICES

59-3092339

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13 15 37 38 50         | NONE                                                                                              | 89000                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

KENNEDY AND COE, LLC

48-0567703

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | NONE                                                                                              | 14000                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

FIDUCIARY PARTNERS INVESTMENT CONSU

26-1370206

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 26 27 50               | NONE                                                                                              | 9103                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 50                  | NONE                                                                                              | 9103                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

TD AMERITRADE TRUST COMPANY

20-0937408

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19 50                  | NONE                                                                                              | 7202                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

**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<br>(see instructions)                                                                                                                                                                                                                                                                                    | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| TD AMERITRADE TRUST COMPANY                                                                                    | 19                                                                                                                                                                                                                                                                                                                         | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>TD BANK USA, N.A.<br><br>13-3732274 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>FEE FORMULA:(PE-BF-SA-I)-RS PE=PORTFOLIO EARNINGS,BF=TD BANK USA FEE,SA=SPECIAL FDIC ASSESSMENTS,I=INTEREST PAID TO PLAN,RS=REVENUE SHARING PAID |                                           |
| (a) Enter service provider name as it appears on line 2                                                        | (b) Service Codes<br>(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<br>(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 |
|--------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------|
|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |
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|                                                                          |                               |                                                                                     |
|                                                                          |                               |                                                                                     |

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                 |            |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------|
| For calendar plan year 2013 or fiscal plan year beginning <b>01/01/2013</b> and ending <b>12/31/2013</b> |                                                                 |            |
| <b>A</b> Name of plan<br>SYNDEO OUTSOURCING 401(K) RETIREMENT PLAN                                       | <b>B</b> Three-digit plan number (PN) ►                         | <b>333</b> |
|                                                                                                          |                                                                 |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>SYNDEO OUTSOURCING, LLC                 | <b>D</b> Employer Identification Number (EIN)<br><br>71-0893511 |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

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

| Assets                                                                                            |                 | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       | 2069157               | 33441           |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                            | <b>1b(1)</b>    | 68328                 | 34              |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    | 697                   | 0               |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    | 0                     | 0               |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....   | <b>1c(1)</b>    | 160477                | 226050          |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                        | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                            | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                 | <b>1c(8)</b>    | 587928                | 824500          |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 9514396               | 13921693        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   | 0                     | 104616          |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 12400983              | 15110334        |

**Liabilities**

|                                                                           |           |      |      |
|---------------------------------------------------------------------------|-----------|------|------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> | 2332 | 0    |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |      |      |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |      |      |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 3668 | 4374 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 6000 | 4374 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 12394983 | 15105960 |
|-----------------------------------------------------------|-----------|----------|----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 748549     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 1392337    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 45660      |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 2186546   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 24         |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 27732      |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 27756     |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 338528     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 338528    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | 1822900   |
| c Other income .....                                                                            | 2c     |            | -64006    |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 4311724   |

**Expenses**

|                                                                                      |       |         |         |
|--------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                  |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 1169288 |         |
| (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) |         | 1169288 |
| f Corrective distributions (see instructions) .....                                  | 2f    |         | 8570    |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |         |         |
| h Interest expense .....                                                             | 2h    |         |         |
| i Administrative expenses: (1) Professional fees .....                               | 2i(1) | 23265   |         |
| (2) Contract administrator fees .....                                                | 2i(2) | 96201   |         |
| (3) Investment advisory and management fees .....                                    | 2i(3) | 9571    |         |
| (4) Other .....                                                                      | 2i(4) |         |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |         | 129037  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |         | 1306895 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 3004829 |
| l Transfers of assets:                                   |       |  |         |
| (1) To this plan .....                                   | 2l(1) |  | 1800668 |
| (2) From this plan .....                                 | 2l(2) |  | 2094520 |

**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: KENNEDY & COE, LLC

(2) EIN: 48-0567703

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

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

**Part IV Compliance Questions**

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

During the plan year:

**a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....

**b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) .....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               | Yes | No | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>c</b> 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  |        |
| <b>d</b> 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  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |        |
| <b>g</b> 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  |        |
| <b>h</b> 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  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |        |
| <b>j</b> 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  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  | X   |    |        |
| <b>n</b> 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   |    |        |

**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) |
|----------------------------------------------------------------|--------------|-------------|
| PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANACIAL INSTITUTIONS | 13-6321489   | 333         |
|                                                                |              |             |
|                                                                |              |             |
|                                                                |              |             |
|                                                                |              |             |

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

## Part V Trust Information (optional)

|                         |                       |
|-------------------------|-----------------------|
| <b>6a</b> Name of trust | <b>6b</b> Trust's EIN |
|                         |                       |

|                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|-----|
| <div>SCHEDULE R<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>                                                                                                                   |  | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2013</div> <div>This Form is Open to Public Inspection.</div> |     |
| For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| A Name of plan<br>SYNDEO OUTSOURCING 401(K) RETIREMENT PLAN                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                 |  | B Three-digit plan number (PN) ▶                                                                | 333 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>SYNDEO OUTSOURCING, LLC                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                 |  | D Employer Identification Number (EIN)<br>71-0893511                                            |     |
| Part I Distributions                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                 |  | 1                                                                                               | 0   |
| 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):<br><br>EIN(s): 20-0937408                                                                                                      |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 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)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 _____<br>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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| Part III Amendments                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No         |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                             |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| Schedule R (Form 5500) 2013 v. 130118                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |

**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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Stock: 0.0% 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): \_\_\_\_\_

***SYNDEO OUTSOURCING***  
***401(k) RETIREMENT PLAN***  
**Wichita, Kansas**

**Financial Statements**

**Years Ended December 31, 2013 and 2012**  
**with Independent Auditors' Report**

**SYNDEO OUTSOURCING**  
**401(K) RETIREMENT PLAN**  
Wichita, Kansas

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## **INDEPENDENT AUDITORS' REPORT**

To the Plan Administrator  
Syndeo Outsourcing 401(k) Retirement Plan  
Wichita, Kansas

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of the Syndeo Outsourcing 401(k) Retirement Plan, which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, 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**

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

### **Auditors' Responsibility**

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

### **Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 2.b, which was certified by the TD Ameritrade Trust Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. 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 and for the years ended December 31, 2013 and 2012, that the information provided to the Plan administrator by the trustee is complete and accurate.

## **Disclaimer of Opinion**

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

## **Other Matter**

The supplemental schedule of Schedule H Line 4i, as of December 31, 2013, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

## **Report on Form and Content in Compliance With DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplemental 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Respectfully submitted,

*Kennedy and Coe, LLC*

Salina, Kansas  
October 6, 2014

**SYNDEO OUTSOURCING**  
**401(k) RETIREMENT PLAN**  
Wichita, Kansas

Exhibit A

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

|                                    | December 31,  |              |
|------------------------------------|---------------|--------------|
|                                    | 2013          | 2012         |
| Assets                             |               |              |
| Investments, at fair value         | \$ 14,285,800 | \$11,744,030 |
| Receivables                        |               |              |
| Employee contributions             | -             | 697          |
| Employer contribution              | 34            | 68,328       |
| Notes receivable from participants | 824,500       | 587,928      |
| Total Receivables                  | 824,534       | 656,953      |
| Total Assets                       | 15,110,334    | 12,400,983   |
| Liabilities                        | 4,374         | 6,000        |
| Net Assets Available For Benefits  | \$ 15,105,960 | \$12,394,983 |

The accompanying notes are an integral  
part of these financial statements.

**SYNDEO OUTSOURCING  
401(k) RETIREMENT PLAN**  
Wichita, Kansas

Exhibit B

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

|                                                       | Year Ended December 31, |               |
|-------------------------------------------------------|-------------------------|---------------|
|                                                       | 2013                    | 2012          |
| Additions to Net Assets Attributed to:                |                         |               |
| Investment Income                                     |                         |               |
| Interest and dividends                                | \$ 338,552              | \$ 263,476    |
| Net investment gain                                   | 1,758,894               | 1,051,880     |
| Total Investment Income                               | 2,097,446               | 1,315,356     |
| Interest on Notes Receivable From Participants        | 27,732                  | 20,618        |
| Contributions                                         |                         |               |
| Participant                                           | 1,392,337               | 1,443,417     |
| Employers                                             | 748,549                 | 843,643       |
| Rollovers                                             | 45,660                  | 184,595       |
| Total Contributions                                   | 2,186,546               | 2,471,655     |
| Total Additions                                       | 4,311,724               | 3,807,629     |
| Deductions from Net Assets Attributed to:             |                         |               |
| Administrative fees                                   | 129,037                 | 121,784       |
| Benefits paid to participants                         | 1,177,858               | 1,936,496     |
| Total Deductions                                      | 1,306,895               | 2,058,280     |
| Transfer of Assets From Other Plans                   | 1,800,668               | 141,532       |
| Transfer of Assets To Other Plans                     | (2,094,520)             | -             |
| Increase in Net Assets Available for Benefits         | 2,710,977               | 1,890,881     |
| Net Assets Available for Benefits - Beginning of Year | 12,394,983              | 10,504,102    |
| Net Assets Available for Benefits - End of Year       | \$ 15,105,960           | \$ 12,394,983 |

The accompanying notes are an integral  
part of these financial statements.

**SYNDEO OUTSOURCING  
401(k) RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS**

December 31, 2013 and 2012

**1. Description of Plan**

The following description of the Syndeo Outsourcing (the "Company") 401(k) Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

- a. **General:** The Plan is a multiple employer defined contribution plan. A multiple employer plan is a collection of single-employer plans sponsored by two or more unrelated employers who pool their resources for investment purposes and to minimize administrative costs. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The adopting employers are 75<sup>th</sup> Street Brewery, 810 Harrah's (dba North Kansas City Zone), 810 Zone Lee's Summit, Barley's Brewhaus, Barley's Ltd, Blue Moose, Capps Manufacturing, Inc., Case, Moses, Zimmerman, and Wilson, CCM Enterprises, Chrome Plus International, Inc., Diversified Services, Inc., Edward J. Lind II, PA, Foutch Brothers, LLC, Gas Compression Technology, LLC, Great Plains Gas Compression, Inc., Hardman Benefit Plans, Hopps Management, LLC, KC Hopps Ltd, Mark W. Heidebrecht, DDS, LLC (dba Gentility), Metal Finishing Company, Moose Truck LLC, North American Aviation, Inc., Provisioned Services, Inc., O' Dowd's, QA Services, River City Brewing Company, Security 1<sup>st</sup> Title, LLC, Specs Wichita, LLC, Sportsbar KC (810 Zone), Superior Holdings, Inc., Syndeo Outsourcing, LLC, Tucker, LLC, Women's MedCenter, PA, and World Associates. Participants should refer to their respective employer's Adoption Agreement for the respective eligibility requirements.
- b. **Contributions:** Each year, participants may contribute up to 100% of pretax annual compensation, as defined in the Plan. Some of the participating employers also allow their respective participants to make after-tax ROTH 401(k) contributions. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions and Company contributions into various investment options offered by the Plan. Participating employers have the option to contribute a discretionary amount of matching contributions to the Plan. Some participating employers have elected to be a Safe Harbor plan and they must make required safe harbor contributions. Participant and Employer contributions are subject to certain limitations.
- c. **Participant Accounts:** Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) Plan earnings, and charged with an allocation of certain Plan expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.
- d. **Vesting:** Participants are immediately vested in their contributions, as well as any safe harbor contributions, plus actual earnings thereon. Other employer contributions are subject to various vesting schedules that apply to the Plan. Participants should refer to their respective employers' Adoption Agreement for the respective vesting schedules.
- e. **Notes Receivable from Participants:** Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account

balance. The loans are secured by the balance in the participant's account and bear interest at rates that range from 1.00% to 6.00%, which is commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest is paid ratably through payroll deductions.

- f. Payment of Benefits: Upon termination of service, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. Distributions may be made as soon as administratively feasible following termination of service with the Company. If the participant's vested interest in his or her account is greater than \$1,000, but does not exceed \$5,000, an automatic distribution can be made as a direct rollover to an individual retirement account.
- g. Forfeited Accounts: Plan forfeitures are used to pay Plan expenses or reduce employer contributions. At December 31, 2013 and 2012, forfeited nonvested accounts totaled \$0 and \$5,776, respectively.
- h. Plan Expenses: Significant costs of Plan administration are being absorbed by the Company.

## **2. Summary of Accounting Policies**

- a. Basis of Accounting: The financial statements of the Plan are prepared under the accrual method of accounting.
- b. Certification: TD Ameritrade Trust Company, a custodian of the Plan, has certified to the Plan administrator the completeness and accuracy of Plan assets (except for contribution receivables, participant loans, and liabilities), income, expenses, and changes in net assets from as of and for the years ended December 31, 2013 and 2012, and the supplemental schedule of investments as of December 31, 2013.
- c. Investment Valuation and Income Recognition: The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.
- d. Use of Estimates: The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.
- e. Expenses: Certain expenses of maintaining the Plan are paid directly by the Plan sponsor and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Certain investment related expenses are included in net appreciation of fair value of investments.
- f. Notes Receivable from Participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. No allowance for credit losses has been recorded as of December 31, 2013, and 2012. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded

- g. Payment of Benefits: Benefits are recorded when paid.
- h. Subsequent Events: The Plan has evaluated subsequent events through the date of the Independent Auditors' Report, which is the date the financial statements were available to be issued.

### 3. Investments

The following table presents the Plan's investments. Investments that represent 5% or more of total Plan assets are separately identified.

|                                                            | December 31,         |                      |
|------------------------------------------------------------|----------------------|----------------------|
|                                                            | 2013                 | 2012                 |
| Vanguard Target Retirement 2025                            | \$ 1,638,082         | \$ 1,217,449         |
| TD Bank USA MMDA                                           | N/A                  | 2,069,157            |
| Vanguard Target Retirement 2020                            | 1,898,100            | 1,603,792            |
| Vanguard Target Retirement 2030                            | 1,832,225            | 836,973              |
| Vanguard Target Retirement 2040                            | 1,488,608            | 1,004,623            |
| Other investments individually less than 5% of Plan assets | 7,428,785            | 5,012,036            |
| <b>Total Investments</b>                                   | <b>\$ 14,285,800</b> | <b>\$ 11,744,030</b> |

### 4. Fair Value Measurements

FASB ASC 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012.

*Mutual Funds:* Valued at the quoted net asset value ("NAV") of shares held by the Plan at year end.

*Common Stocks:* Valued at the closing price reported on the active market on which the individual securities are traded.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013 and 2012:

|                                 | Assets at Fair Value |         |         |               |
|---------------------------------|----------------------|---------|---------|---------------|
|                                 | Level 1              | Level 2 | Level 3 | Totals        |
| <u>As of December 31, 2013</u>  |                      |         |         |               |
| Mutual Funds                    |                      |         |         |               |
| Balanced                        | \$ 239,535           | \$ -    | \$ -    | \$ 239,535    |
| Capital Preservation            | 259,491              | -       | -       | 259,491       |
| Equity                          | 2,019,476            | -       | -       | 2,019,476     |
| Income                          | 767,622              | -       | -       | 767,622       |
| International                   | 750,628              | -       | -       | 750,628       |
| Target Retirement Date          | 10,144,432           | -       | -       | 10,144,432    |
| Total Mutual Fund               | 14,181,184           | -       | -       | 14,181,184    |
| Common Stocks                   |                      |         |         |               |
| Self-Directed Brokerage Account | 104,616              | -       | -       | 104,616       |
| Totals                          | \$14,285,800         | \$ -    | \$ -    | \$ 14,285,800 |
| <u>As of December 31, 2012</u>  |                      |         |         |               |
| Mutual Funds                    |                      |         |         |               |
| Balanced                        | \$ 140,659           | \$ -    | \$ -    | \$ 140,659    |
| Capital Preservation            | 2,229,634            | -       | -       | 2,229,634     |
| Equity                          | 1,434,484            | -       | -       | 1,434,484     |
| Income                          | 626,393              | -       | -       | 626,393       |
| International                   | 647,374              | -       | -       | 647,374       |
| Target Retirement Date          | 6,496,035            | -       | -       | 6,496,035     |
| Total Mutual Fund               | 11,574,579           | -       | -       | 11,574,579    |
| Common Stocks                   |                      |         |         |               |
| Self-Directed Brokerage Account | 169,451              | -       | -       | 169,451       |
| Totals                          | \$11,744,030         | \$ -    | \$ -    | \$ 11,744,030 |

## 5. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of

ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Company may determine.

## **6. Transfers From/Into Plan**

In 2012, Specs Wichita, LLC and Superior Holding, Inc. became participating employers in the Plan. Each of these companies previously participated in their own 401(k) plan. When they became a participating employer in the Plan, the balances from their previous 401(k) plan were rolled over into the Plan. The total amount of assets transferred into the Plan for 2012 from Specs Wichita and Superior Holding's prior 401(k) plans was \$141,532.

In 2013, Equity Bank left the Plan. When the company left, the balance of its 401(k) was rolled over into another plan. The amount transferred out was \$2,094,520. Chrome Plus International, Inc. became a participating employer in the Plan in 2013. Chrome Plus International, Inc. and Superior Holding, Inc. transferred into the plan their balances from 401(k) plans they previously participated in. The total amount of assets transferred into the Plan for 2013 for these two employers was \$1,800,668.

## **7. Related Party Transactions**

Certain Plan investments are money market accounts managed by TD Bank USA, N.A. TD Bank USA, N.A is an affiliate of TD Ameritrade Trust Company, the custodian for the Plan, and therefore, these transactions qualify as party-in-interest transactions.

## **8. Tax Status**

The Internal Revenue Service has determined and informed the Company by a letter dated October 15, 2008, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, the Plan administrator believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2013 and 2012, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan is subject to US Federal income tax examinations by the tax authorities for a period of three years after filing the tax return.

## **9. Risks and Uncertainties**

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

Supplemental Information

**SYNDEO OUTSOURCING 401(K) RETIREMENT PLAN**

EIN 71-0893511

Plan Number: 333

**Form 5500 Schedule H, line 4i--Schedule of Assets (Held at End of Year)**

December 31, 2013

| (a) | (b) Identity of issue, borrower,<br>lessor, or similar party | (c) Description of investment including maturity date, rate of interest,<br>collateral, par or maturity value | (d) Cost | (e) Current<br>Value |
|-----|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------|----------------------|
|     | TD Ameritrade Trust Co.                                      | AMERICAN BALANCED FUND CLASS R-6                                                                              | \$       | 239,535              |
|     | TD Ameritrade Trust Co.                                      | AMERICAN CAPITAL WORLD GROWTH AND INCOME                                                                      |          | 273,404              |
|     | TD Ameritrade Trust Co.                                      | AMERICAN EUROPACIFIC GROWTH FUND                                                                              |          | 182,522              |
|     | TD Ameritrade Trust Co.                                      | AMERICAN THE CAPITAL WORLD BOND FUND                                                                          |          | 110,051              |
|     | TD Ameritrade Trust Co.                                      | BLACKROCK GLOBAL ALLOCATION FUND                                                                              |          | 206,101              |
|     | TD Ameritrade Trust Co.                                      | BLACKROCK SMALL CAP GROWTH EQUITY FUND                                                                        |          | 122,631              |
|     | TD Ameritrade Trust Co.                                      | COLUMBIA MID CAP VALUE CLASS                                                                                  |          | 96,098               |
|     | TD Ameritrade Trust Co.                                      | FIDELITY LEVERAGED COMPANY STOCK FUND                                                                         |          | 226,205              |
|     | TD Ameritrade Trust Co.                                      | FIDELITY SPARTAN 500 INDEX FUND ADVANTAG                                                                      |          | 442,947              |
|     | TD Ameritrade Trust Co.                                      | GOLDMAN SACHS SMALL MID-CAP GROWTH INSTITUTION                                                                |          | 103,922              |
|     | TD Ameritrade Trust Co.                                      | JP MORGAN SMALL CAP VALUE FUND                                                                                |          | 57,280               |
|     | TD Ameritrade Trust Co.                                      | MFS VALUE FUND CLASS                                                                                          |          | 149,241              |
|     | TD Ameritrade Trust Co.                                      | PIMCO TOTAL RETURN INSTITUTIONAL                                                                              |          | 306,112              |
|     | TD Ameritrade Trust Co.                                      | PRINCIPAL HIGH YIELD FUND INSTITUTIONAL                                                                       |          | 173,811              |
|     | TD Ameritrade Trust Co.                                      | STRATTON SMALL CAP VALUE FUND                                                                                 |          | 95,205               |
| *   | TD Ameritrade Trust Co.                                      | TD AMERITRADE SDBA                                                                                            |          | 104,616              |
| *   | TD Ameritrade Trust Co.                                      | TD BANK INSTL MMDA FTCIMA                                                                                     |          | 226,050              |
| *   | TD Ameritrade Trust Co.                                      | TD BANK USA MMDA                                                                                              |          | 33,441               |
|     | TD Ameritrade Trust Co.                                      | VANGUARD INFLATION PROTECTED SECURITIES                                                                       |          | 142,053              |
|     | TD Ameritrade Trust Co.                                      | VANGUARD MID CAP INDEX FUND SIGNAL SHARE                                                                      |          | 159,999              |
|     | TD Ameritrade Trust Co.                                      | VANGUARD SHORT TERM TREASURY ADMIRAL SHARE                                                                    |          | 35,595               |
|     | TD Ameritrade Trust Co.                                      | VANGUARD SMALL CAP INDEX FUND SIGNAL SHARE                                                                    |          | 167,177              |
|     | TD Ameritrade Trust Co.                                      | VANGUARD TARGET RETIREMENT 2015                                                                               |          | 735,729              |
|     | TD Ameritrade Trust Co.                                      | VANGUARD TARGET RETIREMENT 2020                                                                               |          | 1,898,100            |
|     | TD Ameritrade Trust Co.                                      | VANGUARD TARGET RETIREMENT 2025                                                                               |          | 1,638,082            |
|     | TD Ameritrade Trust Co.                                      | VANGUARD TARGET RETIREMENT 2030                                                                               |          | 1,832,225            |
|     | TD Ameritrade Trust Co.                                      | VANGUARD TARGET RETIREMENT 2035                                                                               |          | 703,453              |
|     | TD Ameritrade Trust Co.                                      | VANGUARD TARGET RETIREMENT 2040                                                                               |          | 1,488,608            |
|     | TD Ameritrade Trust Co.                                      | VANGUARD TARGET RETIREMENT 2045                                                                               |          | 687,122              |
|     | TD Ameritrade Trust Co.                                      | VANGUARD TARGET RETIREMENT 2050                                                                               |          | 515,997              |
|     | TD Ameritrade Trust Co.                                      | VANGUARD TARGET RETIREMENT 2055                                                                               |          | 26,410               |
|     | TD Ameritrade Trust Co.                                      | VANGUARD TARGET RETIREMENT 2060                                                                               |          | 56                   |
|     | TD Ameritrade Trust Co.                                      | VANGUARD TARGET RETIREMENT INCOME FUND                                                                        |          | 618,650              |
|     | TD Ameritrade Trust Co.                                      | VANGUARD TOTAL INTERNATIONAL STOCK INDEX                                                                      |          | 88,601               |
|     | TD Ameritrade Trust Co.                                      | WELLS FARGO GROWTH FUND INSTITUTIONAL                                                                         |          | 398,771              |
|     |                                                              |                                                                                                               |          | 14,285,800           |
| *   | Participant loans                                            | Promissory notes, all maturities less than five years,<br>1% - 6.00% interest rate                            | \$ -     | 824,500              |
|     | Total Investments                                            |                                                                                                               |          | \$ 15,110,300        |

\* Party-in-interest

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u> |                                                                                                                                                                                                                                           |
| A This return/report is for:                                                                             | <input type="checkbox"/> a multiemployer plan; <input checked="" type="checkbox"/> a multiple-employer plan; or<br><input type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| B This return/report is:                                                                                 | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| C If the plan is a collectively-bargained plan, check here. ....                                         | <input type="checkbox"/>                                                                                                                                                                                                                  |
| D Check box if filing under:                                                                             | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                   |                                                              |                                                      |                                                      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                 | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                     |                                                              |                                                      |                                                      |  |
| <b>1a</b> Name of plan<br>SYNDEO OUTSOURCING 401(K) RETIREMENT PLAN                                                                                                                                            | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">333</td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/>01/01/2003</td> </tr> </table>                 | <b>1b</b> Three-digit plan number (PN) ▶                     | 333                                                  | <b>1c</b> Effective date of plan<br>01/01/2003       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                       | 333                                                                                                                                                                                                                                                                                                               |                                                              |                                                      |                                                      |  |
| <b>1c</b> Effective date of plan<br>01/01/2003                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                   |                                                              |                                                      |                                                      |  |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br>SYNDEO OUTSOURCING, LLC<br><br>3504 N GREAT PLAINS DRIVE, STE 200<br><br>WICHITA KS 67220 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/>71-0893511</td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number<br/>316-440-9901</td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/>561300</td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br>71-0893511 | <b>2c</b> Sponsor's telephone number<br>316-440-9901 | <b>2d</b> Business code (see instructions)<br>561300 |  |
| <b>2b</b> Employer Identification Number (EIN)<br>71-0893511                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                   |                                                              |                                                      |                                                      |  |
| <b>2c</b> Sponsor's telephone number<br>316-440-9901                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                   |                                                              |                                                      |                                                      |  |
| <b>2d</b> Business code (see instructions)<br>561300                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                   |                                                              |                                                      |                                                      |  |

**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<br>HERE                                                                                               | <br>Signature of plan administrator    | <u>10-10-14</u><br>Date | BILL MANESS<br>Enter name of individual signing as plan administrator       |
| SIGN<br>HERE                                                                                               | <br>Signature of employer/plan sponsor | <u>10-10-14</u><br>Date | BILL MANESS<br>Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE                                                                                               | <br>Signature of DFE                   | <br>Date                | <br>Enter name of individual signing as DFE                                 |
| Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) |                                        |                         | Preparer's telephone number (optional)                                      |

**Schedule H, Line 4i**  
**Schedule of Assets (Held At End of Year)**

Name of Plan:

► Syndeo Outsourcing 401(k) Retirement Plan

Employer Identification Number: ► 71-0893511

For plan year (beginning/ending): ► 1/1/2013-12/31/13

Plan number: ► 333

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current value |
|-----|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | TD Ameritrade Trust Company                               | AMERICAN BALANCED FUND CLASS R-6                                                                           |          | 239,535           |
|     | TD Ameritrade Trust Company                               | AMERICAN CAPITAL WORLD GROWTH AND INCOME                                                                   |          | 273,404           |
|     | TD Ameritrade Trust Company                               | AMERICAN EUROPACIFIC GROWTH FUND CLASS R                                                                   |          | 182,522           |
|     | TD Ameritrade Trust Company                               | AMERICAN THE CAPITAL WORLD BOND FUND CLA                                                                   |          | 110,051           |
|     | TD Ameritrade Trust Company                               | BLACKROCK GLOBAL ALLOCATION FUND INSTITU                                                                   |          | 206,101           |
|     | TD Ameritrade Trust Company                               | BLACKROCK SMALL CAP GROWTH EQUITY FUND I                                                                   |          | 122,631           |
|     | TD Ameritrade Trust Company                               | COLUMBIA MID CAP VALUE FUND R5                                                                             |          | 96,098            |
|     | TD Ameritrade Trust Company                               | FIDELITY LEVERAGED COMPANY STOCK FUND RE                                                                   |          | 226,205           |
|     | TD Ameritrade Trust Company                               | FIDELITY SPARTAN 500 INDEX FUND ADVANRAG                                                                   |          | 442,947           |
|     | TD Ameritrade Trust Company                               | GOLDMAN SACHS SMALL MID-CAP GROWTH INSTI                                                                   |          | 103,922           |
|     | TD Ameritrade Trust Company                               | JP MORGAN SMALL CAP VALUE FUND-R6                                                                          |          | 57,280            |
|     | TD Ameritrade Trust Company                               | MFS VALUE FUND CLASS R5                                                                                    |          | 149,241           |
|     | TD Ameritrade Trust Company                               | PIMCO TOTAL RETURN INSTITUTIONAL                                                                           |          | 306,112           |
|     | TD Ameritrade Trust Company                               | PRINCIPAL HIGH YIELD FUND INSTITUTIONAL                                                                    |          | 173,811           |
|     | TD Ameritrade Trust Company                               | STRATTON SMALL CAP VALUE FUND                                                                              |          | 95,205            |
|     | TD Ameritrade Trust Company                               | TD AMERITRADE SDBA                                                                                         |          | 104,616           |
|     | TD Ameritrade Trust Company                               | TD BANK INSTL MMDA FTCIMA                                                                                  |          | 226,050           |
|     | TD Ameritrade Trust Company                               | TD BANK USA MMDA                                                                                           |          | 33,441            |
|     | TD Ameritrade Trust Company                               | VANGUARD INFLATION PROTECTED SECURITIES                                                                    |          | 142,053           |
|     | TD Ameritrade Trust Company                               | VANGUARD MID CAP INDEX FUND INSTITUTIONA                                                                   |          | 159,999           |
|     | TD Ameritrade Trust Company                               | VANGUARD SHORT TERM TREASURY ADMIRAL SHA                                                                   |          | 35,595            |
|     | TD Ameritrade Trust Company                               | VANGUARD SMALL CAP INDEX FUND SIGNAL SHA                                                                   |          | 167,177           |
|     | TD Ameritrade Trust Company                               | VANGUARD TARGET RETIREMENT 2015                                                                            |          | 735,729           |

|  |                             |                                           |  |           |
|--|-----------------------------|-------------------------------------------|--|-----------|
|  | TD Ameritrade Trust Company | VANGUARD TARGET RETIREMENT 2020 FUND      |  | 1,898,100 |
|  | TD Ameritrade Trust Company | VANGUARD TARGET RETIREMENT 2025 FUND      |  | 1,638,082 |
|  | TD Ameritrade Trust Company | VANGUARD TARGET RETIREMENT 2030 FUND      |  | 1,832,225 |
|  | TD Ameritrade Trust Company | VANGUARD TARGET RETIREMENT 2035 FUND      |  | 703,454   |
|  | TD Ameritrade Trust Company | VANGUARD TARGET RETIREMENT 2040 FUND      |  | 1,488,608 |
|  | TD Ameritrade Trust Company | VANGUARD TARGET RETIREMENT 2045 FUND      |  | 687,123   |
|  | TD Ameritrade Trust Company | VANGUARD TARGET RETIREMENT 2050 FUND      |  | 26,410    |
|  | TD Ameritrade Trust Company | VANGUARD TARGET RETIREMENT 2055           |  | 515,997   |
|  | TD Ameritrade Trust Company | VANGUARD TARGET RETIREMENT 2060           |  | 56        |
|  | TD Ameritrade Trust Company | VANGUARD TARGET RETIREMENT INCOME FUND    |  | 618,650   |
|  | TD Ameritrade Trust Company | VANGUARD TARGET INTERNATIONAL STOCK INDEX |  | 88,601    |
|  | TD Ameritrade Trust Company | WELLS FARGO GROWTH FUND INSTITUTIONAL CL  |  | 398,771   |
|  | Participant Loans           | 1%-6%                                     |  | 824,500   |