

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2012 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>	
A This return/report is for:	☐ a multiemployer plan; ☒ a multiple-employer plan; or ☐ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☒ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>DISCOVERY OUTSOURCING 401K SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>333</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2004</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>333</u>	1c Effective date of plan <u>01/01/2004</u>	
1b Three-digit plan number (PN) ▶	<u>333</u>				
1c Effective date of plan <u>01/01/2004</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>DISCOVERY OUTSOURCING</u> <u>6455 S. YOSEMITE STE., SUITE 250</u> <u>GREENWOOD VILLAGE, CO 80111-3275</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>27-0065882</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>303-225-0400</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>561300</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>27-0065882</u>	2c Sponsor's telephone number <u>303-225-0400</u>	2d Business code (see instructions) <u>561300</u>	
2b Employer Identification Number (EIN) <u>27-0065882</u>					
2c Sponsor's telephone number <u>303-225-0400</u>					
2d Business code (see instructions) <u>561300</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature. Signature of plan administrator	<u>05/11/2015</u> Date	<u>ANDREW STOHL</u> Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address DISCOVERY OUTSOURCING 6455 S. YOSEMITE STE., SUITE 250 GREENWOOD VILLAGE, CO 80111-3275		3b Administrator's EIN 27-0065882 3c Administrator's telephone number 303-225-0400
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year		5 1211
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	978
b Retired or separated participants receiving benefits.....	6b	16
c Other retired or separated participants entitled to future benefits.....	6c	216
d Subtotal. Add lines 6a , 6b , and 6c	6d	1210
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	1210
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	861
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2012 This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>DISCOVERY OUTSOURCING 401K SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DISCOVERY OUTSOURCING</u>	D Employer Identification Number (EIN) <u>27-0065882</u>	

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

(a) Name of insurance carrier

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
<u>04-1590850</u>	<u>65935</u>	<u>84479</u>	<u>861</u>	<u>01/01/2012</u>	<u>12/31/2012</u>

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
<u>213515</u>	<u>0</u>

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

SEAN GOODEN
4600 S ULSTER ST STE 1200
DENVER, CO 80237

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
<u>194645</u>	<u>0</u>	<u>COMMISSIONS</u>	<u>3</u>

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

SCOTT ALAN STILLMAN
4600 S ULSTER ST STE 1200
DENVER, CO 80237

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
<u>17449</u>	<u>0</u>	<u>COMMISSIONS</u>	<u>3</u>

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

MARK HENRY RODDEN

9401 INDIAN CREEK PKWY ST
OVERLAND PARK, KS 66210

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1421	0	COMMISSIONS	3

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	24515509

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

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

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year	7b	2182879
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c Additions: (1) Contributions deposited during the year	7c(1)	4974004
(2) Dividends and credits	7c(2)	0
(3) Interest credited during the year	7c(3)	71742
(4) Transferred from separate account	7c(4)	4232595
(5) Other (specify below)	7c(5)	8558985

▶ **LOAN TRANSFER, TRANSFER ASSETS, HOLDING ACCOUNT INTEREST**

(6) Total additions	7c(6)	17837326
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d Total of balance and additions (add lines 7b and 7c(6))	7d	20020205
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	160986
(2) Administration charge made by carrier	7e(2)	10219
(3) Transferred to separate account	7e(3)	12690099
(4) Other (specify below)	7e(4)	4131065

▶ **LOAN TRANSFER TRANSFER ASSETS**

(5) Total deductions	7e(5)	16992369
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	3027836
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>DISCOVERY OUTSOURCING 401K SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DISCOVERY OUTSOURCING</u>	D Employer Identification Number (EIN) <u>27-0065882</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

MASSACHUSETTS MUTUAL LIFE INSURANCE

1295 STATE STREET N405
SPRINGFIELD, MA 01111

04-1590850

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52 60 63 64 68 72 99	CONTRACT ADMINISTRATOR	83903	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

QUALIFIED PENSION SERVICE

7851 S ELATI STREET, SUITE 205
LITTLETON, CO 80120

84-1365788

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 13	TPA	0	Yes ☒ No ☐	Yes ☐ No ☒	50431	Yes ☐ No ☒

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

SCOTT SKIBBIE, CPA

532 MONTRIDGE COURT
FRANKLIN, TN 37067

20-5413691

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	0	Yes ☒ No ☐	Yes ☐ No ☒	7000	Yes ☐ No ☒

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

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

DISCOVERY OUTSOURCING

6455 S YOSEMITE ST STE 250
GREENWOOD VILLAGE, CO 80111

27-0065882

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	PLAN SPONSOR	0	Yes ☒ No ☐	Yes ☐ No ☒	7000	Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection.
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012		
A Name of plan DISCOVERY OUTSOURCING 401K SAVINGS PLAN		B Three-digit plan number (PN) ▶ 333
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 DISCOVERY OUTSOURCING		D Employer Identification Number (EIN) 27-0065882
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: HOLDING ACCOUNT - SIA-AG MONEY MARK		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIE INSURANCE		
c EIN-PN 04-1590850-016	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 169520
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-EF1 RETIRESMART CONSERVATIVE		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIE INSURANCE		
c EIN-PN 90-0342299-465	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 592503
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-EF2 RETIRESMART MODERATE		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIE INSURANCE		
c EIN-PN 90-0342299-466	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 963031
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-EF3 RETIRESMART MODERATE GROWTH		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIE INSURANCE		
c EIN-PN 90-0342299-467	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2719512
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-EF4 RETIRESMART GROWTH		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIE INSURANCE		
c EIN-PN 90-0342299-468	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 546403
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-EFA (BALANCED)		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIE INSURANCE		
c EIN-PN 90-0342299-469	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7467288
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-EFN (SELECT PIMCO TOTAL RETURN)		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIE INSURANCE		
c EIN-PN 90-0342299-479	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2331829

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-EGB EUROPACIFIC GROWTH		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIE INSURANCE		
c EIN-PN 90-0342299-488	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 796398
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-EGB INTERNATIONAL VALUE		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIE INSURANCE		
c EIN-PN 90-0342299-489	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 90663
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-EGH PREMIER GLOBAL		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIE INSURANCE		
c EIN-PN 90-0342299-493	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 332825
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-EGJ CAP WORLD GROWTH AND INCOME		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIE INSURANCE		
c EIN-PN 90-0342299-495	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23719
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-EGK GROWTH		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIE INSURANCE		
c EIN-PN 90-0342299-496	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 493304
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-EGN GLOBAL OPPORTUNITIES		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIE INSURANCE		
c EIN-PN 90-0342299-498	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38444
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-EGV MM S&P 500 INDEX		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIE INSURANCE		
c EIN-PN 90-0779283-005	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 854866
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-EGY GROWTH AMERICA		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIE INSURANCE		
c EIN-PN 90-0779283-008	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 673180
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-EHA PREMIER CAPITAL APPRECIATIO		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIE INSURANCE		
c EIN-PN 90-0779283-010	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 532552
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-EHG SEL DVRSFD VAL		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIE INSURANCE		
c EIN-PN 90-0779283-016	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 184959

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-EHH SELEDT FUNDAMENTAL VAL		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIE INSURANCE		
c EIN-PN 90-0779283-017	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 272495
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-EHI SEL LARGE CAP VAL		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIE INSURANCE		
c EIN-PN 90-0779283-018	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 465287
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-EHN WASHING MUTUAL INVS		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIE INSURANCE		
c EIN-PN 90-0779283-020	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 325242
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-EHO MID CAP CORE EQUITY		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIE INSURANCE		
c EIN-PN 90-0779283-021	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 457543
a Name of MTIA, CCT, PSA, or 103-12 IE: SIAEHU SELECT MID CAP GR II		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIE INSURANCE		
c EIN-PN 90-0779283-024	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 461205
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-EJD REAL ESTATE		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIE INSURANCE		
c EIN-PN 90-0779283-030	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 655004
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-EJG SMALL CAP INDEX		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIE INSURANCE		
c EIN-PN 90-0779283-032	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 492594
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-EJI SEL SM CAP GR		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIE INSURANCE		
c EIN-PN 90-0779283-034	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 642039
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-EJL SEL SM CAP VAL EQ		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIE INSURANCE		
c EIN-PN 90-0779283-036	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 165572
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-EJP COMMODITY RL RTN STRAT		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIE INSURANCE		
c EIN-PN 90-0779283-039	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9749

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-EJR GOLD & SPEC MINERALS**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIE INSURANCE

c EIN-PN 90-0779283-040	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21505
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-EZ3 RETIREMENT SMART 2020**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIE INSURANCE

c EIN-PN 90-0779283-060	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 296821
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA EZ5 RETIREMENT SMART 2030**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIE INSURANCE

c EIN-PN 90-0779283-061	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 447697
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA EZ7 RETIREMENT SMART 2040**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIE INSURANCE

c EIN-PN 90-0779283-062	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 372063
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-KA SELECT CORE OPPORTUNITIES**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIE INSURANCE

c EIN-PN 04-1590850-401	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 504730
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2012
		This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012	
A Name of plan DISCOVERY OUTSOURCING 401K SAVINGS PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 DISCOVERY OUTSOURCING	D Employer Identification Number (EIN) 27-0065882

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	254776	186416
(2) Participant contributions	1b(2)	85903	118911
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	610732	602517
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	16158438	24515509
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	2180923	3027832
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	19290772	28451185

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	19290772	28451185
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1497595	
(B) Participants	2a(1)(B)	3548635	
(C) Others (including rollovers)	2a(1)(C)	766388	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		5812618
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	22292	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		22292
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		2139589
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		7974499

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2206785	
(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)		2206785
f Corrective distributions (see instructions)	2f		32155
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2238940

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		5735559
l Transfers of assets:			
(1) To this plan.....	2l(1)		7264918
(2) From this plan	2l(2)		3840064

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: SCOTT SKIBBIE, INC

(2) EIN: 27-0851321

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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)

INSPERITY 401K

LINC ENERGY 401K PLAN

OASIS RETIREMENT

TRI-NET 401K

5b(2) EIN(s)	5b(3) PN(s)
76-0178498	333
80-0465806	001
65-0731524	333
65-0735612	333

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>DISCOVERY OUTSOURCING 401K SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DISCOVERY OUTSOURCING</u>	D Employer Identification Number (EIN) <u>27-0065882</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-1590850</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____



DISCOVERY
OUTSOURCING
401(K) SAVINGS PLAN

FINANCIAL STATEMENTS
DECEMBER 31, 2012

DISCOVERY OUTSOURCING 401(K) SAVINGS PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2012

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Independent Auditor's Report

Administrative Committee
Discovery Outsourcing 401(k) Savings Plan
Greenwood Village, CO

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Discovery Outsourcing 401(k) Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statement of changes in net assets available for benefits for the years ended December 31, 2012 and 2011, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Mass Mutual Life Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2012, and 2011 and for the years ended December 31, 2012 and 2011, that the information provided to the plan administrator by the custodian is complete and accurate.

Independent Auditor's Report (continued...)**Disclaimer of Opinion**

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

Other Matter

The supplemental schedules: 1) Schedule H, line 4i - Schedule of Assets (Held at End of Year), 2) Schedule H, line 4i - Schedule of Assets (Acquired and Disposed of Within Year), as of or for the year ended December 31, 2012 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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.



April 24, 2015

DISCOVERY OUTSOURCING 401(K) SAVINGS PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2012 AND 2011

	2012	2011
ASSETS		
Cash	\$ -	\$ -
RECEIVABLES		
Employer contributions	186,416	254,776
Employee contributions	118,911	85,903
Other	-	-
Participant notes receivable	602,517	610,732
TOTAL RECEIVABLES	907,844	951,411
Investments, at fair value		
Insurance company general account	3,027,832	2,180,923
Mutual funds	24,515,509	16,158,438
Other	-	-
TOTAL INVESTMENTS	27,543,341	18,339,361
TOTAL ASSETS	28,451,185	19,290,772
LIABILITIES		
Accrued expenses payable	-	-
TOTAL LIABILITIES	-	-
NET ASSETS AVAILABLE FOR BENEFITS	\$ 28,451,185	\$ 19,290,772

The accompanying notes are an integral part of these statements

DISCOVERY OUTSOURCING 401(K) SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR(s) ENDED DECEMBER 31, 2012 and 2011

	<u>2012</u>	<u>2011</u>
CONTRIBUTIONS		
Employer	\$ 1,497,595	\$ 1,151,439
Participants	3,548,635	3,211,885
Other (including rollovers)	766,388	691,329
TOTAL CONTRIBUTIONS	5,812,618	5,054,653
EARNINGS ON INVESTMENTS		
Interest income	22,292	24,319
Net gain (loss) on sale of assets	2,139,589	(481,777)
NET EARNINGS ON INVESTMENTS	2,161,881	(457,458)
TOTAL INCOME	7,974,499	4,597,195
EXPENSES		
Benefits paid to participants	2,206,785	1,996,850
Corrective distributions	32,155	38,867
Certain deemed distributions of participant loans	-	-
Interest expense	-	-
Administrative expenses	-	-
TOTAL EXPENSES	2,238,940	2,035,717
NET INCOME (LOSS)	5,735,559	2,561,478
TRANSFERS To (From) the PLAN	3,424,854	1,743,076
NET ASSETS AVAILABLE FOR BENEFITS - Beginning of Year	19,290,772	14,986,218
NET ASSETS AVAILABLE FOR BENEFITS - End of Year	\$ 28,451,185	\$ 19,290,772

The accompanying notes are an integral part of these statements

DISCOVERY OUTSOURCING 401(K) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1. DESCRIPTION OF PLAN

The following description of the Discovery Outsourcing 401(k) Savings Plan (the “Plan”) provides only general information. Users of the financial statements and supplemental schedule should refer to the Plan documents for a more complete description of the Plan’s provisions.

General: The Plan is a defined contribution plan established to provide for contributions made under salary deferral agreements pursuant to Section 401(k) of the Internal Revenue Code (the “Code”). The Plan covers substantially all employees of Discovery Outsourcing, Inc. (the “Company”) and its employer organizations who have adopted the plan. The Plan is a “multiple employer” plan as described in Section 413(c) of the Internal Revenue Code, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Participating Employers: Each employer that contracts with The Company to fulfill its payroll functions as a professional employer organization has the option of adopting this plan for the benefit of its employees. An employer that adopts this plan is known as a “participating employer”. An employer that does not adopt this plan may adopt its own retirement plan. Any employer adopting its own retirement plan is subject to its plan’s regulations and not those of the Plan. Therefore, their plan information is not included in these financial statements.

Eligibility: Employees of the Company or its participating employers may participate in the Plan after they have attained the age of twenty-one. Each participating employer establishes a service requirement, not to exceed one year, on adoption of the plan.

In its initial adoption of the Plan, a participating employer may choose to waive the age and service requirement for individuals who are performing services as of a specific date. Such individuals are immediately eligible to participate. Individuals who are employed after the specified date must satisfy the Plan’s regular eligibility requirements.

Contributions: Eligible employees may make contributions via payroll deductions up to limits as defined in the Plan and other limits in accordance with the Code. Elective deferrals can be made in whole percentages of compensation or in specific dollar amounts. 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 defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the plan. The plan currently offers various mutual funds and an insurance investment contract as investment options for participants.

DISCOVERY OUTSOURCING 401(K) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1. DESCRIPTION OF PLAN (Continued...)

Contributions (Continued...): The Company and each participating employer may make matching contributions, at its discretion, equal to a specified percent of each participant's deferral amounts. In addition, the Company and each participating employer may make an additional discretionary contribution to participants of the Plan as deemed appropriate. Contributions are subject to limitations as provided in the Code and as defined in the Plan.

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 administrative 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.

Vesting: Participants are immediately vested in their contributions, voluntary rollovers, safe-harbor matching contributions, and the actual allocated earnings thereon. Vesting in matching and discretionary contributions from the Company or its participating employers, plus actual earnings thereon, is based on years of service, with full vesting no later than six years of credited service subject to each participating employer's adoption agreement.

Notes Receivable from Participants: Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their account balance. The loans are secured by the balance in the participant's account and bear interest at rates that are commensurate with local prevailing rates as determined quarterly by the plan administrator. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits: Upon normal retirement or reaching the age of 59-1/2, termination of employment, death or disability, or termination of the Plan, the participant or beneficiary may elect to receive an amount equal to the value of the participant's vested interest in his or her account under several options. A participant may defer paying tax on some taxable payments by electing a rollover distribution.

Withdrawals may also be made in conjunction with IRS hardship distribution regulations.

Forfeitures: Upon termination of employment the non-vested portion of a participant's account is forfeited. Forfeitures may be paid back to the Company (or Participating Employer) or used to reduce matching contributions by the participating employer.

DISCOVERY OUTSOURCING 401(K) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The financial statements of the Plan have been prepared in accordance with the accounting principles generally accepted in the United States of America, using the accrual method of accounting.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

The Statements of Net Assets Available for Benefits present the fair value of the investment contract as well as the adjustment of the fully benefit-responsive investment contract from fair value to contract value. The Statements of Changes in Net Assets Available for Benefits are prepared on a contract value basis.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition: Investments are reported 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.

Purchases and sales of investments are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the plan document.

Payment of Benefits: Benefits are recorded when paid.

Administrative Expense: The cost and expense of administering the Plan shall be paid, at the discretion of the Company, either directly by the Company or by the Plan through fees deducted from participant accounts.

Subsequent Events: Subsequent events have been evaluated through April 24, 2015, which is the date the financial statements were available to be issued.

DISCOVERY OUTSOURCING 401(K) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 3. INVESTMENTS

Certification of Investment Information: Mass Mutual Life Insurance Company, the custodian of the Plan, has supplied the Plan administrator with a certification as to the completeness and accuracy of all investment information reflected on the accompanying statements of net assets available for benefits as of December 31, 2012 and 2011, the statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule of assets held as of December 31, 2012 and 2011.

The following presents investments that represent 5 percent or more of the plan's net assets.

Guaranteed Interest Account	\$ 3,027,832
SIA-EF3 RetireSmart Moderate	2,719,512
SIA-EFA Balanced (American)	7,467,288
SIA-EFN Select Pimco Total Return	2,331,829

NOTE 4. FAIR VALUE MEASUREMENTS

The FASB Accounting Standards codification Topic 820, *Fair Value Measurements and Disclosures* (ASC 820) establishes a 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 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 market data by correlation or other means;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means;

If the assets 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.

DISCOVERY OUTSOURCING 401(K) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 4. FAIR VALUE MEASUREMENTS (Continued...)

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. 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.

The methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There have been no changes in the valuation methodologies used at December 31, 2012 and 2011.

Common stocks, corporate bonds and U.S. government securities: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds: Valued at the quoted net asset value of shares held by the plan at year end.

Guaranteed investment contract: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer, Mass Mutual Life Insurance Company. This benefit-responsive guaranteed investment contract is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the plan.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at fair value with an adjustment to contract value in arriving at net assets available for benefits. Contract value, as reported to the plan by the issuer, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are reviewed on a quarterly basis for resetting.

DISCOVERY OUTSOURCING 401(K) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 4. FAIR VALUE MEASUREMENTS (Continued...)

Guaranteed investment contract (Continued...): The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

The Plan's assets and liabilities have been recorded at fair value and have been categorized based upon the fair value hierarchy as shown below.

	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>	<u>Total</u>
<u>12/31/2012</u>				
Guaranteed Interest Account			3,027,832	3,027,832
AG Premier MMKT			169,520	169,520
Mutual funds:				
Blended funds	13,653,804			13,653,804
Bond funds	2,341,578			2,341,578
Commodity funds	21,505			21,505
Global funds	451,625			451,625
Growth funds	2,665,760			2,665,760
Large Cap funds	1,502,569			1,502,569
Mid Cap funds	918,748			918,748
Small Cap funds	655,004			655,004
Real Estate funds	658,166			658,166
Target Date funds	1,116,581			1,116,581
Value funds	363,158			363,158
Total Mutual Funds	24,348,498			24,348,498
Total Investments at Fair Value	24,348,498		3,197,352	27,545,850

The following table presents additional information about Level 3 assets and liabilities measured at fair value. Both observable and unobservable inputs may be used to determine the fair value of positions the Plan has categorized within the Level 3 category. As a result, the unrealized gains and losses for assets and liabilities within the Level 3 category may include changes in fair value that were attributed to both observable and unobservable inputs.

Changes in Level 3 assets measured at fair value for the year ended December 31, 2012 were as follows...

	<u>Fair Value Beginning</u>	<u>Realized & Unrealized Gains (Losses)</u>	<u>Purchases</u>	<u>Sales</u>	<u>Fair Value Ending</u>	<u>Change in Unrealized Gains (Losses) for Investments Held at End</u>
Guaranteed Interest Acct	2,180,923	71,742	17,763,632	-16,992,369	3,023,928	
AG Premier MMKT	131,010	1,605	36,905		169,520	
Totals	2,311,933	73,347	17,800,537	-16,992,369	3,193,448	

DISCOVERY OUTSOURCING 401(K) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 5. RELATED-PARTY TRANSACTIONS

Certain plan investments are shares of mutual funds managed by Mass Mutual Life Insurance Company, the custodian, and, therefore, these transactions qualify as party in interest transactions. Fees paid by the plan for the investment management services are included in net appreciation in fair value of investments.

Administrative fees include investment fees, third party administrative fees, and other professional services, and are based on customary charges as shall be agreed to from time to time. Certain of these expenses are absorbed by the Plan sponsor. Certain administrative functions are performed by officers or employees of the Plan's sponsor. No such officer or employee receives compensation from the Plan.

NOTE 6. 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.

NOTE 7. TAX STATUS

Although the Plan has not received a determination letter from the Internal Revenue Service, it has adopted a pre-approved Prototype Plan. The prototype Plan received an opinion letter from the Internal Revenue Service on March 31, 2008 which stated that the prototype plan was designed in accordance with the applicable requirements of the Internal Revenue Code. The Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the Internal Revenue Code and is therefore, qualified and exempt from taxation.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

DISCOVERY OUTSOURCING 401(K) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 8. 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 statement of net assets available for benefits.

NOTE 9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Certain differences may exist between the recording of accruals for financial reporting purposes and IRS/Department of Labor's (DOL) Form 5500 purposes. There were no such differences as of and for the years ended December 31, 2012 and 2011.

SUPPLEMENTAL INFORMATION

DISCOVERY OUTSOURCING 401(K) SAVINGS PLAN

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

DECEMBER 31, 2012

27-0065882

PN 333

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment	(d) Cost	(e) Current value
	Mass Mutual Life Ins	Guaranteed Interest Account	\$ 3,027,832	\$ 3,027,832
	Mass Mutual Life Ins	Holding Account - SIA-AG Premier MMKT	109,276	169,520
	Mass Mutual Life Ins	SIA-EF1 RetireSmart Conservative	561,590	592,503
	Mass Mutual Life Ins	SIA-EF2 RetireSmart Moderate	893,294	963,031
	Mass Mutual Life Ins	SIA-EF3 RetireSmart Moderate	2,442,807	2,719,512
	Mass Mutual Life Ins	SIA-EF4 RetireSmart Moderate	496,724	546,403
	Mass Mutual Life Ins	SIA-EFA Balanced (American)	7,238,880	7,467,288
	Mass Mutual Life Ins	SIA-EFN Select Pimco Total Return	2,190,269	2,331,829
	Mass Mutual Life Ins	SIA-EFZ New World (American)	53,601	56,637
	Mass Mutual Life Ins	SIA-EGA Pr OpnhmrFds Strat Emrg	57,942	60,839
	Mass Mutual Life Ins	SIA-EGB EurPacific Growth (American)	702,424	796,398
	Mass Mutual Life Ins	SIA-EGD Intl Value (Thornburg)	87,065	90,663
	Mass Mutual Life Ins	SIA-EGH Premier Global (OFI)	287,557	332,825
	Mass Mutual Life Ins	SIA-EGJ Cap Wrld Gr and Inc (American)	22,435	23,719
	Mass Mutual Life Ins	SIA-EGK Growth (Franklin/Templton)	431,264	493,304
	Mass Mutual Life Ins	SIA-EGN Gloval Oportunities (OFI)	38,364	38,444
	Mass Mutual Life Ins	SIA-EGV MM S&P 500 Index	801,454	854,866
	Mass Mutual Life Ins	SIA-EGY Growth America (American)	595,787	673,180
	Mass Mutual Life Ins	SIA-EHA Premier Cap Appreciation	494,661	532,552
	Mass Mutual Life Ins	SIA-EHG Sek Dvrfd VI (LmSIs/Brywr)	166,762	184,959
	Mass Mutual Life Ins	SIA-EHH Select Fundmentl Val (Well)	248,134	272,495
	Mass Mutual Life Ins	SIA-EHI Select Lrg Cp Val (Coumb/H)	439,376	465,287
	Mass Mutual Life Ins	SIA-EHN Washingon Mut Invs (American)	302,857	325,242
	Mass Mutual Life Ins	SIA-EHO Mid Cap Core Equity (Invest)	434,110	457,543
	Mass Mutual Life Ins	SIA-EHU Sel Md Cp Gr II (TRP/Front)	430,868	461,205
	Mass Mutual Life Ins	SIA-EJD Real Estate (OFI)	598,603	655,004
	Mass Mutual Life Ins	SIA-EJG Small Cap Index (Nuveen)	449,998	492,594
	Mass Mutual Life Ins	SIA-EJI Sel Cm Cp Gr (W&R/Wilngtn)	587,343	642,039
	Mass Mutual Life Ins	SIA-EJL Sel Sm Cap Val Eq (Wm/BW)	148,149	165,572
	Mass Mutual Life Ins	SIA-EJP Cmdty Rl Rtn Strat (PIMCO)	9,875	9,749
	Mass Mutual Life Ins	SIA-EJR Gold & Spec Min (Oppenhei)	23,138	21,505
	Mass Mutual Life Ins	SIA-EZ3 RetireSmart 2020	278,206	296,821
	Mass Mutual Life Ins	SIA-EZ5 RetireSmart 2030	427,425	447,697
	Mass Mutual Life Ins	SIA-EZ7 RetireSmart 2040	320,364	372,063
	Mass Mutual Life Ins	SIA-KA Select Blue Chip III (TRP)	470,539	504,730
	Participant Loans	4.25% - 9.25	-	602,517
	Total Assets Held			<u>\$ 28,148,367</u>

DISCOVERY OUTSOURCING 401(K) SAVINGS PLAN
Schedule H, line 4j - Schedule of Reportable Transactions
DECEMBER 31, 2012 EIN 27-0065882 PN 333

(a) Identity of party involved	(b) Description of asset	(c) Purchase Price	(d) Selling Price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
MassMutual	Guaranteed Interest Account	524,434	4,093,572		1,115	4,093,572	4,093,572	-
MassMutual	Holding Acct-SIA-AG Premier MM	6,057	-			-	-	-
MassMutual	SIA-AT Select Mid Cap Gr II	-	15,362			14,429	14,429	933
MassMutual	SIA-AX Selcet Indexed Eqty	-	325,013			307,670	307,670	17,343
MassMutual	SIA-C2 Real Estate	-	266,268			233,723	233,723	32,545
MassMutual	SIA-DA Aggressive Journey	-	2,173,659			2,045,060	2,045,060	128,599
MassMutual	SIA- DC Conservative Journey	-	375,095			358,353	358,353	16,742
MassMutual	SIA-DE Ultra Aggressive Journey	-	248,965			238,010	238,010	10,955
MassMutual	SIA-DM Moderate Journey	-	1,274,560			1,242,092	1,242,092	32,468
MassMutual	SIA-EF1 RetireSmart Conservative	388,667	-			-	-	-
MassMutual	SIA-EF2 REtireSmart Moderate	1,308,751	-			-	-	-
MassMutual	SIA-EF3 RetireSmart Goderate Grown	2,264,442	-			63,426	63,426	(63,426)
MassMutual	SIA-EF4 RetireSmart Growth	238,613	-			-	-	-
MassMutual	SIA-EFA Balanced (American)	7,384,075	25,643			25,643	25,643	-
MassMutual	SIA-EFN Select Pimco Total Return	2,000,159	-			35,278	35,278	(35,278)
MassMutual	SIA-EFZ New World (American)	12,266	-			-	-	-
MassMutual	SIA-EGA Pr OphFds Strat Emrg Mrkts	18,451	-			-	-	-
MassMutual	SIA-EGB EurPacific Growth (American)	233,684	-			-	-	-
MassMutual	SIA-EGD Intl Value (Thornburg)	31,169	-			-	-	-
MassMutual	SIA-EGH Premier Global (OFI)	70,236	-			-	-	-
MassMutual	SIA-EGJ Cap Wrld Gr and Inc (Americna)	7,202	-			-	-	-
MassMutual	SIA-EGK Growth (Franklin/Templton)	150,827	-			-	-	-
MassMutual	SIA-EGN Gloval Opportunities (OFI)	13,016	-			-	-	-
MassMutual	SIA EGV MM S&P 500 Index	511,432	-			-	-	-
MassMutual	SIA EGY Growth America (American)	451,333	-			-	-	-
MassMutual	SIA-EHA Premier Cap Appreciation (OFI)	295,028	-			-	-	-
MassMutual	SIA-EHG Sek Dvrfd VI (Lm Sls/Brywn)	13,841	-			-	-	-
MassMutual	SIA-EHH Select Fundmtl Val (Wellington)	38,505	-			-	-	-
MassMutual	SIA-EHI Select Lrg Cp Val (Coumb/Huber)	270,511	-			-	-	-
MassMutual	SIA-EHN Washington Mut Invs (American)	89,595	-			-	-	-

DISCOVERY OUTSOURCING 401(K) SAVINGS PLAN
Schedule H, line 4j - Schedule of Reportable Transactions (continued...)
DECEMBER 31, 2012 EIN 27-0065882 PN 333

MassMutual	SIA-EHO Mid Cap Core Equity (Invesco)	170,437	-			-	-	-
MassMutual	SIA-EHU Sel Md Cp Gr II (TRP/Frontier)	59,294	-			-	-	-
MassMutual	SIA-EJD Real Estate (OFI)	291,811	-			-	-	-
MassMutual	SIA-EJG Small Cap Index (Nuveen)	190,995	-			-	-	-
MassMutual	SIA-EJI SelCmCpGr (W&R/Wilngtn/TMB)	321,830	-			-	-	-
MassMutual	SIA-EJL Sel Sm Cap Val Eq (Wm/BWHI)	30,842	-			-	-	-
MassMutual	SIA-EJP Cmdty RI Rtn Strat (PIMCO)	3,608	-			-	-	-
MassMutual	SIA-EJR Gold & Spec Min (Oppenheimer)	7,925	-			-	-	-
MassMutual	SIA-EZ3 RetireSmart 2020	151,904	-			-	-	-
MassMutual	SIA-EZ5 RetireSmart 2030	233,055	-			-	-	-
MassMutual	SIA-EZ7 RetireSmart 2040	256,083	-			-	-	-
MassMutual	SIA-FF Premier Discovery Value	23,152	44,137			54,877	54,877	(10,740)
MassMutual	SIA-HK Select Diversified Val	-	-			-	-	-
MassMutual	SIA-HW Growth America	-	427,816			399,151	399,151	28,665
MassMutual	SIA-K4 Destination Retirement 2020	-	147,194			146,065	146,065	1,129
MassMutual	SIA-K9 Destination Retirement 2030	-	97,127			89,548	89,548	7,579
MassMutual	SIA-KA Select Blue Chip III (TRP)	37,938	-			-	-	-
MassMutual	SIA-KB Sel Sm Cap Value Equity	-	18,577			19,957	19,957	(1,380)
MassMutual	SIA-KC Sel Sm Cap Cor Equity	-	-			-	-	-
MassMutual	SIA-M4 Destination Retirement 2040	-	251,069			236,614	236,614	14,455
MassMutual	SIA-OC Premier Capital Appreciation	-	242,314			224,586	224,586	17,728
MassMutual	SIA-QD Premier Global	-	57,407			55,971	55,971	1,436
MassMutual	SIA-TG Small Cap Equity Index	-	144,408			150,984	150,984	(6,576)
MassMutual	SIA-VB Euro Pacific Growth	-	198,108			206,920	206,920	(8,812)
MassMutual	SIA-VC Washing Mutual Invs	-	76,127			70,065	70,065	6,062
MassMutual	SIA-VE Balanced	-	1,581,771			1,471,487	1,471,487	110,284
MassMutual	SIA-WS Basic Value	-	24,664			28,006	28,006	(3,342)
MassMutual	SIA-WT Mid Cap Core Equity	-	121,740			140,976	140,976	(19,236)
MassMutual	SIA-WU Growth	-	145,201			146,899	146,899	(1,698)
MassMutual	SIA-WV Mutual Shares	-	257,043			217,639	217,639	39,404
MassMutual	SIA-WY Growth	-	309,564			290,042	290,042	19,522
MassMutual	SIA-WZ Total Return	1	1,836,252			1,704,287	1,704,287	131,965
	TOTAL	18,101,169	14,778,656	-	1,115	14,311,330	14,311,330	467,326

**Scott
Skibbie, Inc.**
Certified Public Accountant

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Schedule H, Line 4j
Schedule of Reportable Transactions

Name of Plan: ► Discovery Outsourcing 401k Savings Plan

Employer Identification Number (EIN): ►

27-0065882

Three-digit plan number: ►

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For the plan year beginning/ending: ►

01/01/2012 / 12/31/12

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
MassMutual Life Ins	Guaranteed Interest Account	524434	4093572		1115	4093572	4093572	0
MassMutual Life Ins	Holding Account - SIA-AG Premier MMKT	6057	0		0	0	0	0
MassMutual Life Ins	SIA-AT Select Mid Cap Gr II	0	15362		0	14429	15362	933
MassMutual Life Ins	SIA-AX Selcet Indexed Eqty	0	325013		0	307670	325013	17343
MassMutual Life Ins	SIA-C2 Real Estate	0	266268		0	233723	266268	32545
MassMutual Life Ins	SIA-DA Aggressive Journey	0	2173659		0	2045060	2173659	128599
MassMutual Life Ins	SIA- DC Conservative Journey	0	375095		0	358353	375095	16742
MassMutual Life Ins	SIA-DE Ultra Aggressive Journey	0	248965		0	238010	248965	10955
MassMutual Life Ins	SIA-DM Moderate Journey	0	1274560		0	1242092	1274560	32468
MassMutual Life Ins	SIA-EF1 RetireSmart Conservative	388667	0		0	0	0	0
MassMutual Life Ins	SIA-EF2 RETireSmart Moderate	1308751	0		0	0	0	0
MassMutual Life Ins	SIA-EF3 RetireSmart Goderate Grown	2264442	0		0	63426	0	-63426
MassMutual Life Ins	SIA-EF4 RetireSmart Growth	238613	0		0	0	0	0
MassMutual Life Ins	SIA-EFA Balanced (American)	7384075	25643		0	25643	25643	0
MassMutual Life Ins	SIA-EFN Select Pimco Total Return	2000159	0		0	35278	0	-35278
MassMutual Life Ins	SIA-EFZ New World (American)	12266	0		0	0	0	0
MassMutual Life Ins	SIA-EGA Pr OphmrFds Strat Emrg Mrkts	18451	0		0	0	0	0
MassMutual Life Ins	SIA-EGB EurPacific Growth (American)	233684	0		0	0	0	0
MassMutual Life Ins	SIA-EGD Intl Value (Thornburg)	31169	0		0	0	0	0
MassMutual Life Ins	SIA-EGH Premier Global (OFI)	70236	0		0	0	0	0
MassMutual Life Ins	SIA-EGJ Cap Wrld Gr and Inc (Americna)	7202	0		0	0	0	0
MassMutual Life Ins	SIA-EGK Growth (Franklin/Templton)	150827	0		0	0	0	0
MassMutual Life Ins	SIA-EGN Gloval Opportunities (OFI)	13016	0		0	0	0	0

MassMutual Life Ins	SIA EGV MM S&P 500 Index	511432	0		0	0	0	0
MassMutual Life Ins	SIA EGY Growth America (American)	451333	0		0	0	0	0
MassMutual Life Ins	SIA-EHA Premier Cap Appreciation (OFI)	295028	0		0	0	0	0
MassMutual Life Ins	SIA-EHG Sek Dvrfd VI (Lm Sls/Brywn)	13841	0		0	0	0	0
MassMutual Life Ins	SIA-EHH Select Fundmentl Val (Wellington)	38505	0		0	0	0	0
MassMutual Life Ins	SIA-EHI Select Lrg Cp Val (Coumb/Huber)	270511	0		0	0	0	0
MassMutual Life Ins	SIA-EHN Washington Mut Invs (American)	89595	0		0	0	0	0
MassMutual Life Ins	SIA-EHO Mid Cap Core Equity (Invesco)	170437	0		0	0	0	0
MassMutual Life Ins	SIA-EHU Sel Md Cp Gr II (TRP/Frontier)	59294	0		0	0	0	0
MassMutual Life Ins	SIA-EJD Real Estate (OFI)	291811	0		0	0	0	0
MassMutual Life Ins	SIA EJG Small Cap Index (Nuveen)	190995	0		0	0	0	0
MassMutual Life Ins	SIA-EJI Sel Cm Cp Gr (W&R/Wilngtn/TMB	321830	0		0	0	0	0
MassMutual Life Ins	SIA EJL Sel Sm Cap Val Eq (Wm/BWHI)	30842	0		0	0	0	0
MassMutual Life Ins	SIA EJP Cmdty RI Rtn Strat (PIMCO)	3608	0		0	0	0	0
MassMutual Life Ins	SIA EJR Gold & Spec Min (Oppenheimer)	7925	0		0	0	0	0
MassMutual Life Ins	SIA-EZ3 RetireSmart 2020	151904	0		0	0	0	0
MassMutual Life Ins	SIA-EZ5 RetireSmart 2030	233055	0		0	0	0	0
MassMutual Life Ins	SIA-EZ7 RetireSmart 2040	256083	0		0	0	0	0
MassMutual Life Ins	SIA-FF Premier Discovery Value	23152	44137		0	54877	44137	-10740
MassMutual Life Ins	SIA-HK Select Diversifed Val	0	0		0	0	0	0
MassMutual Life Ins	SIA-HW Growth America	0	427816		0	399151	427816	28665
MassMutual Life Ins	SIA-K4 Destination Retirement 2020	0	147194		0	146065	147194	1129
MassMutual Life Ins	SIA-K9 Destination Retirement 2030	0	97127		0	89548	97127	7579
MassMutual Life Ins	SIA-KA Select Blue Chip III (TRP)	37938	0		0	0	0	0
MassMutual Life Ins	SIA-KB Sel Sm Cap Value Equity	0	18577		0	19957	18577	-1380
MassMutual Life Ins	SIA-KC Sel Sm Cap Cor Equity	0	0		0	0	0	0
MassMutual Life Ins	SIA-M4 Destination Retirement 2040	0	251069		0	236614	251069	14455
MassMutual Life Ins	SIA-OC Premier Capital Appreciation	0	242314		0	224586	242314	17728
MassMutual Life Ins	SIA-QD Premier Global	0	57407		0	55971	57407	1436
MassMutual Life Ins	SIA-TG Small Cap Equity Index	0	144408		0	150984	144408	-6576
MassMutual Life Ins	SIA-VB Euro Pacific Growth	0	198108		0	206920	198108	-8812
MassMutual Life Ins	SIA-VC Washing Mutual Invs	0	76127		0	70065	76127	6062
MassMutual Life Ins	SIA-VE Balanced	0	1581771		0	1471487	1581771	110284
MassMutual Life Ins	SIA-WS Basic Value	0	24664		0	28006	24664	-3342

MassMutual Life Ins	SIA-WT Mid Cap Core Equity	0	121740		0	140976	121740	-19236
MassMutual Life Ins	SIA-WU Growth	0	145201		0	146899	145201	-1698
MassMutual Life Ins	SIA-WV Mutual Shares	0	257043		0	217639	257043	39404
MassMutual Life Ins	SIA-WY Growth	0	309564		0	290042	309564	19522
MassMutual Life Ins	SIA-WZ Total Return	1	1836252		0	1704287	1836252	131965

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

Name of Plan:

► Discovery Outsourcing 401k Savings Plan

Employer Identification Number: ► 27-0065882

For plan year (beginning/ending): ► 01/01/2012 / 12/31/2012

Plan number: ►

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(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
	MassMutual Life Ins	Guaranteed Interest Account	3027839	3027839
	MassMutual Life Ins	Holding Account - SIA-AG Premier M	109276	169520
	MassMutual Life Ins	SIA-EF1 RetireSmart Conservative	561590	592503
	MassMutual Life Ins	SIA-EF2 RETireSmart Moderate	893294	963031
	MassMutual Life Ins	SIA-EF3 RetireSmart Goderate Grow	2442807	2719512
	MassMutual Life Ins	SIA-EF4 RetireSmart Growth	496724	546403
	MassMutual Life Ins	SIA-EFA Balanced (American)	7238880	7467288
	MassMutual Life Ins	SIA-EFN Select Pimco Total Return	2190269	2331829
	MassMutual Life Ins	SIA-EFZ New World (American)	53601	56637
	MassMutual Life Ins	SIA-EGA Pr OphmrFds Strat Emrg M	57942	60839
	MassMutual Life Ins	SIA-EGB EurPacific Growth (America	702424	796398
	MassMutual Life Ins	SIA-EGD Intl Value (Thornburg)	87065	90663
	MassMutual Life Ins	SIA-EGH Premier Global (OFI)	287557	332825
	MassMutual Life Ins	SIA-EGJ Cap Wrld Gr and Inc (Ameri	22435	23719
	MassMutual Life Ins	SIA-EGK Growth (Franklin/Templton)	431264	493304
	MassMutual Life Ins	SIA-EGN Gloval Opportunities (OFI)	38364	38444
	MassMutual Life Ins	SIA EGV MM S&P 500 Index	801454	854866
	MassMutual Life Ins	SIA EGY Growth America (American)	595787	673180
	MassMutual Life Ins	SIA-EHA Premier Cap Appreciation (C	494661	532552
	MassMutual Life Ins	SIA-EHG Sek Dvrfd VI (Lm Sls/Brywr	166762	184959
	MassMutual Life Ins	SIA-EHH Select Fundmentl Val (Welli	248134	272495
	MassMutual Life Ins	SIA-EHI Select Lrg Cp Val (Coubm/H	439376	465287
	MassMutual Life Ins	SIA-EHN Washington Mut Invs (Amer	302857	325242
	MassMutual Life Ins	SIA-EHO Mid Cap Core Equity (Inves	434110	457543
	MassMutual Life Ins	SIA-EHU Sel Md Cp Gr II (TRP/Front	430868	461205
	MassMutual Life Ins	SIA-EJD Real Estate (OFI)	598603	655004
	MassMutual Life Ins	SIA EJJ Small Cap Index (Nuveen)	449998	492594
	MassMutual Life Ins	SIA-EJI Sel Cm Cp Gr (W&R/Wilngtn	587343	642039
	MassMutual Life Ins	SIA EJJ Sel Sm Cap Val Eq (Wm/BW	148149	165572
	MassMutual Life Ins	SIA EJP Cmdty RI Rtn Strat (PIMCO)	9875	9749
	MassMutual Life Ins	SIA EJR Gold & Spec Min (Oppenhei	23138	21505
	MassMutual Life Ins	SIA-EZ3 RetireSmart 2020	278206	296821
	MassMutual Life Ins	SIA-EZ5 RetireSmart 2030	427425	447697
	MassMutual Life Ins	SIA-EZ7 RetireSmart 2040	320364	372063
	MassMutual Life Ins	SIA-KA Select Blue Chip III (TRP)	470539	504730
	Participant Loan	4-25% - 9.25%	0	595413