

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2015
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☐ a single-employer plan; ☐ a DFE (specify) ____ B This return/report is: ☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months). C If the plan is a collectively-bargained plan, check here. ☐ D Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>DISCOVERY OUTSOURCING 401K SAVINGS PLAN</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 (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>DISCOVERY OUTSOURCING</u> <u>6455 S. YOSEMITE STE., SUITE 250</u> <u>GREENWOOD VILLAGE, CO 80111-3275</u>	2b Employer Identification Number (EIN) <u>27-0065882</u> 2c Plan 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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/14/2016</u>	<u>SABRINA WINCKLER</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

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

Form 5500 (2015)
v. 150123

3a Plan administrator's name and address ☐ Same as Plan Sponsor 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 1909
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 1553
a(2) Total number of active participants at the end of the plan year	6a(2) 1397
b Retired or separated participants receiving benefits.....	6b 32
c Other retired or separated participants entitled to future benefits.....	6c 373
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 1802
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 1802
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 1317
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 56
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)

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan 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	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
04-1590850	65935	84479	1397	01/01/2015	12/31/2015

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

(a) Total amount of commissions paid 315168	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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	
285453	0	COMMISSIONS	3

(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	
29377	0	COMMISSIONS	3

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

Schedule A (Form 5500) 2015
v. 150123

(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	
338	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	43086982

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 CO

b Balance at the end of the previous year	7b	2985504
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c Additions: (1) Contributions deposited during the year	7c(1)	8863715
(2) Dividends and credits	7c(2)	5616
(3) Interest credited during the year	7c(3)	99967
(4) Transferred from separate account	7c(4)	8518992
(5) Other (specify below)	7c(5)	10026649

▶ OTHER TRANSFERS, OTHER ROLLOVERS

(6) Total additions	7c(6)	27514939
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d Total of balance and additions (add lines 7b and 7c(6))	7d	30500443
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2736585
(2) Administration charge made by carrier	7e(2)	16134
(3) Transferred to separate account	7e(3)	18044955
(4) Other (specify below)	7e(4)	5584630

▶ OTHER TRANSFERS, PD TRUST LAPSE

(5) Total deductions	7e(5)	26382304
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	4118139
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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
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan 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	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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	168090	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 ☒	61698	Yes ☐ No ☒

(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?
14	PLAN SPONSOR	0	Yes ☒ No ☐	Yes ☐ No ☒	41665	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)

SCOTT SKIBBIE, INC

532 MONTRIDGE CT
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 ☒	10000	Yes ☐ No ☒

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

QUALIFIED PENSION SERVICE

7851 S ELATI STREET, SUITE 2015
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	TPA	440	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.	

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-5N SEL GR OPPORTUNITIES</u>			
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>			
c EIN-PN <u>90-0779283-101</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1352848</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>HOLDING ACCOUNT - SIA-AG MONEY MAR</u>			
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>			
c EIN-PN <u>04-1590850-016</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>79873</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-EF1 RETIRESMART CONSERVATIVE</u>			
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>			
c EIN-PN <u>90-0342299-465</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>536570</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-EF2 RETIRESMART MODERATE</u>			
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>			
c EIN-PN <u>90-0342299-466</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1979528</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-EF3 RETIRESMART MODERATE GROWTH</u>			
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>			
c EIN-PN <u>90-0342299-467</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3332654</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-EF4 RETIRESMART GROWTH</u>			
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>			
c EIN-PN <u>90-0342299-468</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1929127</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-EFA (BALANCED)</u>			
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>			
c EIN-PN <u>90-0342299-469</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5832562</u>	

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 LIFE 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) 2748462
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-EFZ NEW WORLD		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0779283-263	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 163851
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 LIFE 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) 910824
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-EGD INTERNATIONAL VALUE		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE 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) 460767
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 LIFE 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) 423748
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 LIFE 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) 158662
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-EGK GROWTH		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE 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) 427063
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 LIFE 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) 298774
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 LIFE 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) 2782553
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 LIFE 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) 1448463

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 LIFE 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)	313796
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 LIFE 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)	674048
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 LIFE 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)	395396
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 LIFE 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)	838788
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 LIFE 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)	994965
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 LIFE 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)	1092192
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 LIFE 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)	1033669
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 LIFE 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)	889222
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 LIFE 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)	687593
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 LIFE 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)	320818

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 LIFE 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) 19213
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 LIFE 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) 48981
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-EZ0 RETIREMENT SMART		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0779283-378	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21670
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-EZ1 MM RETIRE SMART 2010		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0779283-059	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 105151
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 LIFE 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) 1748079
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 LIFE 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) 3218724
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 LIFE 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) 3264457
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA EZ9 RETIREMENT SMART 2050		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0779283-274	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 995758
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 LIFE 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) 962814
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-SQ SOCIALLY RESP		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 04-1590850-438	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 475270

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 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan 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		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a	0	0
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	455825	371119
	(2) Participant contributions	1b(2)	94102	198425
	(3) Other.....	1b(3)		
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)	640488	780832
	(9) Value of interest in common/collective trusts.....	1c(9)	0	0
	(10) Value of interest in pooled separate accounts.....	1c(10)	40098078	43086982
	(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)	2985504	3901390
	(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	44273997	48338748

Liabilities

g Benefit claims payable	1g	13062	7077
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	13062	7077

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	44260935	48331671
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2928042	
(B) Participants	2a(1)(B)	6042825	
(C) Others (including rollovers)	2a(1)(C)	950865	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		9921732

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)	35898	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		35898

(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)		
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(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)		-892230
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		9065400

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7719577	
(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)		7719577
f Corrective distributions (see instructions)	2f		87243
g Certain deemed distributions of participant loans (see instructions)	2g		7934
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		7814754

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1250646
l Transfers of assets:			
(1) To this plan	2l(1)		8763351
(2) From this plan	2l(2)		5943261

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.)

	Yes	No	N/A	Amount
4a		X		
4b		X		

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

	Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			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.				
o Did the plan trust incur unrelated business taxable income?		X		
p Were in-service distributions made during the plan year?	X			240141

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No Amount:**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
WM SMITH & CO 401K PLAN	84-1204416	002
MOMENTUM GROUP, INC. 401K PLAN	84-1269114	002
ADP TOTAL SOURCE RETIREMENT SAVINGS	59-2452823	001
EYE CARE CENTER OF NORTHERN COLO 401K PLAN	84-1355429	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined**Part V Trust Information****6a** Name of trust**6b** Trust's EIN**6c** Name of trustee or custodian**6d** Trustee's or custodian's telephone number

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☐ No Amount:

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
COLUMBINE LABEL RETIREMENT SAVINGS PLAN	84-1485229	002

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

Part V Trust Information

6a Name of trust

6b Trust's EIN

6c Name of trustee or custodian

6d Trustee's or custodian's telephone number

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

A Name of plan <u>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
---------------	----------------------

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)
----------------	--

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2015
v. 150123

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)
	a Enter the percentage of plan assets held as: Stock: <u>0.0</u> % Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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



DISCOVERY
OUTSOURCING
401(K) SAVINGS PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2015

DISCOVERY OUTSOURCING 401(K) SAVINGS PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2015

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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 have audited 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, 2015 and 2014, and the related statement of changes in net assets available for benefits for the year ended December 31, 2015, 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 our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

Independent Auditor's Report (continued...)

Emphasis of Matter

As discussed in Note G to the financial statements, Discovery Outsourcing was acquired by CoAdvantage, a Florida based PEO. In January of 2016, contributions to the Discovery Outsourcing 401(k) Savings Plan were discontinued and management has determined that liquidation is imminent. As a result, the Plan has changed its basis of accounting from the going concern basis used in presenting the 2014 financial statements to the liquidation basis used in presenting the 2015 financial statements. Our opinion is not modified with respect to this matter.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2015 and 2014, and the changes in net assets available for benefits for the year ended December 31, 2015, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

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

A handwritten signature in blue ink, appearing to read "Scott A. Skibbie".

Tullahoma, Tennessee
October 11, 2016

DISCOVERY OUTSOURCING 401(K) SAVINGS PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2015 AND 2014

	<u>2015</u>	<u>2014</u>
ASSETS:		
Investments at fair value (see Note C)	\$43,086,982	\$ 40,098,078
Investments at contract value (see Note D)	3,901,390	2,985,504
RECEIVABLES:		
Employer contributions	371,119	455,825
Employee contributions	198,425	94,102
Other	-	-
Participant notes receivable	780,832	640,488
TOTAL RECEIVABLES	<u>1,350,376</u>	<u>1,190,415</u>
Cash	<u>-</u>	<u>-</u>
TOTAL ASSETS	<u>48,338,748</u>	<u>44,273,997</u>
LIABILITIES:		
Accrued expenses	-	-
Excess contributions payable	<u>7,077</u>	<u>13,062</u>
TOTAL LIABILITIES	<u>7,077</u>	<u>13,062</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$48,331,671</u>	<u>\$ 44,260,935</u>

See accompanying notes to the financial statements

DISCOVERY OUTSOURCING 401(K) SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEAR ENDED DECEMBER 31, 2015

ADDITIONS:

Additions to net assets attributed to:

INVESTMENT INCOME:

Net appreciation in fair value of investments	\$ (892,230)
Interest	-
Dividends	-
Other Income	-
NET INVESTMENT INCOME	<u>(892,230)</u>

Interest income on notes receivable from participants	35,898
---	--------

CONTRIBUTIONS

Employer (see Note A)	2,928,042
Participants	6,042,825
Rollovers (see Note E)	950,865
NET CONTRIBUTIONS	<u>9,921,732</u>

TOTAL ADDITIONS	<u>9,065,400</u>
-----------------	------------------

DEDUCTIONS

Deductions from net assets attributed to:

Benefits paid to participants	7,719,577
Administrative expenses	-
Certain deemed distributions of participant loans	7,934
Other expenses	87,243

TOTAL DEDUCTIONS	<u>7,814,754</u>
------------------	------------------

NET INCREASE (DECREASE)	1,250,646
-------------------------	-----------

TRANSFERS To (From) the PLAN	2,820,090
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NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	<u>44,260,935</u>
End of year	<u><u>\$ 48,331,671</u></u>

See accompanying notes to the financial statements

DISCOVERY OUTSOURCING 401(K) SAVINGS PLAN

Notes to Financial Statements

A. Description of Plan

The following description of the Discovery Outsourcing 401(k) Savings Plan (the “Plan”) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan’s provisions.

1. General. The Plan is a defined contribution plan covering all full-time employees of the Discovery Outsourcing, Inc. (the “Company”) and the employer organizations who have adopted the Plan (see “Participating Employer” below), who have met the eligibility requirements established by their respective Participating Employer. The Plan was established on January 1, 2004 and is subject to the provisions of the Employment Retirement Income Security Act of 1974 (ERISA).

The Plan is a “multiple employer” plan as described in Section 413(c) of the Internal Revenue Code (the “Code”). The Company provides payroll processing and human resource services to its clients. Each client “employer” of the Company has the option of adopting this plan for the benefit of its employees. A client that adopts this plan is known as a “Participating Employer”. Each Participating Employer establishes its eligibility requirements relating to age and length of service for its employees in accordance with the provisions of the Plan and the Code.

A client that does not adopt this plan may adopt its own retirement plan. Any client adopting its own retirement plan is subject to its plan’s regulations and not those of this Plan. Therefore, their plan information is not included in these financial statements.

2. Contributions. Each year, participants may contribute a percent of pretax annual compensation as defined in the Plan to the maximum allowed by the Code. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants also may contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers). Participants direct the investment of their contributions into various investment options offered by the Plan.

The Plan does not include an auto-enrollment provision. Eligible employees must enroll if they wish to participate in the Plan.

The Company and each participating employer may elect to make safe harbor contributions and/or a matching contribution. The Company and each participating employer may also make a discretionary contribution as determined each year. The safe harbor, matching and discretionary contributions are invested as directed by the participant.

DISCOVERY OUTSOURCING 401(K) SAVINGS PLAN

Notes to Financial Statements

A. Description of Plan (continued...)

3. Participant accounts. Each participant's account is credited with the participant's contributions and the Company's or the participating employer's safe harbor and matching contributions, as well as allocations of Plan earnings. Participant accounts are charged with an allocation of administrative expenses. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.
4. Vesting. Participants are vested immediately in their contributions and the Company's or the participating employer's safe harbor contributions plus actual earnings on the contributions. Vesting in the Company's matching and discretionary contribution portion of their accounts is based on years of continuous service. A participant is 100 percent vested after meeting the service requirement established by the participating employer not to exceed the ERISA maximum of 6 years.
5. Notes receivable from participants. Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their account balance. The loans are secured by the balance in the participant's account. The loan interest rate shall be the Prime Lending Rate plus 1% determined as of the date of the loan request or such other rate of interest as would be charged by persons in the business of lending money for loans which would be made under similar circumstances. Principal and interest is paid ratably through payroll deductions.
6. Payment of benefits. On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account.

In the event of a participant's death, his or her designated beneficiary may request a distribution of his or her account.

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

7. Forfeited accounts. Upon termination of employment the non-vested portion of a participant's account is forfeited. Forfeitures may be used to pay plan administrative expenses or to reduce employer contributions.

DISCOVERY OUTSOURCING 401(K) SAVINGS PLAN

Notes to Financial Statements

B. Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan have been prepared on the liquidation basis of accounting for 2015 and on the accrual basis of accounting for 2014. Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the 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 normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Use of Estimates

The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes in those assets and liabilities, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company. See Note C for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments purchased 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. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2015, or 2014. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan agreement.

DISCOVERY OUTSOURCING 401(K) SAVINGS PLAN

Notes to Financial Statements

B. Summary of Accounting Policies (continued...)

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service are recorded as a liability with a corresponding increase in the Corrective Distributions shown on the form 5500.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses incurred maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Investment-related expenses are included in net appreciation of fair value of investments.

Subsequent Events

The Plan has evaluated subsequent events through October 11, 2016, the date the financial statements were available to be issued. Discovery Outsourcing has been acquired by CoAdvantage, a Florida based PEO. In January of 2016, contributions to the Discovery Outsourcing 401(k) Savings Plan were discontinued and during 2016 the assets of the Plan will be transferred to either the CoAdvantage plan or another plan as determined by each Participating Employer.

DISCOVERY OUTSOURCING 401(K) SAVINGS PLAN

Notes to Financial Statements

C. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under Topic 820 are described as follows:

Level 1	Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.
---------	--

Level 2	Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as: a. Quoted prices for similar assets or liabilities in active markets b. Quoted prices for identical or similar assets or liabilities in inactive markets c. Inputs other than quoted prices that are observable for the asset or liability d. Inputs that are derived principally from or corroborated by observable market data by correlation or other means.
---------	---

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

Level 3	Inputs that are unobservable inputs for the asset or liability.
---------	---

DISCOVERY OUTSOURCING 401(K) SAVINGS PLAN

Notes to Financial Statements

C. Fair Value Measurements (continued...)

Following is a description of the valuation methodologies used for assets measured at fair value.

There have been no changes in the methodologies used at December 31, 2015, and 2014.

1. Common stocks. Valued at the closing price reported on the active market on which the individual securities are traded.
2. Self-directed brokerage accounts. Accounts primarily consist of mutual funds and common stocks that are valued on the basis of readily determinable market prices.
3. Corporate bonds. Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing the value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, those corporate bonds are valued under a discounted cash flow approach that maximizes observable inputs, such as current yields or similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.
4. Mutual funds. Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.
5. U.S. government securities. Valued using pricing models maximizing the use of observable inputs for similar securities.
6. Mass Mutual Guaranteed Investment Contract. Valued at contract or book value (principal plus accumulated earnings). See note D for more information.

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DISCOVERY OUTSOURCING 401(K) SAVINGS PLAN

Notes to Financial Statements

C. Fair Value Measurements (continued...)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015, and 2014. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

<u>12/31/2015</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	-			-
Pooled Separate Accts	43,007,109			43,007,109
Self-directed brokerage account	-			-
Collective trust funds	-			-
Common stocks	-			-
Corporate bonds	-			-
U.S. Government securities	-			-
Partnership/joint venture interests	-			-
Guaranteed investment contract	-			-
Other	-			-
Total assets in the fair value hierarchy	43,007,109	-	-	43,007,109
Investments measured at net asset value*				79,873
Investments at fair value	43,007,109	-	-	43,086,982

<u>12/31/2014</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	-			-
Pooled Separate Accts	40,052,500			40,052,500
Self-directed brokerage account	-			-
Collective trust funds	-			-
Common stocks	-			-
Corporate bonds	-			-
U.S. Government securities	-			-
Partnership/joint venture interests	-			-
Guaranteed investment contract	-			-
Other	-			-
Total assets in the fair value hierarchy	40,052,500	-	-	40,052,500
Investments measured at net asset value*				45,578
Investments at fair value	40,052,500	-	-	40,098,078

In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

DISCOVERY OUTSOURCING 401(K) SAVINGS PLAN

Notes to Financial Statements

C. Fair Value Measurements (continued...)

Transfers between Levels

For years ended December 31, 2015, and 2014, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3 and no changes in Fair Value of Level 3 Assets and Related Gains and Losses.

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs.

<u>Instrument</u>	<u>Fair Value</u>	<u>Principal Valuation Technique</u>	<u>Unobservable Inputs</u>	<u>Range of Significant Input Values</u>	<u>Weighted Average</u>
None	\$ -	Discounted cash flow	Credit Risk (basis points)	N/A	N/A
			Liquidity risk (basis points)	N/A	N/A

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2015, and 2014, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

<u>Fund</u>	<u>12/31/15 Fair Value</u>	<u>12/31/14 Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (If Currently Eligible)</u>	<u>Plan Redemption Notice Period</u>
SIA-AG Premier MMKT	79,873	45,578	N/A	Daily	30 days

DISCOVERY OUTSOURCING 401(K) SAVINGS PLAN

Notes to Financial Statements

D. Fully Benefit-Responsive Investment Contracts

The Plan offers participants the ability to invest a portion or all of their account in the Mass Mutual Fixed Account investment option. The product does not operate like a mutual fund or bank collective trust fund. Mass Mutual considers this investment option to be fully benefit responsive, notwithstanding the liquidation value events under the Group Funding Arrangement that limit the ability of the Plan to transact at Contract Value. Mass Mutual determines fair value of its investments using the market approach.

The Mass Mutual Fixed Account investment option is provided through a Group Funding Agreement (GFA). Under the terms of the GFA, a crediting rate is established for amounts invested in the Fixed Account. Participants may direct permitted withdrawal and/or transfer transactions of all or a portion of their account balance at Contract Value. Contract Value represents contributions plus credited interest less participant withdrawals and fees. Contract Value is often referred to as "Book Value." The contract value of the Mass Mutual Fixed Account was \$3,901,390 and \$2,985,505 as of December 31, 2015 and 2014 respectively.

The objective of this fund is to maintain a competitive fixed interest rate and a minimum guaranteed rate of return. The Fixed Account is invested in the general asset account of Massachusetts Mutual Life Insurance Company and is guaranteed by MassMutual's claims paying ability. MassMutual's general account is primarily invested in investment grade fixed income securities.

The Fixed Account interest rate will never be less than the minimum interest rate specified in the contract. MassMutual may, from time to time, credit interest rates in excess of the minimum Interest rate.

E. Rollover Contributions

Rollovers may be accepted from all Participants who are Employees. Distributions may be made at any time from a participant's rollover account.

DISCOVERY OUTSOURCING 401(K) SAVINGS PLAN

Notes to Financial Statements

F. Related-Party Transactions and Party-in-Interest Transactions

Certain plan investments are managed by Mass Mutual Life Insurance Company, the trustee/custodian for the Plan, and, therefore, these transactions qualify as party in interest transactions.

During the year ended December, 31, 2015, the Plan sponsor, Discovery Outsourcing, which had been acquired by CoAdvantage (a PEO based in Tampa, Florida) received administrative fees for its role in administering the Plan on behalf of the Participating Employers for which it processed payroll and provided other human resource services. Also Qualified Pension Service received administrative fees, Sean Gooden, Scott Alan Stillman and Mark Henry Rodden received advisory fees, and Scott Skibbie Incorporated received audit fees. Fees paid for these services are included in administrative expense. These transactions also qualify as party-in-interest transactions for which there is a statutory exemption.

G. Plan Termination

Discovery Outsourcing has been acquired by CoAdvantage, a Florida based PEO. In January of 2016, contributions to the Discovery Outsourcing 401(k) Savings Plan were discontinued and during 2016 the assets of the Plan will be transferred to either the CoAdvantage plan or another plan as determined by each Participating Employer.

H. 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 Plan has been amended as necessary and the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believes that the Plan is qualified and that the related trust is tax-exempt.

I. 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. Because of 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.

DISCOVERY OUTSOURCING 401(K) SAVINGS PLAN

Notes to Financial Statements

J. 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, 2015 and 2014.

SUPPLEMENTAL INFORMATION

DISCOVERY OUTSOURCING 401(K) SAVINGS PLAN

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

DECEMBER 31, 2015

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	**	3,901,390
*	Mass Mutual Life Ins	SIA-AG Premier MMKT	**	79,873
*	Mass Mutual Life Ins	SIA-5N Sel Gr Opportunities	**	1,352,848
*	Mass Mutual Life Ins	SIA-EF1 RetireSmart Conservative	**	536,570
*	Mass Mutual Life Ins	SIA-EF2 RetireSmart Moderate	**	1,979,528
*	Mass Mutual Life Ins	SIA-EF3 RetireSmart Moderate Grown	**	3,332,654
*	Mass Mutual Life Ins	SIA-EF4 RetireSmart Growth	**	1,929,127
*	Mass Mutual Life Ins	SIA-EFA Balanced (American)	**	5,832,562
*	Mass Mutual Life Ins	SIA-EFN Select Pimco Total Return	**	2,748,462
*	Mass Mutual Life Ins	SIA-EFZ New World (American)	**	163,851
*	Mass Mutual Life Ins	SIA-EGA Pr OpnhmrFds Strat Emrg Mrkts	**	130,049
*	Mass Mutual Life Ins	SIA-EGB EurPacific Growth (American)	**	910,824
*	Mass Mutual Life Ins	SIA-EGD Intl Value (Thornburg)	**	460,767
*	Mass Mutual Life Ins	SIA-EGH Premier Global (OFI)	**	423,748
*	Mass Mutual Life Ins	SIA-EGJ Cap Wrld Gr and Inc (Americna)	**	158,662
*	Mass Mutual Life Ins	SIA-EGK Growth (Franklin/Templton)	**	427,063
*	Mass Mutual Life Ins	SIA-EGN Global Opportunities (OFI)	**	298,774
*	Mass Mutual Life Ins	SIA-EGV MM S&P 500 Index	**	2,782,553
*	Mass Mutual Life Ins	SIA-EGY Growth America (American)	**	1,448,463
*	Mass Mutual Life Ins	SIA-EHG Sek Dvrfd VI (Lm Sls/Brywn)	**	303,796
*	Mass Mutual Life Ins	SIA-EHH Select Fundmentl Val (Wellington)	**	674,048
*	Mass Mutual Life Ins	SIA-EHI Select Lrg Cp Val (Coubm/Huber)	**	395,396
*	Mass Mutual Life Ins	SIA-EHN Washington Mut Invs (American)	**	838,788
*	Mass Mutual Life Ins	SIA-EHO Mid Cap Core Equity (Invesco)	**	994,965
*	Mass Mutual Life Ins	SIA-EHU Sel Md Cp Gr II (TRP/Frontier)	**	1,092,192
*	Mass Mutual Life Ins	SIA-EJD Real Estate (OFI)	**	1,033,669
*	Mass Mutual Life Ins	SIA-EJG Small Cap Index (Nuveen)	**	889,222
*	Mass Mutual Life Ins	SIA-EJI Sel Cm Cp Gr (W&R/Wilngtn/TMB)	**	687,593
*	Mass Mutual Life Ins	SIA-EJL Sel Sm Cap Val Eq (Wm/BWHI)	**	320,818
*	Mass Mutual Life Ins	SIA-EJP Cmdty Rl Rtn Strat (PIMCO)	**	19,213
*	Mass Mutual Life Ins	SIA-EJR Gold & Spec Min (Oppenheimer)	**	48,981
*	Mass Mutual Life Ins	SIA-EZ1 MM Retire Smart 2010	**	105,151
*	Mass Mutual Life Ins	SIA-EZ3 RetireSmart 2020	**	1,748,079
*	Mass Mutual Life Ins	SIA-EZ5 RetireSmart 2030	**	3,218,724
*	Mass Mutual Life Ins	SIA-EZ7 RetireSmart 2040	**	3,264,457
*	Mass Mutual Life Ins	SIA-EZ9 Retire Smart 2050	**	995,758
*	Mass Mutual Life Ins	SIA-EZO Retirement Smart	**	21,670
*	Mass Mutual Life Ins	SIA-KA Select Blue Chip III (TRP)	**	962,543
*	Mass Mutual Life Ins	SIA-SQ Socially Resp (Neurberger BRMN)	**	475,270
*	Mass Mutual Life Ins	SIA-k9 Dstination Retirement 2030	**	271
	Participant Loans	Various Interest Rates 4.25% - 5%		780,832
	Total Assets Held			<u>\$ 47,769,204</u>

**Party-in-interest*

***Historical cost is not required for participant directed investments*

DISCOVERY OUTSOURCING 401(K) SAVINGS PLAN
Schedule H, line 4j - Schedule of Reportable Transactions
DECEMBER 31, 2015 EIN 27-0065882 PN 333

(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	317,608	5,669,945		280	5,669,945	5,669,945	
MassMutual Life Ins	SIA-5N Select Gr Opps (Sands/JSP)	109,821						
MassMutual Life Ins	SIA-KA Select Blue Chip III (TRP)	51,936						
MassMutual Life Ins	SIA-SQ Social Resp (Neuberger Brmn)	234,670						
MassMutual Life Ins	SIA-EF1 RetireSmart Conservative	35,047						
MassMutual Life Ins	SIA-EF2 RetireSmart Moderate	486,824						
MassMutual Life Ins	SIA-EF3 RetireSmart Moderate Growth	397,530						
MassMutual Life Ins	SIA-EF4 RetireSmart Growth	253,958						
MassMutual Life Ins	SIA-EFN Select Pimco Total Return	479,172						
MassMutual Life Ins	SIA-EFZ New World (American)	30,974						
MassMutual Life Ins	SIA-EGA Pr OphnmrFds Strat Emrg Mrkts	18,380						
MassMutual Life Ins	SIA-EGB EurPacific Growth (American)	95,360						
MassMutual Life Ins	SIA-EGD Intl Value (Thornburg)	79,205						
MassMutual Life Ins	SIA-EGH Premier Global (OFI)	30,279						
MassMutual Life Ins	SIA-EGJ Cap Wrld Gr and Inc (American)	19,599						
MassMutual Life Ins	SIA-EGK Growth (Franklin/Templeton)	61,683						
MassMutual Life Ins	SIA-EGN Global Opportunities (OFI)	14,302						
MassMutual Life Ins	SIA EGV MM S&P 500 Index	333,749						
MassMutual Life Ins	SIA EGY Growth America (American)	38,396						
MassMutual Life Ins	SIA-EHA Premier Cap Appreciation (OFI)	2,954						
MassMutual Life Ins	SIA-EHG Sek Dvrfd VI (Lm Sls/Brywn)	39,010						
MassMutual Life Ins	SIA-EHH Select Fundmentl Val (Wellington)	83,639						
MassMutual Life Ins	SIA-EHI Select Lrg Cp Val (Coubm/Huber)	33,814						
MassMutual Life Ins	SIA-EHN Washington Mut Invs (American)	29,826						
MassMutual Life Ins	SIA-EHO Mid Cap Core Equity (Invesco)	147,030						
MassMutual Life Ins	SIA-EHU Sel Md Cp Gr II (TRP/Frontier)	64,781						
MassMutual Life Ins	SIA-EJD Real Estate (OFI)	75,070						
MassMutual Life Ins	SIA EJG Small Cap Index (Nuveen)	184,931						
MassMutual Life Ins	SIA-EJI Sel Cm Cp Gr (W&R/Wilngtn/TMB)	45,181						
MassMutual Life Ins	SIA EJL Sel Sm Cap Val Eq (Wm/BWHI)	34,586						
MassMutual Life Ins	SIA-EZ0 RetireSmart In Retirement	20,884						
MassMutual Life Ins	SIA-EZ1 RetireSmart 2010	29,213						
MassMutual Life Ins	SIA-EZ3 RetireSmart 2020	725,718						
MassMutual Life Ins	SIA-EZ5 RetireSmart 2030	1,754,714						
MassMutual Life Ins	SIA-EZ7 RetireSmart 2040	1,573,296						
MassMutual Life Ins	SIA-EZ9 RetireSmart 2050	689,808						
TOTAL		8,622,948	5,669,945	-	280	5,669,945	5,669,945	-

Adopting Employer	Tax Id	% of Contribution
Discovery Outsourcing	27-0065882	1.81%
Tapp's Garage	84-0718075	0.00%
Call Management Products, Inc. also CMPtel a Division of CMP	84-1088445	1.04%
Wm Smith & Co. Inc.	84-1204416	0.60%
Seyfer Automotive, Inc	84-1087398	0.14%
Kahuna Entertainment, LLC dba The Exchange Tavern	42-1646458	0.02%
Hanson Group Assets at MM	20-5922775	0.00%
Creative Illumination, Inc.	84-0523931	0.26%
Creative Minstier	45-2986826	0.07%
Kahuna Ventures, LLC	84-1521584	7.66%
Apogee Scientific, Inc.	84-1284844	0.48%
Joyce Homes, Inc	84-1150610	0.00%
Aardvark Imaging	20-4068478	0.17%
Link to Cloud, LLC dba IT On Command Custom Computer Designs Corp dba ITonCommand	46-4089888	0.12%
Lingoport, Inc.	84-1586079	1.01%
Momentum and HCA	84-1269114	0.00%
Blueberry Systemes, LLC	01-0828947	0.36%
Kahuna Operations Management, LLC	27-0970233	0.00%
Crosstrees Medical, Inc	13-4250104	0.01%
Amblitel	27-0757675	0.10%
InstruTech, Inc.	45-0488651	0.27%
Maui Wowi	41-2040884	0.68%
ProtoTest, LLC	84-1446306	0.00%
ADVODA Communications, Inc	20-8653793	1.41%
HVAC Supply	84-1033756	0.42%
Cognify	94-3330670	0.55%
BRES Inc	20-8124576	0.00%
Bold Developments, LLC	26-1595917	0.00%
Bold Real Estate Solutions, LLC	20-8124766	0.04%
Blackfox, LLC	26-1857564	0.06%
Blackfox Training Institute	84-1345711	0.34%
Goetech dba Medkeeper	84-1452303	1.75%
Kahuna Design	45-1581474	3.10%
Liberty Resources Management LLC	61-1724291	10.45%
Sterling Energy Investments LLC	45-2798726	6.40%
PARSEC Group	68-0099937	1.10%
Encore Living Group, LLC	27-2017911	1.06%
Verus Acquisition Group	27-2377169	0.94%
Tierra Group Intl	45-3766365	1.85%

Xerocole Inc	27-2655860	0.23%
Evolving Systems Inc	84-1010843	1.86%
Perry Park Country Club	84-0660230	0.00%
CSU Pueblo	84-6035959	0.00%
Grossman Plastic Surgery	84-1480413	1.32%
Eye Care Center of Northern Colorado PC	84-1355429	0.00%
Facial Aesthetics, Inc	84-1214065	1.09%
MLF Distributing, Inc	84-1571721	0.00%
Bleum USA	27-3612605	0.59%
The Adobe LLC	46-1542226	0.09%
COMMON KNOWLEDGE TECHNOLOGY INC	46-4623500	0.16%
Bright by Three	84-1382420	0.16%
3Bear Energy LLC	46-1988697	2.71%
Nomad Field Services, LLC	46-2296152	0.33%
Zip Consulting	46-1395638	0.29%
The Columbine Label Company Inc	84-1485229	1.21%
Outrigger Energy, LLC	46-3103201	1.66%
Denver Indian Health and Family	84-0724261	0.58%
1st Allergy Clinic Research Group	76-0750449	0.06%
1st Allergy Asthma and Pediatrics Too, Inc.	26-0033299	2.05%
Evolving Systems Lab	94-3318520	0.40%
CBR International	06-1665083	2.84%
Highlands Integrative Pediatrics PC	46-1038166	0.91%
Association Technology Solutions, LLC	20-5176901	2.53%
Tricia Doukas	46-4670634	0.06%
Integra Realty Resources Holding LLC	46-4986806	6.60%
ARA National Senior Housing Group	26-1788938	0.27%
BRC Real Estate	26-3146152	0.05%
Conquest One	80-0020161	0.00%
Flatirons Field Services LLC	46-0828556	3.09%
High Country Engineering	84-0977936	0.14%
Bright Market, LLC DBA FastSpring	51-0546893	0.49%
Temporary Housing Directory	75-2946349	1.75%
Colorado Lending Source, Ltd	84-1171311	2.78%
Animal Care Center	05-0560004	0.48%
Chipman Glasser	27-0994640	1.12%
SpenDifference	26-2747272	3.89%
Escalara Resources	83-0214692	2.74%
Zim Consulting	20-8447943	0.09%
Big Tree	84-1339265	2.86%
Accruit LLC	84-1538157	1.29%

Freezer Integration Consulting	46-1477863	0.71%
Clean Energy Soutions, Inc.	20-5409816	0.44%
Natl Association Gun Rights	54-2015951	0.94%
Equss Property Tax	46-4986806	0.09%
Newcastle Properties	84-0928079	0.24%
Webolutions	84-1365591	0.58%
Peebles Prosthetics	84-1160766	1.33%
DN2k	45-0712216	1.54%
Brand 44	20-1562120	0.14%
Colorado Gulf Packaging	74-2779972	0.09%
BCP ARR Club	47-3298026	0.00%
Stonehenge Energy Resources II	90-0841261	0.00%
First Opps	27-1043166	0.51%
TermScout	46-5135026	0.01%

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: ► 333

For the plan year beginning/ending: ► 01/01/2015/ 12/31/2015

(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	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date
MassMutual Life Ins	Guaranteed Interest Account	317,608	5,669,945	280	5,669,945	5,669,945
MassMutual Life Ins	SIA-5N Select Gr Opps (Sands/JSP)	109,821	-	-	-	-
MassMutual Life Ins	SIA-KA Select Blue Chip III (TRP)	51,936	-	-	-	-
MassMutual Life Ins	SIA-SQ Social Resp (Neuberger Brmn)	234,670	-	-	-	-
MassMutual Life Ins	SIA-EF1 RetireSmar Conservative	35,047	-	-	-	-
MassMutual Life Ins	SIA-EF2 RetireSmart Moderate	486,824	-	-	-	-
MassMutual Life Ins	SIA-EF3 RetireSmart Goderate Grown	397,530	-	-	-	-
MassMutual Life Ins	SIA-EF4 RetireSmart Growth	253,958	-	-	-	-
MassMutual Life Ins	SIA-EFN Select Pimco Total Return	479,172	-	-	-	-
MassMutual Life Ins	SIA-EFZ New World (American)	30,974	-	-	-	-
MassMutual Life Ins	SIA-EGA Pr OphnmrFds Strat Emrg Mrkts	18,380	-	-	-	-
MassMutual Life Ins	SIA-EGB EurPacific Growth (American)	95,360	-	-	-	-
MassMutual Life Ins	SIA-EGD Intl Value (Thornburg)	79,205	-	-	-	-
MassMutual Life Ins	SIA-EGH Premier Global (OFI)	30,279	-	-	-	-
MassMutual Life Ins	SIA-EGJ Cap Wrld Gr and Inc (Americna)	19,599	-	-	-	-
MassMutual Life Ins	SIA-EGK Growth (Franklin/Templton)	61,683	-	-	-	-
MassMutual Life Ins	SIA-EGN Gloval Opportunities (OFI)	14,302	-	-	-	-
MassMutual Life Ins	SIA EGV MM S&P 500 Index	333,749	-	-	-	-
MassMutual Life Ins	SIA EGY Growth America (American)	38,396	-	-	-	-
MassMutual Life Ins	SIA-EHA Premier Cap Appreciation (OFI)	2,954	-	-	-	-
MassMutual Life Ins	SIA-EHG Sek Dvrfd VI (Lm Sls/Brywn)	39,010	-	-	-	-
MassMutual Life Ins	SIA-EHH Select Fundmentl Val (Wellington)	83,639	-	-	-	-
MassMutual Life Ins	SIA-EHI Select Lrg Cp Val (Coumb/Huber)	33,814	-	-	-	-
MassMutual Life Ins	SIA-EHN Washington Mut Invs (American)	29,826	-	-	-	-
MassMutual Life Ins	SIA-EHO Mid Cap Core Equity (Invesco)	147,030	-	-	-	-
MassMutual Life Ins	SIA-EHU Sel Md Cp Gr II (TRP/Frontier)	64,781	-	-	-	-
MassMutual Life Ins	SIA-EJD Real Estate (OFI)	75,070	-	-	-	-
MassMutual Life Ins	SIA EJG Small Cap Index (Nuveen)	184,931	-	-	-	-
MassMutual Life Ins	SIA-EJI Sel Cm Cp Gr (W&R/Wilngtn/TMB)	45,181	-	-	-	-
MassMutual Life Ins	SIA EJL Sel Sm Cap Val Eq (Wm/BWHI)	34,586	-	-	-	-
MassMutual Life Ins	SIA-EZ0 RetireSmart In Retirement	20,884	-	-	-	-
MassMutual Life Ins	SIA - EZ1 RetireSmart 2010	29,213	-	-	-	-
MassMutual Life Ins	SIA-EZ3 RetireSmart 2020	725,718	-	-	-	-
MassMutual Life Ins	SIA-EZ5 RetireSmart 2030	1,754,714	-	-	-	-
MassMutual Life Ins	SIA-EZ7 RetireSmart 2040	1,573,296	-	-	-	-
MassMutual Life Ins	SIA-EZ9 RetireSmart 2050	689,808	-	-	-	-
TOTAL		8,622,948	5,669,945	280	5,669,945	5,669,945

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

Name of Plan:

► Discovery Outsourcing 401k Savings Plan

Employer Identification Number: ► 27-0065882

Plan year (beginning/ending): ► 01/01/2015 / 12/31/2015

Plan number: ► 333

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(c) Costs of acquisition	(d) Proceeds of dispositions
MassMutual Life Ins	Guaranteed Interest Account	3901390	3901390
MassMutual Life Ins	SIA-5N Sel Gr Opps (Sands/JSP)	1229571	1352848
MassMutual Life Ins	SIA-AG Premier Mmkt	48535	79873
MassMutual Life Ins	SIA-EF1 RetireSmart Conservative	535594	536570
MassMutual Life Ins	SIA-EF2 RetireSmart Moderate	1949533	1979528
MassMutual Life Ins	SIA-EF3 RetireSmart Goderate Grown	3209454	3332654
MassMutual Life Ins	SIA-EF4 RetireSmart Growth	1969638	1929127
MassMutual Life Ins	SIA-EFA Balanced (American)	4641122	5832562
MassMutual Life Ins	SIA-EFN Select Pimco Total Return	2733530	2748462
MassMutual Life Ins	SIA-EFZ New World (American)	176439	163851
MassMutual Life Ins	SIA-EGA Pr OpnhmrFds Strat Emrg Mrkts	156242	130049
MassMutual Life Ins	SIA-EGB EurPacific Growth (American)	867663	910824
MassMutual Life Ins	SIA-EGD Intl Value (Thornburg)	452063	460767
MassMutual Life Ins	SIA-EGH Premier Global (OFI)	358747	423748
MassMutual Life Ins	SIA-EGJ Cap Wrld Gr and Inc (Americna)	162506	158662
MassMutual Life Ins	SIA-EGK Growth (Franklin/Templton)	389586	427063
MassMutual Life Ins	SIA-EGN Gloval Opportunities (OFI)	259986	298774
MassMutual Life Ins	SIA EGV MM S&P 500 Index	2484298	2782553
MassMutual Life Ins	SIA EGY Growth America (American)	1128521	1448463
MassMutual Life Ins	SIA-EHG Sek Dvrfd VI (Lm Sls/Brywn)	269667	303796
MassMutual Life Ins	SIA-EHH Select Fundmentl Val (Wellington)	622390	674048
MassMutual Life Ins	SIA-EHI Select Lrg Cp Val (Coumb/Huber)	344369	395396
MassMutual Life Ins	SIA-EHN Washington Mut Invs (American)	743991	838788
MassMutual Life Ins	SIA-EHO Mid Cap Core Equity (Invesco)	980360	994965
MassMutual Life Ins	SIA-EHU Sel Md Cp Gr II (TRP/Frontier)	879828	1092192
MassMutual Life Ins	SIA-EJD Real Estate (OFI)	874076	1033669
MassMutual Life Ins	SIA EJG Small Cap Index (Nuveen)	838199	889222
MassMutual Life Ins	SIA-EJI Sel Cm Cp Gr (W&R/Wilngtn/TMB)	595694	687593
MassMutual Life Ins	SIA EJL Sel Sm Cap Val Eq (Wm/BWHI)	285623	320818
MassMutual Life Ins	SIA EJP Cmdty RI Rtn Strat (PIMCO)	30079	19213
MassMutual Life Ins	SIA EJR Gold & Spec Min (Oppenheimer)	78214	48981
MassMutual Life Ins	SIA-EZ0 RetireSmart in Retirement	22451	21670
MassMutual Life Ins	SIA-EZ1 RetirSmart 2010	108260	105151
MassMutual Life Ins	SIA-EZ3 RetireSmart 2020	1759241	1748079
MassMutual Life Ins	SIA-EZ5 RetireSmart 2030	3281796	3218724
MassMutual Life Ins	SIA-EZ7 RetireSmart 2040	3369553	3264457
MassMutual Life Ins	SIA-EZ9 RetireSmart 2050	1049266	995758
MassMutual Life Ins	SIA-KA Select Blue Chip III (TRP)	754820	962814
MassMutual Life Ins	SIA-SQ Socially Resp (Neurberger BRMN)	476694	475270
Participant Loan	Variou INT Rates 4.25% - 5%	0	780832
Total Assets		44018989	47769204