

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>SYNDEO OUTSOURCING 401(K) RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶ <u>333</u> 1c Effective date of plan <u>01/01/2003</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>SYNDEO OUTSOURCING, LLC</u> <u>3504 N GREAT PLAINS DRIVE, STE 200</u> <u>WICHITA, KS 67220</u>	2b Employer Identification Number (EIN) <u>71-0893511</u> 2c Plan Sponsor's telephone number <u>316-440-9901</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>10/15/2016</u>	<u>BILL MANESS</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	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 1680
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 1399 6a(2) 1505 6b 0 6c 133 6d 1638 6e 1 6f 1639 6g 756 6h 5
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: 2A 2E 2F 2G 2J 2K 2T 2R 3H 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) ☐ 0 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 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 SYNDEO OUTSOURCING 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 SYNDEO OUTSOURCING, LLC	D Employer Identification Number (EIN) 71-0893511	

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)

BLUESTAR RETIREMENT SERVICES

59-3092339

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 37 38 50	NONE	106643	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KCOE ISOM, LLP

48-0567703

(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 50	NONE	15000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDUCIARY PARTNERS INVESTMENT CONSU

26-1370206

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27 50	NONE	13149	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

FIDUCIARY PARTNERS RETIREMENT GROUP

51-0595589

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	13149	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TD AMERITRADE TRUST COMPANY

20-0937408

(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?
19 50	NONE	8725	Yes ☒ No ☐	Yes ☐ No ☒	0	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
TD AMERITRADE TRUST COMPANY	19	0
(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.	
TD BANK USA, N.A. 13-3732274	FEE FORMULA:(PE-BF-SA-I)-RS PE= PORTFOLIO EARNINGS,BF=TD BANK USA FEE, SA=SPECIAL FDIC ASSESSMENTS,I=INTEREST PAID TO PLAN,RS=REVENUE SHARING PAID	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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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 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 SYNDEO OUTSOURCING 401(K) RETIREMENT PLAN		B Three-digit plan number (PN) ► 333
C Plan sponsor's name as shown on line 2a of Form 5500 SYNDEO OUTSOURCING, LLC		D Employer Identification Number (EIN) 71-0893511

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	11148	20675
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	563	19046
	(2) Participant contributions	1b(2)	1511	36129
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	251505	195745
	(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)	999348	1005649
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	16652558	17455168
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)	111016	89401

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	18027649	18821813

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	35	171
k Total liabilities (add all amounts in lines 1g through 1j)	1k	35	171

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	18027614	18821642
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	986248	
(B) Participants	2a(1)(B)	1807108	
(C) Others (including rollovers)	2a(1)(C)	177086	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2970442
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	15	
(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)	40083	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		40098
(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)	722287	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		722287
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-882038
c Other income	2c		-21064
d Total income. Add all income amounts in column (b) and enter total	2d		2829725

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2125722	
(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)		2125722
f Corrective distributions (see instructions)	2f		20276
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	28149	
(2) Contract administrator fees	2i(2)	115368	
(3) Investment advisory and management fees	2i(3)	13840	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		157357
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2303355

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		526370
l Transfers of assets:			
(1) To this plan	2l(1)		1343580
(2) From this plan	2l(2)		1075922

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: KCOE ISOM, LLP

(2) EIN: 48-0567703

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		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.)		X		

	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			600000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X			
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
VALENCE SURFACE TECHNOLOGIES 401(K) PLAN	71-0893511	001

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

Part V Trust Information

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

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

A Name of plan <u>SYNDEO OUTSOURCING 401(K) RETIREMENT 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>SYNDEO OUTSOURCING, LLC</u>	D Employer Identification Number (EIN) <u>71-0893511</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>20-0937408</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:		14a	
	a The current year		14b	
	b The plan year immediately preceding the current plan year		14c	
	c The second preceding plan year			
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:			
	a The corresponding number for the plan year immediately preceding the current plan year		15a	
	b The corresponding number for the second preceding plan year		15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:			
	a Enter the number of employers who withdrew during the preceding plan year		16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers		16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐			

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

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

Syndeo Outsourcing 401(k) Retirement Plan

Wichita, Kansas

**FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION
WITH INDEPENDENT AUDITORS' REPORT**

December 31, 2015 and 2014



**K • C O E
I S O M**

Syndeo Outsourcing 401(k) Retirement Plan

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December 31, 2015 and 2014

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INDEPENDENT AUDITORS' REPORT

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Syndeo Outsourcing 401(k) Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014; the related statements of changes in net assets available for benefits for the years then ended; and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information described in note 4, which was certified by TD Ameritrade Trust Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2015 and 2014, that the information provided to the Plan administrator by the custodian is complete and accurate.

INDEPENDENT AUDITORS' REPORT

(Continued)

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets held at end of year as of December 31, 2015, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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

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

KCoe Isom, LLP

October 12, 2016

Salina, Kansas

FINANCIAL SECTION

Syndeo Outsourcing 401(k) Retirement Plan
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31	2015		2014	
ASSETS				
Investments at fair value	\$	17,760,989	\$	17,026,227
Receivables				
Employer contributions		19,046		563
Participant contributions		36,129		1,511
Notes receivable from participants		1,005,649		999,348
Total Receivables		1,060,824		1,001,422
TOTAL ASSETS		18,821,813		18,027,649
LIABILITIES				
Accrued expenses		171		35
Net Assets Available for Benefits	\$	18,821,642	\$	18,027,614

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

Syndeo Outsourcing 401(k) Retirement Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31	2015	2014
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment Income (Loss)		
Net appreciation (depreciation) in fair value of investments	\$ (903,101)	\$ 529,609
Interest and dividends	722,301	495,317
Total Investment Income (Loss)	(180,800)	1,024,926
Interest Income on Notes Receivable From Participants	40,083	36,360
Contributions		
Employer contributions	986,248	930,174
Participant contributions	1,807,108	1,724,036
Participant rollover contributions	177,086	55,828
Total Contributions	2,970,442	2,710,038
TOTAL ADDITIONS	2,829,725	3,771,324
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid to participants	2,145,998	1,415,895
Administrative expenses	157,357	153,095
TOTAL DEDUCTIONS	2,303,355	1,568,990
TRANSFERS		
Transfer of assets from other plans	1,343,580	719,320
Transfer of assets to other plans	(1,075,922)	-
NET TRANSFERS	267,658	719,320
Net Increase	794,028	2,921,654
Net Assets Available for Benefits - Beginning of Year	18,027,614	15,105,960
Net Assets Available for Benefits - End of Year	\$ 18,821,642	\$ 18,027,614

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

Syndeo Outsourcing 401(k) Retirement Plan

NOTES TO THE FINANCIAL STATEMENTS

1. DESCRIPTION OF THE PLAN

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

General The Plan is a multiple employer defined contribution plan. A multiple employer plan is a collection of single-employer plans sponsored by two or more unrelated employers who pool their resources for investment purposes and to minimize administrative costs. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The adopting employers are: 75th Street Brewery; 810 Harrah's (dba North Kansas City Zone); 810 Zone Lee's Summit; Barley's Brewhaus; Barley's Ltd.; Barhop 135 LLC (dba Barley's Brewhaus 135); Blue Moose; Blue Moose O.P., LLC; Blue Moose Topeka, LLC; Capps Manufacturing, Inc.; CCM Enterprises; Dogwood Hills Golf Course, Inc.; Diversified Services, Inc.; Edward J. Lind II, P.A.; Falcon Ridge Restaurant, LLC (dba Blue Moose Falcon Ridge); Foutch Brothers, LLC; Gas Compression Technology, LLC; Great Plains Gas Compression, Inc.; Hopps Management, LLC; John D. Gagnon, DDS, PA; K&W Underground, Inc.; Kansas City East Chicken Co., LLC; KCI Soccer Club, LLC (dba The Athletic Zone); Metal Finishing Company; Mojack Distributors, LLC; Moose Truck, LLC; Morgan & Associates, Inc.; North American Aviation, Inc.; Pan Fried, LLC (dba Strouds); Pan Fried 2, LLC (dba Stroud's Overland Park); Provisioned Services, Inc.; PSI Installations, LLC; O'Dowd's; River City Brewing Company; Security 1st Title, LLC; Soil Innovations, LLC; Specs Wichita, LLC; Sportsbar KC (dba 810 Zone); Stella Ford Mackenzie, LLC; Superior Holdings, Inc.; Symmetris, P.A. (dba Gentility); Syndeo Outsourcing, LLC; The Indiana Custard Company, LLC (dba Freddy's Frozen Custard of Evansville); Tucker, LLC (dba The Point); and Women's MedCenter, P.A. The Plan was originally established as of January 1, 2013, and has been subsequently amended and restated. The Plan Trustees are responsible for oversight of the Plan, they determine the appropriateness of the Plan's investment offerings, and monitor investment performance. Participants should refer to their respective employer's adoption agreement for the respective eligibility requirements.

Contributions Participants may elect to contribute to the Plan, in the form of pretax compensation up to the lesser of 100% of their eligible compensation or the maximum amount allowable by law. Some of the participating employers also allow their respective participants to make after tax Roth deferrals. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions and participating employer contributions into various investment options offered by the Plan. Participating employers have the option to contribute a discretionary amount of matching contributions to the Plan. Some participating employers have elected safe harbor plans and they must make required safe harbor matching contributions. Participant and employer contributions are subject to certain limitations. The participating employers made discretionary matching contributions and safe harbor matching contributions of \$986,248 and \$930,174, respectively, for the years ended December 31, 2015 and 2014.

Participant Accounts Each participant's account is credited with the participant's salary deferral contributions, employer contributions, and account earnings, and may be charged with an allocation of administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Syndeo Outsourcing 401(k) Retirement Plan

NOTES TO THE FINANCIAL STATEMENTS

(Continued)

Vesting Participants are immediately vested in their salary deferral contributions, employer safe harbor matching contributions, and earnings thereon. Discretionary matching contributions to the Plan are subject to various vesting schedules that apply to the Plan. Participants should refer to their respective employers' adoption agreement for the respective vesting schedules.

Notes Receivable From Participants Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000, or 50% of their vested account balance. Note receivable repayment terms generally may not exceed 5 years, except in the case of the purchase of a primary residence, in which case the period shall not exceed 15 years. The notes receivable are secured by the balance in the participant's account and bear interest ranging from 3.25% to 4.25%. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits Withdrawals are allowed in the event of termination, disability, death, retirement, or attainment of age 59½. Depending on the event, the withdrawal may be subject to early withdrawal penalties imposed by the *Internal Revenue Code*. Payments are made in the form of a lump-sum distribution or annual installments over a period of time of not more than the participant's life expectancy.

Forfeitures Forfeitures attributable to discretionary matching contributions may be used to reduce future employer contributions or to pay plan expenses. Forfeited nonvested account balances totaling \$9,211 and \$5,815 were used to reduce future employer contributions or to pay plan expenses for the years ended December 31, 2015 and 2014, respectively. At December 31, 2015 and 2014, the remaining forfeited nonvested accounts totaled \$20,504 and \$11,063, respectively.

Plan Termination Although it has not expressed any intent to do so, the Company has the right, under the Plan, to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100% vested in their employer contributions.

2. SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting The financial statements of the Plan are prepared under the accrual method of accounting.

Use of Estimates The preparation of financial statements, in conformity with accounting principles generally accepted in the United States of America, requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, 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. 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 Trustees determine the Plan's valuation policies utilizing information provided by the investment advisers and custodian. Fair value measurements are discussed below.

Syndeo Outsourcing 401(k) Retirement Plan

NOTES TO THE FINANCIAL STATEMENTS

(Continued)

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 (depreciation) in fair value of investments includes the Plan's gains and losses on investments purchased and sold as well as held during the year.

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

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

Level 2: Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; or inputs that are derived principally from, or corroborated by, observable market data by correlation or other means.

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used during the years ended December 31, 2015 and 2014.

Interest-Bearing Cash: These assets are money market mutual funds which are valued at the next asset value (NAV), generally \$1 per share, and are reported on the active market on which securities are traded.

Self-Directed Brokerage: Accounts primarily consist of mutual funds and common stocks that are valued on the basis of readily determinable market prices.

Mutual Funds: These assets are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily NAV value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

See note 5 for the classification of these assets within the fair value hierarchy.

Syndeo Outsourcing 401(k) Retirement Plan

NOTES TO THE FINANCIAL STATEMENTS

(Continued)

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

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 was recorded as of December 31, 2015 and 2014. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan agreement.

Payment of Benefits Benefits are recorded when paid.

Expenses Certain operating expenses of the Plan are deducted from participant accounts and the remaining expenses are paid by the Company or the participating employers. Investment-related expenses are included in net appreciation (depreciation) in fair value of investments.

Reclassifications Certain amounts in the December 31, 2014, financial statements have been reclassified for comparative purposes to conform to the presentation in the December 31, 2015, financial statements.

Subsequent Events The Plan has evaluated subsequent events through October 12, 2016, the date the financial statements were available to be issued.

3. IMPLEMENTATION OF NEW ACCOUNTING STANDARD

In July 2015, FASB issued Accounting Standards Update 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*. This three-part standard simplifies reporting for fully benefit-responsive investment contracts and plan investment disclosures, and provides for a measurement-date practical expedient. Parts I and II are effective for fiscal years beginning after December 15, 2015, and should be applied retrospectively, with early application permitted. Part III is effective for fiscal years beginning after December 15, 2015, and should be applied prospectively, with early application permitted. The Plan has elected to adopt Part II early. Accordingly, the standards were retrospectively applied resulting in prior-period information that has been adjusted. Parts I and III are not applicable to this Plan.

Syndeo Outsourcing 401(k) Retirement Plan

NOTES TO THE FINANCIAL STATEMENTS

(Continued)

4. INFORMATION CERTIFIED BY TD AMERITRADE TRUST COMPANY

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such an election, the investments and notes receivable from participants included in the statements of net assets available for benefits, and the investment income and interest income on notes receivable from participants included in the statements of changes in net assets available for benefits as of and for the years ended December 31, 2015 and 2014, were not subject to auditing procedures and have been certified as complete and accurate by TD Ameritrade Trust Company.

5. FAIR VALUE MEASUREMENTS

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value. Classification within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

December 31, 2015	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ 216,420	\$ -	\$ -	\$ 216,420
Self-directed brokerage	89,401	-	-	89,401
Mutual funds	17,455,168	-	-	17,455,168
Investments at Fair Value	\$ 17,760,989	\$ -	\$ -	\$ 17,760,989

December 31, 2014	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ 262,653	\$ -	\$ -	\$ 262,653
Self-directed brokerage	111,016	-	-	111,016
Mutual funds	16,652,558	-	-	16,652,558
Investments at Fair Value	\$ 17,026,227	\$ -	\$ -	\$ 17,026,227

6. TRANSFERS FROM/INTO PLAN

In 2014, Dogwood Hills Golf course, Inc. and K&W Underground, Inc. became participating employers into the Plan and transferred their balances from 401(k) plans they previously participated in. The total amounts of assets transferred into the Plan for 2014 for these two employers was \$719,320.

In 2015, Chrome Plus International, Inc. left the Plan and the balance of its accounts were rolled over into another plan. The total amount of assets transferred out of the Plan for 2015 was \$1,075,922. John D. Gagnon, DDS, PA, became a participating employer into the Plan and transferred its balances from a 401(k) plan they previously participated in. The total amount of assets transferred into the Plan for 2015 was \$1,343,580.

Syndeo Outsourcing 401(k) Retirement Plan

NOTES TO THE FINANCIAL STATEMENTS

(Continued)

7. RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are shares of mutual funds managed by TD Bank USA, N.A., an affiliate of TD Ameritrade Trust Company, the custodian as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions.

TD Bank USA, N.A. provides certain administrative services to the Plan pursuant to an agreement between the Company and TD Bank USA, N.A. TD Bank USA, N.A. receives revenue from mutual funds and other service providers for services TD Bank USA, N.A. provided to the funds. This revenue is used to offset certain amounts owed to TD Bank USA, N.A. for its administrative services to the Plan.

Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of the mutual funds, as they are paid through revenue sharing rather than a direct payment. The Plan or the Company may make a payment to TD Bank USA, N.A. for administrative services not covered by revenue sharing.

8. TAX STATUS

The Internal Revenue Service has determined, and informed the Company through a determination letter on September 8, 2013, that the Plan and related trust are designed and acceptable under Section 401 of the *Internal Revenue Code*. Although the Plan has adopted amendments since adopting the prototype plan, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the *Internal Revenue Code* and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

9. RISKS AND UNCERTAINTIES

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

SUPPLEMENTARY INFORMATION SECTION

Syndeo Outsourcing 401(k) Retirement Plan

FORM 5500, SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS HELD AT END OF YEAR

EIN: 71-0893511, PLAN: 333

December 31, 2015

(a) (b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment (Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value)	(d) Cost	(e) Current Value
American Balanced Fund Class R-6	Mutual fund	\$ - \$	331,637
American Capital World Growth and Income	Mutual fund	-	256,273
American Europacific Growth Fund	Mutual fund	-	182,162
American the Capital World Bond Fund	Mutual fund	-	110,162
Blackrock Global Allocation Fund	Mutual fund	-	186,452
Blackrock Small Cap Growth Equity Fund	Mutual fund	-	99,598
Columbia Mid Cap Value Fund R5	Mutual fund	-	167,762
Columbia MidCap Value Fund Y	Mutual fund	-	4,749
Fidelity Leveraged Company Stock Fund	Mutual fund	-	215,509
Fidelity Spartan 500 Index Fund Advantage	Mutual fund	-	503,626
Goldman Sachs Small Mid Cap Growth Institution	Mutual fund	-	193,653
JP Morgan Small Cap Value Fund	Mutual fund	-	65,482
Metropolitan West Total Return Bond Fund	Mutual fund	-	216,647
Metropolitan West Total Return Bond Plan	Mutual fund	-	15,953
MFS Value Fund Class	Mutual fund	-	196,645
PIMCO Total Return Institutional	Mutual fund	-	11
Principal High Yield Fund Institutional	Mutual fund	-	110,244
Stratton Small Cap Value Fund	Mutual fund	-	104,732
* TD Ameritrade SDBA	Self-directed brokerage	-	89,401
* TD Bank INSTL MMDA FTCIMA	Interest-bearing cash	-	195,745
* TD Bank USA MMDA	Interest-bearing cash	-	20,675
Vanguard Inflation Projected Securities	Mutual fund	-	103,130
Vanguard Mid Cap Index Admiral Share	Mutual fund	-	257,483
Vanguard Short Term Treasury Admiral Share	Mutual fund	-	168,344
Vanguard Small Cap Index Fund Signal Share	Mutual fund	-	274,883
Vanguard Target Retirement 2015	Mutual fund	-	649,344
Vanguard Target Retirement 2020	Mutual fund	-	2,063,246
Vanguard Target Retirement 2025	Mutual fund	-	2,361,348
Vanguard Target Retirement 2030	Mutual fund	-	2,770,618
Vanguard Target Retirement 2035	Mutual fund	-	1,040,777
Vanguard Target Retirement 2040	Mutual fund	-	2,124,011
Vanguard Target Retirement 2045	Mutual fund	-	944,169
Vanguard Target Retirement 2050	Mutual fund	-	680,601
Vanguard Target Retirement 2055	Mutual fund	-	135,421
Vanguard Target Retirement 2060	Mutual fund	-	32,053
Vanguard Target Retirement Income Fund	Mutual fund	-	344,360
Vanguard Total International Stock Index	Mutual fund	-	83,391
Wells Fargo Growth Fund Institutional	Mutual fund	-	460,692
* Notes Receivable from Participants	Maturities of less than five years, secured by participant account balances, with interest rates from 3.25% - 4.25%	-	1,005,649
Total Assets Held at End of Year		\$ - \$	18,766,638

*Party in interest.

Multiple Employer Plan Participating Employer Information

Syndeo Outsourcing 401(k) Retirement Plan

Employer Identification Number: 71-0893511

Plan Number: 333

For plan year (beginning/ending:

01/01/2015 - 12/31/2015

<i>(a) Name of participating employer</i>	<i>(b) EIN</i>	<i>(c) Percent of Total Contributions</i>
Capps Manufacturing, Inc.	480985003	25.29%
CCM Enterprises	431976513	0.68%
Diversified Services, Inc.	480669607	10.16%
Dogwood Hills Golf Course, Inc.	430915848	0.09%
Edward J Lind II, MD, PA	271449854	0.32%
Foutch Brothers, LLC	200872188	3.11%
Gas Compression Technology, LLC	841645239	0.55%
Gentility	900941632	1.78%
Great Plains Gas Compression, Inc.	481244761	16.88%
John D. Gagnon, DDS, PA	481247121	1.17%
K & W Underground, Inc.	480860216	4.58%
KC Hopps Ltd	431793528	1.05%
KCI Soccer Club, LLC dba The Athletic Zone	274748984	0.00%
Metal Finishing Company, Inc.	480627650	5.38%
MoJack Distributors, LLC	208704241	0.52%
Morgan & Associates, Inc.	465497304	1.21%
North American Aviation, Inc.	481115133	0.74%
Provisioned Services, Inc.	270117974	1.17%
Security 1st Title LLC	271044816	11.04%
Specs Wichita, LLC	208027308	2.00%
Superior Holding, Inc.	480664281	5.81%
Syndeo Outsourcing, LLC	710893511	4.32%
Women's MedCenter, PA	481203819	2.17%

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

Part II	Basic Plan Information—enter all requested information			
1a Name of plan	SYNDEO OUTSOURCING 401(K) RETIREMENT PLAN		1b Three-digit plan number (PN) ▶	333
			1c Effective date of plan	01/01/2003
2a Plan sponsor's name (employer, if for a single-employer plan)	SYNDEO OUTSOURCING, LLC		2b Employer Identification Number (EIN)	71-0893511
Mailing address (include room, apt., suite no. and street, or P.O. Box)			2c Plan Sponsor's telephone number	316-440-9901
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	3504 N GREAT PLAINS DRIVE, STE 200		2d Business code (see instructions)	561300
	WICHITA KS 67220			

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>10-15-16</u>	BILL MANESS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>10-15-16</u>	BILL MANESS
	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

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

Name of Plan:

► Syndeo Outsourcing 401(k) Retirement Plan

Employer Identification Number: ► 71-0893511

For plan year (beginning/ending): ► 1/1/2015-12/31/15

Plan number: ► 333

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	TD Ameritrade Trust Company	American Balanced Fund Class R-6		331,636
	TD Ameritrade Trust Company	American Capital World Growth And Income		256,272
	TD Ameritrade Trust Company	American Europacific Growth Fund Class R		182,162
	TD Ameritrade Trust Company	American The Capital World Bond Fund Cla		110,162
	TD Ameritrade Trust Company	Blackrock Global Allocation Fund Institu		186,452
	TD Ameritrade Trust Company	Blackrock Small Cap Growth Equity Fund I		99,598
	TD Ameritrade Trust Company	Columbia Mid Cap Value Fund R5		167,762
	TD Ameritrade Trust Company	Columbia Mid Cap Value Fund Y		4,749
	TD Ameritrade Trust Company	Fidelity Leveraged Company Stock Fund Re		215,509
	TD Ameritrade Trust Company	Fidelity Spartan 500 Index Fund Advanrag		503,626
	TD Ameritrade Trust Company	Goldman Sachs Small Mid-Cap Growth Insti		193,653
	TD Ameritrade Trust Company	Jp Morgan Small Cap Value Fund-R6		65,482
	TD Ameritrade Trust Company	Metropolitan West Total Return Bond Fund		216,647
	TD Ameritrade Trust Company	Metropolitan West Total Return Bond Plan		15,953
	TD Ameritrade Trust Company	MFS Value Fund Class R5		196,645
	TD Ameritrade Trust Company	Pimco Total Return Institutional		11
	TD Ameritrade Trust Company	Principal High Yield Fund Institutional		110,244
	TD Ameritrade Trust Company	Stratton Small Cap Value Fund		104,732
	TD Ameritrade Trust Company	TD Ameritrade SDBA		89,401
	TD Ameritrade Trust Company	TD Bank Instl MMDA FTCIMA		195,745
	TD Ameritrade Trust Company	TD Bank USA MMDA		20,675
	TD Ameritrade Trust Company	Vanguard Inflation Protected Securities		103,130
	TD Ameritrade Trust Company	Vanguard Mid Cap Index Admiral Shares		257,483
	TD Ameritrade Trust Company	Vanguard Short Term Treasury Admiral Sha		168,344
	TD Ameritrade Trust Company	Vanguard Small Cap Index- Admiral Shares		274,883
	TD Ameritrade Trust Company	Vanguard Target Retirement 2015		649,344
	TD Ameritrade Trust Company	Vanguard Target Retirement 2020 Fund		2,063,246
	TD Ameritrade Trust Company	Vanguard Target Retirement 2025 Fund		2,361,348
	TD Ameritrade Trust Company	Vanguard Target Retirement 2030 Fund		2,770,618
	TD Ameritrade Trust Company	Vanguard Target Retirement 2035 Fund		1,040,777
	TD Ameritrade Trust Company	Vanguard Target Retirement 2040 Fund		2,124,011
	TD Ameritrade Trust Company	Vanguard Target Retirement 2045 Fund		944,169
	TD Ameritrade Trust Company	Vanguard Target Retirement 2050 Fund		680,601
	TD Ameritrade Trust Company	Vanguard Target Retirement 2055 Fund		135,421
	TD Ameritrade Trust Company	Vanguard Target Retirement 2060 Fund		32,053
	TD Ameritrade Trust Company	Vanguard Target Retirement Income Fund		344,360
	TD Ameritrade Trust Company	Vanguard Total International Stock Index		83,391
	TD Ameritrade Trust Company	Wells Fargo Growth Fund Institutional Cl		460,693
	Participant Loans	3.25%- 4.25%		1,005,649