

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2015</div> 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:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) _____
B This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>OUTREACH, INC. 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>10/01/2003</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan <u>10/01/2003</u>	
1b Three-digit plan number (PN) ▶	001				
1c Effective date of plan <u>10/01/2003</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>OUTREACH, INC.</u> <div style="display: flex; justify-content: space-between;"> <div><u>5550 TECH CENTER DRIVE</u> <u>COLORADO SPRINGS, CO 80919</u></div> <div><u>5550 TECH CENTER DRIVE</u> <u>COLORADO SPRINGS, CO 80919</u></div> </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>33-0863910</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>719-955-9600</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>813000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>33-0863910</u>	2c Plan Sponsor's telephone number <u>719-955-9600</u>	2d Business code (see instructions) <u>813000</u>	
2b Employer Identification Number (EIN) <u>33-0863910</u>					
2c Plan Sponsor's telephone number <u>719-955-9600</u>					
2d Business code (see instructions) <u>813000</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature. Signature of plan administrator	10/17/2016 Date	STEVE FOSTER Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature. Signature of employer/plan sponsor	10/17/2016 Date	STEVE FOSTER 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) <u>DAVID MCHENRY, QKA, TGPC</u> <u>ENVOY TPA AND RECORDKEEPING, INC.</u> <u>4194 ROYAL PINE DRIVE</u> <u>COLORADO SPRINGS, CO 80920</u>			Preparer's telephone number <u>719-268-2711</u>

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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	5 244
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) 145 6a(2) 102 6b 6c 109 6d 211 6e 0 6f 211 6g 211 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2T 3D 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) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> 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 <u>OUTREACH, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>OUTREACH, INC.</u>	D Employer Identification Number (EIN) <u>33-0863910</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ENVOY SECURITIES, LLC
27-4037550

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

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

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

ENVOY FINANCIAL

33-0723870

(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 17 37 38 65	CONTRACT ADMIN	29206	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2015</div> 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>OUTREACH, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>OUTREACH, INC.</u>	D Employer Identification Number (EIN) <u>33-0863910</u>

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		2252
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	100284	210218
	(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)	99338	90932
	(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)	1938830	1981121
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(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	2138452	2284523

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2138452	2284523
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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)	96180	
(B) Participants	2a(1)(B)	173738	
(C) Others (including rollovers)	2a(1)(C)	170123	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		440041
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)	2057	
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	113	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2170
(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)	106785	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		106785
(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)		-155958
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		393038

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

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	207953	
(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)		207953
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	39014	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		39014
j Total expenses. Add all expense amounts in column (b) and enter total	2j		246967

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		146071
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

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: ERICKSON, BROWN & KLOSTER, P.C.

(2) EIN: 84-0957308

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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1000
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

	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			225000
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		

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)

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>OUTREACH, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>OUTREACH, INC.</u>	D Employer Identification Number (EIN) <u>33-0863910</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	
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>75-3182674</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	<u>36</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

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

Part III	Amendments
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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.	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)?	<input type="checkbox"/> Design-based safe harbor method	<input type="checkbox"/> 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))?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	<input type="checkbox"/> Ratio percentage test	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22a Has the plan been timely amended for all required tax law changes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**OUTREACH, INC. 401(k)
RETIREMENT PLAN**

FINANCIAL STATEMENTS

December 31, 2015 and 2014

OUTREACH, INC. 401(k) RETIREMENT PLAN

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
Outreach, Inc. 401(k) Retirement Plan

Report on the Financial Statements

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

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by MG Trust Company d.b.a. Matrix Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained 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.

Disclaimer of Opinion

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

Other Matter

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

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

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

Erickson, Brown & Kloster, P.C.

Colorado Springs, Colorado
October 11, 2016

OUTREACH, INC. 401(k) RETIREMENT PLAN
Statements of Net Assets Available for Benefits
December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Assets:		
Investments at fair value:		
Money market and cash accounts	\$ 212,470	\$ 100,284
Mutual funds	<u>1,981,121</u>	<u>1,938,830</u>
	2,193,591	2,039,114
Notes receivable from participants	<u>90,932</u>	<u>99,338</u>
Net assets available for benefits	<u><u>\$ 2,284,523</u></u>	<u><u>\$ 2,138,452</u></u>

See accompanying notes

OUTREACH, INC. 401(k) RETIREMENT PLAN
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Additions:		
Investment income:		
Dividends and interest	<u>\$ 106,898</u>	<u>\$ 127,448</u>
Interest income on notes receivable from participants	<u>2,057</u>	<u>2,981</u>
Contributions:		
Employer	96,180	59,059
Participants	173,738	165,872
Rollovers	<u>170,123</u>	<u>50,215</u>
	<u>440,041</u>	<u>275,146</u>
Total additions	<u>548,996</u>	<u>405,575</u>
Deductions:		
Net depreciation in fair value of investments	155,958	22,113
Benefits paid to participants	207,953	390,458
Administrative expenses	<u>39,014</u>	<u>26,524</u>
Total deductions	<u>402,925</u>	<u>439,095</u>
Net increase (decrease)	146,071	(33,520)
Net assets available for benefits:		
Beginning of year	<u>2,138,452</u>	<u>2,171,972</u>
End of year	<u><u>\$ 2,284,523</u></u>	<u><u>\$ 2,138,452</u></u>

See accompanying notes

OUTREACH, INC. 401(K) RETIREMENT PLAN

Notes to Financial Statements

1. DESCRIPTION OF PLAN

The following description of ***Outreach, Inc. 401(k) Retirement Plan*** (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan with a 401(k) feature that covers all eligible employees of Outreach, Inc. (the Company). Employees are eligible to make contributions to the Plan after one month of service and attainment of age 21. Employees are eligible to receive the Company's contributions upon completion of six months of service and attainment of age 21. Beginning January 1, 2015, temporary employees are not eligible to participate in the Plan. The Plan provides for monthly entry dates. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan administrator and the Plan trustee are responsible for oversight of the Plan and they determine the appropriateness of the Plan's investment offerings and monitor investment performance.

Contributions

Participants may contribute up to 100% of compensation each year not to exceed the maximum allowed by law. Participants who have obtained 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 plans (rollovers).

The Company makes basic contributions equal to 1% of each eligible participant's compensation. Beginning January 1, 2015, the Company also makes matching contributions equal to 100% of the first 1% of compensation that a participant contributes to the Plan.

Participants direct the investment of their contributions and the Company contributions through various investment options offered by the Plan.

Participant accounts

Each participant's account is credited with the participant's contributions, the Company's contributions and allocations of Plan earnings. Participant accounts are charged with an allocation of administrative and investment expenses that are paid by the Plan. Allocations are based on participant's earnings or account balances, or specific participant transactions as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting

Participants are immediately vested in their contributions as well as the Company's contributions, plus actual earnings thereon.

1. DESCRIPTION OF PLAN (continued)

Notes receivable from participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50% of their vested account balance, whichever is less. The loans are secured by the balance in the participant's account. The loan interest rate is set at 1 percent above the prime rate as defined. Principal and interest is paid ratably through payroll deductions.

Payment of benefits

Upon termination of service 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, installments over a period selected, an annuity or postpone the payment of benefits. If a participant's vested account balance is less than or equal to \$5,000, excluding rollover contributions and earnings thereon, the participant will automatically receive a single lump sum payment. Upon death, the participant's beneficiaries will receive an annuity. If the participant's beneficiaries waive the annuity, then the beneficiaries will receive a single lump sum.

2. SUMMARY OF ACCOUNTING POLICIES

Basis of accounting

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

Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles (GAAP) requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment valuation and income recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan administrator determines the Plan's valuation policies utilizing information provided by the Plan's investment advisors and custodians. See Note 5 for discussion of fair value measurements.

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

2. SUMMARY OF ACCOUNTING POLICIES (continued)

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance, plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. Interest income is reported on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred.

Payment of benefits

Benefits are recorded when paid.

Administrative expenses

Certain expenses of maintaining the Plan are paid directly by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net depreciation in fair value of investments.

Plan amendments

Effective January 1, 2015, the Plan amended its adoption agreement to exclude temporary employees from participation in the Plan and to allow the Company to make matching contributions equal to 100% of the first 1% of compensation that a participant contributes to the Plan. See Note 12 for other changes to the Plan subsequent to December 31, 2015.

3. INFORMATION PREPARED AND CERTIFIED TO BY THE CUSTODIAN

The following information included in the accompanying financial statements and the supplemental schedules were obtained from data that has been prepared and certified to as complete and accurate by the custodian.

	<u>2015</u>	<u>2014</u>
Investments at fair value:		
Money market and cash accounts	\$ 212,470	\$ 100,284
Mutual funds	1,981,121	1,938,830
Dividends and interest	106,898	127,448
Net depreciation in fair value of investments	155,958	22,113

4. INVESTMENTS

At December 31, 2015 and 2014, the fair value of individual investments that represent 5% or more of the Plan's net assets are as follows:

December 31, 2015

American Funds Money Market R3	\$	210,218
Harbor Bond		352,554
Lazard Intl Strat Eq Inst Shs		170,998
Oakmark		362,859
T. Rowe Price Small-Cap Value		199,764
Vanguard Mid Cap Index Admr		121,554

December 31, 2014

Harbor Bond	\$	335,281
Lazard Intl Strat Eq Inst Shs		146,680
Meeder Dynamic Growth		122,069
Oakmark		353,652
T. Rowe Price Small-Cap Value		194,970
Vanguard Mid Cap Index Admr		108,311

During 2015 and 2014, the Plan's investments (including gains and losses on investments sold, as well as held during the year) depreciated in value by \$155,958 and \$22,113, respectively.

5. 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). The three levels of the fair value hierarchy are described as follows:

- | | |
|---------|---|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. |
| Level 2 | <p>Inputs to the valuation methodology include</p> <ul style="list-style-type: none">• quoted prices for similar assets or liabilities in active markets;• quoted prices for identical or similar assets or liabilities in inactive markets;• inputs other than quoted prices that are observable for the asset or liability;• inputs that are derived principally from or corroborated by observable market data by correlation or other means. |

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

5. FAIR VALUE MEASUREMENTS (continued)

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

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

Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2015 and 2014.

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 Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. Mutual funds held by the Plan are deemed to be actively traded.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets measured on a recurring basis at fair value:

	2015		2014	
	Fair value	Level 1	Fair value	Level 1
Mutual funds	<u>\$ 1,981,121</u>	<u>\$ 1,981,121</u>	<u>\$ 1,938,830</u>	<u>\$ 1,938,830</u>

6. PARTY IN INTEREST TRANSACTIONS

During the years ended December 31, 2015 and 2014, the Plan made direct payments of \$39,014 and \$26,524, respectively, to the third party administrator and others for contract administration. The Company also pays certain administrative fees for the Plan, which are not reimbursed. Fees incurred by the Plan for investment management services are included in net depreciation in fair value of investments, as they are paid through revenue sharing, rather than a direct payment.

7. PLAN TERMINATION

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

8. TAX STATUS

The Plan has adopted a Plan document and related trust that has not obtained Internal Revenue Service (IRS) approval. The Plan administrator believes that the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

9. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of the net decrease in net assets available for benefits per the financial statements for the year ended December 31, 2014 to schedule H of Form 5500:

Net decrease in net assets available for	
benefits per the financial statements	\$ (33,520)
Add prior year receivables	<u>12,330</u>
Net loss per schedule H of Form 5500	
(reported on cash basis)	<u>\$ (21,190)</u>

10. NONEXEMPT PARTY IN INTEREST TRANSACTIONS

Certain participant contributions and loan repayments in the amount of \$1,000 were not remitted to the Plan during the year ended December 31, 2014 and therefore were considered to be delinquent under DOL Regulation 2510.3-102. During 2015, the Plan administrator calculated and remitted to the Plan the amount representing the earnings that the contributions would have earned if they had been deposited timely. Plan management does not believe these late remittances have a material effect on the financial statements nor affect the qualified tax status of the Plan.

11. 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.

12. SUBSEQUENT EVENTS

Effective January 1, 2016, the Plan amended its adoption agreement, to more clearly define service requirements to be eligible to participate in the Plan.

On July 1, 2016, the Company changed their custodian and recordkeeper to Principal Financial Group, and adopted a new Plan document.

The Plan administrator has evaluated subsequent events through the date of the attached independent auditors' report, the date which the financial statements were available to be issued. The Plan administrator believes that there have been no other significant subsequent events besides the two events described in the preceding two paragraphs.

SUPPLEMENTAL SCHEDULES

OUTREACH, INC. 401(k) RETIREMENT PLAN

EIN:33-0863910 Plan No.: 001

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

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	(e) Current Value
	Cash Account	Cash	\$ 2,252
	American Funds Money Market R3	Money market account	210,218
	AdvisorOne Amerigo	Mutual fund	42,443
	AdvisorOne Berolina	Mutual fund	22,219
	AdvisorOne Clermont	Mutual fund	20,400
	AdvisorOne Flexible Income	Mutual fund	1,382
	AdvisorOne Liahona Fund	Mutual fund	3,274
	AdvisorOne Select Appreciation	Mutual fund	22,905
	Aston/River Road Dividend All Cap Value	Mutual fund	23,867
	Aston/River Road Independent	Mutual fund	6,542
	Blackrock Inflation Protected Bond	Mutual fund	4,438
	Champlain Mid Cap Adv	Mutual fund	8,649
	ClearBridge Aggressive Growth I	Mutual fund	11,652
	DoubleLine Total Return Bond	Mutual fund	13,708
	FMI Large Cap	Mutual fund	34,410
	Harbor Bond	Mutual fund	352,554
	Harbor High Yield Bond Inv	Mutual fund	8,405
	Harding Loevner Emerging Markets Port Adv	Mutual fund	11,734
	Hotchkis & Wiley Value Opps A	Mutual fund	92,684
	IVA Worldwide Class A	Mutual fund	28,147
	Lazard Intl Strat Eq Inst Shs	Mutual fund	170,998
	Meeder Aggressive Growth	Mutual fund	71,803
	Meeder Balanced	Mutual fund	478
	Meeder Dividend Opportunities	Mutual fund	13,071
	Meeder Dynamic Growth	Mutual fund	112,424
	Meeder Focused Growth	Mutual fund	25,423
	Meeder Muirfield	Mutual fund	29
	Meeder Quantex	Mutual fund	12,763
	Meeder Spectrum	Mutual fund	20,889
	Meeder Total Ret Util	Mutual fund	2,426
	Meeder Total Return Bond	Mutual fund	859
	MFS Emerging Markets Debt A	Mutual fund	4,411
	Oakmark	Mutual fund	362,859
	Oakmark International	Mutual fund	16,253
	PIMCO Commodity Real Return Strategy D	Mutual fund	5,196
	PIMCO Total Return D	Mutual fund	15,888
	Steward Enhanced Eq Index Inst	Mutual fund	538
	T. Rowe Price Small-Cap Value	Mutual fund	199,764
	Templeton Global Total Return A	Mutual fund	6,456
	The Arbitrage	Mutual fund	15,684
	Third Avenue Real Estate Value Investor	Mutual fund	6,377

OUTREACH, INC. 401(k) RETIREMENT PLAN

EIN:33-0863910 Plan No.: 001

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

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	(e) Current Value
	Vanguard 500 Index Inv Admiral	Mutual fund	60,190
	Vanguard Equity Income Admiral	Mutual fund	20,292
	Vanguard Mid Cap Index Admr	Mutual fund	121,554
	Vanguard Total Bond Market Index Admr	Mutual fund	5,083
*	Participant loans	Secured by account balances, interest rates ranging from 4.25% to 4.5%, various maturity dates	90,932
	Total assets held for investment purposes		\$ 2,284,523

* Party in interest

Note: Investments are participant-directed, therefore, Column (d) Cost is omitted.

OUTREACH, INC. 401(k) RETIREMENT PLAN

EIN:33-0863910 Plan No.: 001

**Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
December 31, 2015**

	Total that Constitute Nonexempt Prohibited Transactions			
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: <u>X</u>	\$ -	\$ 1,000	\$ -	\$ -

The amount included in contributions corrected outside VFCP above represents employee contributions considered to have not been deposited timely during 2014. The Plan Administrator has calculated the amount representing the earnings that the contributions would have earned if they had been deposited timely and funded this to the participants' accounts during 2015.

**OUTREACH, INC. 401(k)
RETIREMENT PLAN**

FINANCIAL STATEMENTS

December 31, 2015 and 2014

OUTREACH, INC. 401(k) RETIREMENT PLAN

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
Outreach, Inc. 401(k) Retirement Plan

Report on the Financial Statements

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

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by MG Trust Company d.b.a. Matrix Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained 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.

Disclaimer of Opinion

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

Other Matter

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

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

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

Erickson, Brown & Kloster, P.C.

Colorado Springs, Colorado
October 11, 2016

OUTREACH, INC. 401(k) RETIREMENT PLAN
Statements of Net Assets Available for Benefits
December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Assets:		
Investments at fair value:		
Money market and cash accounts	\$ 212,470	\$ 100,284
Mutual funds	<u>1,981,121</u>	<u>1,938,830</u>
	2,193,591	2,039,114
Notes receivable from participants	<u>90,932</u>	<u>99,338</u>
Net assets available for benefits	<u><u>\$ 2,284,523</u></u>	<u><u>\$ 2,138,452</u></u>

See accompanying notes

OUTREACH, INC. 401(k) RETIREMENT PLAN
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Additions:		
Investment income:		
Dividends and interest	<u>\$ 106,898</u>	<u>\$ 127,448</u>
Interest income on notes receivable from participants	<u>2,057</u>	<u>2,981</u>
Contributions:		
Employer	96,180	59,059
Participants	173,738	165,872
Rollovers	<u>170,123</u>	<u>50,215</u>
	<u>440,041</u>	<u>275,146</u>
Total additions	<u>548,996</u>	<u>405,575</u>
Deductions:		
Net depreciation in fair value of investments	155,958	22,113
Benefits paid to participants	207,953	390,458
Administrative expenses	<u>39,014</u>	<u>26,524</u>
Total deductions	<u>402,925</u>	<u>439,095</u>
Net increase (decrease)	146,071	(33,520)
Net assets available for benefits:		
Beginning of year	<u>2,138,452</u>	<u>2,171,972</u>
End of year	<u><u>\$ 2,284,523</u></u>	<u><u>\$ 2,138,452</u></u>

See accompanying notes

OUTREACH, INC. 401(K) RETIREMENT PLAN

Notes to Financial Statements

1. DESCRIPTION OF PLAN

The following description of ***Outreach, Inc. 401(k) Retirement Plan*** (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan with a 401(k) feature that covers all eligible employees of Outreach, Inc. (the Company). Employees are eligible to make contributions to the Plan after one month of service and attainment of age 21. Employees are eligible to receive the Company's contributions upon completion of six months of service and attainment of age 21. Beginning January 1, 2015, temporary employees are not eligible to participate in the Plan. The Plan provides for monthly entry dates. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan administrator and the Plan trustee are responsible for oversight of the Plan and they determine the appropriateness of the Plan's investment offerings and monitor investment performance.

Contributions

Participants may contribute up to 100% of compensation each year not to exceed the maximum allowed by law. Participants who have obtained 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 plans (rollovers).

The Company makes basic contributions equal to 1% of each eligible participant's compensation. Beginning January 1, 2015, the Company also makes matching contributions equal to 100% of the first 1% of compensation that a participant contributes to the Plan.

Participants direct the investment of their contributions and the Company contributions through various investment options offered by the Plan.

Participant accounts

Each participant's account is credited with the participant's contributions, the Company's contributions and allocations of Plan earnings. Participant accounts are charged with an allocation of administrative and investment expenses that are paid by the Plan. Allocations are based on participant's earnings or account balances, or specific participant transactions as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting

Participants are immediately vested in their contributions as well as the Company's contributions, plus actual earnings thereon.

1. DESCRIPTION OF PLAN (continued)

Notes receivable from participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50% of their vested account balance, whichever is less. The loans are secured by the balance in the participant's account. The loan interest rate is set at 1 percent above the prime rate as defined. Principal and interest is paid ratably through payroll deductions.

Payment of benefits

Upon termination of service 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, installments over a period selected, an annuity or postpone the payment of benefits. If a participant's vested account balance is less than or equal to \$5,000, excluding rollover contributions and earnings thereon, the participant will automatically receive a single lump sum payment. Upon death, the participant's beneficiaries will receive an annuity. If the participant's beneficiaries waive the annuity, then the beneficiaries will receive a single lump sum.

2. SUMMARY OF ACCOUNTING POLICIES

Basis of accounting

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

Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles (GAAP) requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment valuation and income recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan administrator determines the Plan's valuation policies utilizing information provided by the Plan's investment advisors and custodians. See Note 5 for discussion of fair value measurements.

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

2. SUMMARY OF ACCOUNTING POLICIES (continued)

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance, plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. Interest income is reported on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred.

Payment of benefits

Benefits are recorded when paid.

Administrative expenses

Certain expenses of maintaining the Plan are paid directly by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net depreciation in fair value of investments.

Plan amendments

Effective January 1, 2015, the Plan amended its adoption agreement to exclude temporary employees from participation in the Plan and to allow the Company to make matching contributions equal to 100% of the first 1% of compensation that a participant contributes to the Plan. See Note 12 for other changes to the Plan subsequent to December 31, 2015.

3. INFORMATION PREPARED AND CERTIFIED TO BY THE CUSTODIAN

The following information included in the accompanying financial statements and the supplemental schedules were obtained from data that has been prepared and certified to as complete and accurate by the custodian.

	2015	2014
Investments at fair value:		
Money market and cash accounts	\$ 212,470	\$ 100,284
Mutual funds	1,981,121	1,938,830
Dividends and interest	106,898	127,448
Net depreciation in fair value of investments	155,958	22,113

4. INVESTMENTS

At December 31, 2015 and 2014, the fair value of individual investments that represent 5% or more of the Plan's net assets are as follows:

December 31, 2015

American Funds Money Market R3	\$	210,218
Harbor Bond		352,554
Lazard Intl Strat Eq Inst Shs		170,998
Oakmark		362,859
T. Rowe Price Small-Cap Value		199,764
Vanguard Mid Cap Index Admr		121,554

December 31, 2014

Harbor Bond	\$	335,281
Lazard Intl Strat Eq Inst Shs		146,680
Meeder Dynamic Growth		122,069
Oakmark		353,652
T. Rowe Price Small-Cap Value		194,970
Vanguard Mid Cap Index Admr		108,311

During 2015 and 2014, the Plan's investments (including gains and losses on investments sold, as well as held during the year) depreciated in value by \$155,958 and \$22,113, respectively.

5. 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). The three levels of the fair value hierarchy are described as follows:

- | | |
|---------|---|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. |
| Level 2 | <p>Inputs to the valuation methodology include</p> <ul style="list-style-type: none">• quoted prices for similar assets or liabilities in active markets;• quoted prices for identical or similar assets or liabilities in inactive markets;• inputs other than quoted prices that are observable for the asset or liability;• inputs that are derived principally from or corroborated by observable market data by correlation or other means. |

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

5. FAIR VALUE MEASUREMENTS (continued)

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

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

Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2015 and 2014.

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 Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. Mutual funds held by the Plan are deemed to be actively traded.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets measured on a recurring basis at fair value:

	2015		2014	
	Fair value	Level 1	Fair value	Level 1
Mutual funds	<u>\$ 1,981,121</u>	<u>\$ 1,981,121</u>	<u>\$ 1,938,830</u>	<u>\$ 1,938,830</u>

6. PARTY IN INTEREST TRANSACTIONS

During the years ended December 31, 2015 and 2014, the Plan made direct payments of \$39,014 and \$26,524, respectively, to the third party administrator and others for contract administration. The Company also pays certain administrative fees for the Plan, which are not reimbursed. Fees incurred by the Plan for investment management services are included in net depreciation in fair value of investments, as they are paid through revenue sharing, rather than a direct payment.

7. PLAN TERMINATION

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

8. TAX STATUS

The Plan has adopted a Plan document and related trust that has not obtained Internal Revenue Service (IRS) approval. The Plan administrator believes that the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

9. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of the net decrease in net assets available for benefits per the financial statements for the year ended December 31, 2014 to schedule H of Form 5500:

Net decrease in net assets available for	
benefits per the financial statements	\$ (33,520)
Add prior year receivables	<u>12,330</u>
Net loss per schedule H of Form 5500	
(reported on cash basis)	<u>\$ (21,190)</u>

10. NONEXEMPT PARTY IN INTEREST TRANSACTIONS

Certain participant contributions and loan repayments in the amount of \$1,000 were not remitted to the Plan during the year ended December 31, 2014 and therefore were considered to be delinquent under DOL Regulation 2510.3-102. During 2015, the Plan administrator calculated and remitted to the Plan the amount representing the earnings that the contributions would have earned if they had been deposited timely. Plan management does not believe these late remittances have a material effect on the financial statements nor affect the qualified tax status of the Plan.

11. 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.

12. SUBSEQUENT EVENTS

Effective January 1, 2016, the Plan amended its adoption agreement, to more clearly define service requirements to be eligible to participate in the Plan.

On July 1, 2016, the Company changed their custodian and recordkeeper to Principal Financial Group, and adopted a new Plan document.

The Plan administrator has evaluated subsequent events through the date of the attached independent auditors' report, the date which the financial statements were available to be issued. The Plan administrator believes that there have been no other significant subsequent events besides the two events described in the preceding two paragraphs.

SUPPLEMENTAL SCHEDULES

OUTREACH, INC. 401(k) RETIREMENT PLAN

EIN:33-0863910 Plan No.: 001

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

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	(e) Current Value
	Cash Account	Cash	\$ 2,252
	American Funds Money Market R3	Money market account	210,218
	AdvisorOne Amerigo	Mutual fund	42,443
	AdvisorOne Berolina	Mutual fund	22,219
	AdvisorOne Clermont	Mutual fund	20,400
	AdvisorOne Flexible Income	Mutual fund	1,382
	AdvisorOne Liahona Fund	Mutual fund	3,274
	AdvisorOne Select Appreciation	Mutual fund	22,905
	Aston/River Road Dividend All Cap Value	Mutual fund	23,867
	Aston/River Road Independent	Mutual fund	6,542
	Blackrock Inflation Protected Bond	Mutual fund	4,438
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	Hotchkis & Wiley Value Opps A	Mutual fund	92,684
	IVA Worldwide Class A	Mutual fund	28,147
	Lazard Intl Strat Eq Inst Shs	Mutual fund	170,998
	Meeder Aggressive Growth	Mutual fund	71,803
	Meeder Balanced	Mutual fund	478
	Meeder Dividend Opportunities	Mutual fund	13,071
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	Meeder Quantex	Mutual fund	12,763
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OUTREACH, INC. 401(k) RETIREMENT PLAN

EIN:33-0863910 Plan No.: 001

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

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	(e) Current Value
	Vanguard 500 Index Inv Admiral	Mutual fund	60,190
	Vanguard Equity Income Admiral	Mutual fund	20,292
	Vanguard Mid Cap Index Admr	Mutual fund	121,554
	Vanguard Total Bond Market Index Admr	Mutual fund	5,083
*	Participant loans	Secured by account balances, interest rates ranging from 4.25% to 4.5%, various maturity dates	90,932
	Total assets held for investment purposes		\$ 2,284,523

* Party in interest

Note: Investments are participant-directed, therefore, Column (d) Cost is omitted.

OUTREACH, INC. 401(k) RETIREMENT PLAN

EIN:33-0863910 Plan No.: 001

**Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
December 31, 2015**

	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments are included: <u>X</u>	\$ -	\$ 1,000	\$ -	\$ -

The amount included in contributions corrected outside VFCP above represents employee contributions considered to have not been deposited timely during 2014. The Plan Administrator has calculated the amount representing the earnings that the contributions would have earned if they had been deposited timely and funded this to the participants' accounts during 2015.

SUPPLEMENTAL SCHEDULES

OUTREACH, INC. 401(k) RETIREMENT PLAN

EIN:33-0863910 Plan No.: 001

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

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	(e) Current Value
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	AdvisorOne Clermont	Mutual fund	20,400
	AdvisorOne Flexible Income	Mutual fund	1,382
	AdvisorOne Liahona Fund	Mutual fund	3,274
	AdvisorOne Select Appreciation	Mutual fund	22,905
	Aston/River Road Dividend All Cap Value	Mutual fund	23,867
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	FMI Large Cap	Mutual fund	34,410
	Harbor Bond	Mutual fund	352,554
	Harbor High Yield Bond Inv	Mutual fund	8,405
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	Hotchkis & Wiley Value Opps A	Mutual fund	92,684
	IVA Worldwide Class A	Mutual fund	28,147
	Lazard Intl Strat Eq Inst Shs	Mutual fund	170,998
	Meeder Aggressive Growth	Mutual fund	71,803
	Meeder Balanced	Mutual fund	478
	Meeder Dividend Opportunities	Mutual fund	13,071
	Meeder Dynamic Growth	Mutual fund	112,424
	Meeder Focused Growth	Mutual fund	25,423
	Meeder Muirfield	Mutual fund	29
	Meeder Quantex	Mutual fund	12,763
	Meeder Spectrum	Mutual fund	20,889
	Meeder Total Ret Util	Mutual fund	2,426
	Meeder Total Return Bond	Mutual fund	859
	MFS Emerging Markets Debt A	Mutual fund	4,411
	Oakmark	Mutual fund	362,859
	Oakmark International	Mutual fund	16,253
	PIMCO Commodity Real Return Strategy D	Mutual fund	5,196
	PIMCO Total Return D	Mutual fund	15,888
	Steward Enhanced Eq Index Inst	Mutual fund	538
	T. Rowe Price Small-Cap Value	Mutual fund	199,764
	Templeton Global Total Return A	Mutual fund	6,456
	The Arbitrage	Mutual fund	15,684
	Third Avenue Real Estate Value Investor	Mutual fund	6,377

OUTREACH, INC. 401(k) RETIREMENT PLAN

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

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	(e) Current Value
	Vanguard 500 Index Inv Admiral	Mutual fund	60,190
	Vanguard Equity Income Admiral	Mutual fund	20,292
	Vanguard Mid Cap Index Admr	Mutual fund	121,554
	Vanguard Total Bond Market Index Admr	Mutual fund	5,083
*	Participant loans	Secured by account balances, interest rates ranging from 4.25% to 4.5%, various maturity dates	90,932
	Total assets held for investment purposes		\$ 2,284,523

* Party in interest

Note: Investments are participant-directed, therefore, Column (d) Cost is omitted.

OUTREACH, INC. 401(k) RETIREMENT PLAN

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**Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
December 31, 2015**

	Total that Constitute Nonexempt Prohibited Transactions			
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: <input checked="" type="checkbox"/>	\$ -	\$ 1,000	\$ -	\$ -

The amount included in contributions corrected outside VFCP above represents employee contributions considered to have not been deposited timely during 2014. The Plan Administrator has calculated the amount representing the earnings that the contributions would have earned if they had been deposited timely and funded this to the participants' accounts during 2015.