

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

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

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>TRIDENT HOLDING COMPANY, LLC 401(K) PLAN</u>	<table border="1"> <tr> <td>1b Three-digit plan number (PN) ▶</td> <td><u>001</u></td> </tr> <tr> <td>1c Effective date of plan</td> <td><u>08/01/2003</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan	<u>08/01/2003</u>
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan	<u>08/01/2003</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>TRIDENT HOLDING COMPANY, LLC</u> <u>101 ROCK ROAD</u> <u>HORSHAM, PA 19044-2310</u>	<table border="1"> <tr> <td>2b Employer Identification Number (EIN) <u>47-2436396</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>215-442-0660</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621510</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>47-2436396</u>	2c Plan Sponsor's telephone number <u>215-442-0660</u>	2d Business code (see instructions) <u>621510</u>	
2b Employer Identification Number (EIN) <u>47-2436396</u>					
2c Plan Sponsor's telephone number <u>215-442-0660</u>					
2d Business code (see instructions) <u>621510</u>					

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/18/2016</u>	<u>JOSEPH JARDINE</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☒ 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 SYMPHONY DIAGNOSTIC SERVICES, INC. DBA MOBILEXUSA	4b EIN 95-3268980 4c PN 001
5 Total number of participants at the beginning of the plan year	5 2076
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 2151
a(2) Total number of active participants at the end of the plan year	6a(2) 4124
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 154
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 4278
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 4278
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 1939
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 28
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 3D 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

Receipt Confirmation Code _____

<div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection</div>
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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 TRIDENT HOLDING COMPANY, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRIDENT HOLDING COMPANY, LLC	D Employer Identification Number (EIN) 47-2436396	

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

(a) Name of insurance carrier GREAT-WEST LIFE & ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	331158-01	64	01/01/2015	12/31/2015

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	807103
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

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

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

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

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

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

b Balance at the end of the previous year	7b	1095107
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c Additions: (1) Contributions deposited during the year	7c(1)	83041	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	13111	
(4) Transferred from separate account	7c(4)	2140378	
(5) Other (specify below)	7c(5)	71174	

▶ LOAN REPAYMENTS

(6) Total additions	7c(6)	2307704
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d Total of balance and additions (add lines 7b and 7c(6))	7d	3402811
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	275717	
(2) Administration charge made by carrier	7e(2)	566	
(3) Transferred to separate account	7e(3)	2319425	
(4) Other (specify below)	7e(4)		

(5) Total deductions	7e(5)	2595708
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	807103
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	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 TRIDENT HOLDING COMPANY, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRIDENT HOLDING COMPANY, LLC	D Employer Identification Number (EIN) 47-2436396	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ASPIRE FINANCIAL SERVICES

4010 BOYSCOUT BLVD, SUITE 450
TAMPA, FL 33607

27-1033755

(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?
15	NONE	99105	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INR ADVISORS

115 W STATE STREET
SUITE 300
MEDIA, PA 19063

23-2692804

(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?
27	NONE	55692	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DWC ERISA CONSULTANTS, LLC

13110 DANUBE LANE
ROSEMOUNT, MN 55068

26-2091417

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2015 <hr/> 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>TRIDENT HOLDING COMPANY, LLC 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRIDENT HOLDING COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>47-2436396</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: GARTMORE MORLEY STABLE VALUE FUND

b Name of sponsor of entity listed in (a): UNION BOND & TRUST COMPANY

c EIN-PN <u>93-6274329-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1105079</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: GARTMORE MORELY STABLE VALUE FUND

b Name of sponsor of entity listed in (a): UNION BOND & TRUST COMPANY

c EIN-PN <u>93-6274329-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>103861</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) <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 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>		
A Name of plan <u>TRIDENT HOLDING COMPANY, LLC 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>TRIDENT HOLDING COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>47-2436396</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	209500	421705
(2) Participant contributions	1b(2)	0	87979
(3) Other.....	1b(3)	8926	8780734
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	116	148583
(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)	487840	1321876
(9) Value of interest in common/collective trusts.....	1c(9)	1364244	1208940
(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)	20529922	25643599
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	807103
(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	22600548	38420519

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	0	0
i Acquisition indebtedness	1i		
j Other liabilities	1j	68087	96290
k Total liabilities (add all amounts in lines 1g through 1j)	1k	68087	96290

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	22532461	38324229
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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)	219000	
(B) Participants	2a(1)(B)	2378405	
(C) Others (including rollovers)	2a(1)(C)	317553	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2914958
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	22776	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		22776
(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)	502972	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		502972
(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)		12267
(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)		-705492
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2747481

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1340459	
(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)		1340459
f Corrective distributions (see instructions)	2f		10236
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	89793	
(2) Contract administrator fees	2i(2)	9414	
(3) Investment advisory and management fees	2i(3)	55692	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		154899
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1505594

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1241887
l Transfers of assets:			
(1) To this plan	2l(1)		14549881
(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: RSM US LLP

(2) EIN: 42-0714325

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.)	☒	☐	☐	363175
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	☐	☒	☐	

	Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			3000000
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?				
p Were in-service distributions made during the plan year?				

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No Amount:

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

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>TRIDENT HOLDING COMPANY, LLC 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>TRIDENT HOLDING COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>47-2436396</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>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	

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

**Trident Holding Company, LLC
401(k) Plan (formerly
Symphony Diagnostics
Services, Inc. d/b/a
MobilexUSA 401(k) Plan)**

Financial Report
December 31, 2015

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Independent Auditor's Report

To the Plan Committee
Trident Holding Company, LLC 401(k) Plan
Horsham, Pennsylvania

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Trident Holding Company, LLC 401(k) Plan (formerly Symphony Diagnostic Services, Inc. d/b/a MobilexUSA 401(k) Plan) (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statement of changes in net assets available for benefits for the year ended December 31, 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the United States 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 or provided by MG Trust Company d/b/a Matrix Trust Company, Ascensus Trust Company, Great-West Trust Company, LLC and Great-West Life & Annuity Insurance Company, the trustees and custodian of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustees and custodian held the Plan's assets and executed transactions. The Plan Administrator has obtained certifications from the trustees and custodian as of December 31, 2015 and 2014, and for the year ended December 31, 2015, that the information provided to the Plan Administrator by the trustees 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.

Emphasis of Matter

As discussed in Note 1 to the financial statements, Trident Holding Company, LLC, the Plan's sponsor, approved on October 30, 2015, to merge the US Labs & Radiology, Inc. 401(k) Plan, ADS 401(k) Plan, Diagnostic Laboratories 401(k) Plan and TridentUSA Mobile Clinical Services, LLC 401(k) Profit Sharing Plan into the Trident Holding Company, LLC 401(k) Plan effective December 31, 2015. Physical transfer of substantially all merged plan assets to the Trident Holding Company, LLC 401(k) Plan occurred on December 31, 2015. Our disclaimer of opinion has not been modified with respect to this matter.

Other Matter

The supplemental schedule of delinquent participant contributions for the year ended December 31, 2015 and the supplemental schedule of assets (held at end of year) as of December 31, 2015, are required by the United States 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 purposes of additional analysis and are not a required part of the financial statements. The supplemental schedules are the responsibility of the Plan's management. 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.

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 or provided by the trustees has 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 United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

RSM US LLP

Blue Bell, Pennsylvania
October 17, 2016

Trident Holding Company, LLC 401(k) Plan
(formerly Symphony Diagnostic Services, Inc. d/b/a MobilexUSA 401(k) Plan)

Statements of Net Assets Available for Benefits
December 31, 2015 and 2014

	2015	2014
Assets		
Investments at fair value	\$ 27,001,122	\$ 21,894,166
Investments at contract value	807,103	-
	<u>27,808,225</u>	<u>21,894,166</u>
Cash	-	116
Receivables:		
Employer contributions	421,705	209,500
Employee contributions	87,979	-
Dividends	-	8,926
Notes from participants	1,321,876	487,840
Pending transfer from custodian to trustee	8,780,734	-
	<u>10,612,294</u>	<u>706,266</u>
Total assets	38,420,519	22,600,548
Liabilities		
Excess contributions payable	<u>96,290</u>	<u>68,087</u>
Net assets available for benefits	<u>\$ 38,324,229</u>	<u>\$ 22,532,461</u>

See notes to financial statements.

Trident Holding Company, LLC 401(k) Plan
(formerly Symphony Diagnostic Services, Inc. d/b/a MobilexUSA 401(k) Plan)

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2015

Additions to net assets attributed to:	
Investment income (loss):	
Net depreciation in fair value of investments	\$ (693,225)
Dividends	502,972
	<u>(190,253)</u>
 Interest income on notes receivable from participants	 22,776
 Contributions:	
Participant	2,378,405
Employer, net of forfeitures	219,000
Rollovers	317,553
Total additions	<u>2,747,481</u>
 Deductions from net assets attributed to:	
Benefits paid to participants	1,350,695
Administrative expenses	154,899
Total deductions	<u>1,505,594</u>
 Net increase in net assets available for benefits	 1,241,887
 Plan transfers (Note 1)	 14,549,881
 Net assets available for benefits:	
Beginning of year	<u>22,532,461</u>
 End of year	 <u><u>\$ 38,324,229</u></u>

See notes to financial statements.

Trident Holding Company, LLC 401(k) Plan
(formerly Symphony Diagnostic Services, Inc. d/b/a MobilexUSA 401(k) Plan)

Notes to Financial Statements

Note 1. Description of Plan

The following description of the Trident Holding Company, LLC 401(k) Plan (formerly Mobilex 401(k) Plan) (the Plan) provides only general information. Participants should refer to the Plan agreement for a more comprehensive description of the Plan's provisions.

General: The Plan, originally effective August 1, 2003 and named Symphony Diagnostic Services, Inc. d/b/a MobilexUSA 401(k) Plan, is a 401(k) defined contribution plan. Effective December 31, 2015, the Plan was renamed Trident Holding Company, LLC 401(k) Plan and transferred sponsorship to Trident Holdings Company, LLC (the Company). The Plan covers all employees the Company and its wholly-owned subsidiaries who have completed three months of service and are age 21 or older. Employees may enter the Plan on the first of the month coinciding with or following satisfaction of the eligibility requirements. The Plan Administrator determines the appropriateness of the Plan's investment offerings and monitors investment performance. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan merger: On October 30, 2015, Trident Holding Company, LLC, the Plan's sponsor, merged the US Labs & Radiology, Inc. 401(k) Plan, ADS 401(k) Plan, Diagnostic Laboratories 401(k) Plan and TridentUSA Mobile Clinical Services, LLC 401(k) Profit Sharing Plan into the Trident Holding Company, LLC 401(k) Plan effective December 31, 2015. As a result, net assets of \$14,549,881 were transferred to the control of Trident Holding Company, LLC 401(k) Plan at December 31, 2015. The merger does not impact participant benefits as the benefit provisions were incorporated in the Trident Holding Company, LLC 401(k) Plan.

Plan amendment: The Plan was amended and restated effective January 1, 2016 pursuant to the plan merger described above.

Contributions: Participants may contribute a specific percentage or dollar amount of up to 100% of their annual eligible compensation (elective deferrals), as defined by the Plan, subject to Internal Revenue Code (IRC) limitations. Participants are permitted to make pre-tax and/or after-tax (Roth) contributions. Participants age 50 or older may elect to defer additional amounts (catch-up contributions) to the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans (rollovers). The Company may provide discretionary matching and/or profit sharing contributions determined at year-end by management. Discretionary contributions shall only be made on behalf of participants who are employed on the last day of the Plan year except in limited circumstances as defined in the Plan agreement. For the year ended December 31, 2015, the Company elected to make a matching contribution of approximately 24% of employee elective deferrals, up to a maximum of 3% of eligible compensation. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Investment options: Upon enrollment in the Plan, a participant may direct all contributions to selected investments as made available and determined by the Plan Administrator in 1% increments. Participants may change their investment options at any time.

Participant accounts: Each participant's account is credited with the participant's contributions and allocations of the Company's discretionary contributions, if any, Plan investment earnings/losses and charged with distributions and an allocation of administrative expenses. Allocations are based on participant contributions, compensation or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants are immediately vested in their salary deferrals and rollover contributions plus actual earnings (losses) thereon. Vesting in the Company contribution portion of their accounts plus actual earnings (losses) thereon is based on years of service. A participant is 100% vested in the Company contribution portion after completing three years of credited service.

**Trident Holding Company, LLC 401(k) Plan
(formerly Symphony Diagnostic Services, Inc. d/b/a MobilexUSA 401(k) Plan)**

Notes to Financial Statements

Note 1. Description of Plan (Continued)

Notes from participants: Participants may borrow from their accounts a minimum of \$1,000 and up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms range from one to five years or up to 30 years for the purchase of a primary residence. The notes are secured by the vested balance in the participant's account and bear interest at a rate commensurate with local prevailing rates. As of December 31, 2015, the notes bear interest at annual rates of 4.25%. These loans mature through 2021. Principal and interest are paid ratably through bi-weekly payroll deductions. Upon termination of employment, the outstanding principal and interest balance is immediately payable.

Payment of benefits: The Plan permits withdrawals when a participant terminates employment, retires, or becomes disabled or deceased. In-service withdrawals are also permitted for certain financial hardships or when a participant attains age 59½. Benefits are payable in lump-sum payments with certain exceptions allowed.

Forfeitures: Forfeitures will be used to reduce future employer contributions or pay Plan expenses. Forfeited non-vested accounts totaled \$113,307 and \$2,049 as of December 31, 2015 and 2014, respectively. During 2015, \$6,132 was used to reduce employer matching contributions. No forfeitures were used to pay administrative expenses. In connection with the aforementioned plan merger, forfeitures from the merged plans totaling \$104,793, were transferred with the net assets effective December 31, 2015 to the control of the Plan.

Note 2. Summary of Significant Accounting Policies

Basis of accounting: The accompanying financial statements have been prepared on the accrual basis of accounting.

Use of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Investment valuation and income recognition: Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Administrator determines the Plan's valuation policies utilizing information provided by the trustees. See Note 4 for discussion of fair value measurements.

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

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

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

**Trident Holding Company, LLC 401(k) Plan
(formerly Symphony Diagnostic Services, Inc. d/b/a MobilexUSA 401(k) Plan)**

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

Contributions: Contributions from Plan participants are recorded in the year in which the participant contributions are withheld from amounts paid. Discretionary matching and/or profit sharing contributions from the Plan Sponsor, if any, are recognized upon authorization as the underlying compensation is recognized. All participant and employer contributions are participant-directed. Participant contributions in excess of amounts allowed by regulation are recorded as a liability with a corresponding reduction in contributions.

Administrative expenses: Certain expenses of maintaining the Plan are paid directly by the Plan Sponsor and are excluded from these financial statements. Administrative expenses includes fees related to the administration of notes receivable that are charged directly to the participant's account and certain recordkeeping fees paid by the Plan. Investment-related expenses are included in net appreciation (depreciation) of fair value of investments.

Payment of benefits: Benefits are recorded when paid.

Income taxes: GAAP requires Plan management to evaluate tax positions taken by the Plan, and recognize a tax liability (or asset) if the Plan has taken any uncertain tax positions that more likely than not would be sustained upon examination by a tax authority. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by the U.S. federal, state or local tax authorities for years before 2012.

Subsequent events: The Plan has evaluated subsequent events (events occurring after December 31, 2015) through October 17, 2016, the date the financial statements were available to be issued.

Trident Holding Company, LLC 401(k) Plan
(formerly Symphony Diagnostic Services, Inc. d/b/a MobilexUSA 401(k) Plan)

Notes to Financial Statements

Note 3. Information Certified or Provided by MG Trust Company d/b/a Matrix Trust Company, Ascensus Trust Company, Great-West Trust Company, LLC (collectively, the Trustees) and Great-West Life & Annuity Insurance Company (Custodian)

The following is a summary of the Plan's asset information as of December 31, 2015 and 2014, and for the year ended December 31, 2015, included in the Plan's financial statements and supplemental schedule of assets (held at end of year), that was prepared by or derived from information provided by MG Trust Company d/b/a Matrix Trust Company, Ascensus Trust Company, Great-West Trust Company, LLC, and Great-West Life & Annuity Insurance Company, the Plan trustees and custodian, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustees and custodian that information provided to the Plan Administrator by the trustees and custodian related to the following investments is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedule related to the following assets:

	2015	2014
Investments at fair value:		
Mutual funds	\$ 25,643,599	\$ 20,529,922
Money market fund	148,583	-
Common collective trust	1,208,940	1,364,244
	<u>\$ 27,001,122</u>	<u>\$ 21,894,166</u>
Investments at contract value:		
Guaranteed interest contract	<u>\$ 807,103</u>	<u>\$ -</u>
Cash	<u>\$ -</u>	<u>\$ 116</u>

MG Trust Company d/b/a Matrix Trust Company also certified to the completeness and accuracy of \$693,225 of net depreciation in fair value of investments and \$502,972 of dividends related to the aforementioned Plan assets for the year ended December 31, 2015.

**Trident Holding Company, LLC 401(k) Plan
(formerly Symphony Diagnostic Services, Inc. d/b/a MobilexUSA 401(k) Plan)**

Notes to Financial Statements

Note 4. Fair Value Measurements

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

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

Registered investment companies (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. The mutual funds held by the Plan are deemed to be actively traded.

Money market fund: Valued at the daily closing price as reported by the fund. The fund is a government money market fund that seeks to preserve the value at \$1.00 per share.

Common collective trust: Valued based on the NAV of units of the common collective trust. The NAV, as provided by the trustees, is used as a practical expedient to estimating fair value.

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

Trident Holding Company, LLC 401(k) Plan
(formerly Symphony Diagnostic Services, Inc. d/b/a MobilexUSA 401(k) Plan)

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015 and 2014:

Description	Assets at Fair Value as of December 31, 2015			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 25,643,599	\$ -	\$ -	\$ 25,643,599
Money market fund	148,583	-	-	148,583
	<u>\$ 25,792,182</u>	<u>\$ -</u>	<u>\$ -</u>	<u>25,792,182</u>
Investments measured at NAV (a)				1,208,940
				<u>\$ 27,001,122</u>

Description	Assets at Fair Value as of December 31, 2014			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 20,529,922	\$ -	\$ -	\$ 20,529,922
Investments measured at NAV (a)				1,364,244
				<u>\$ 21,894,166</u>

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

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using NAV per share (or its equivalent) as of December 31, 2015 and 2014.

Investment	Fair Value at December 31		Unfunded Commitment	Redemption Frequency	Redemption Notice Period
	2015	2014			
Common collective trust:					
Gartmore Morely Stable Value Series I Fund	<u>\$ 1,208,940</u>	<u>\$ 1,364,244</u>	None	Daily	None

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

The Plan evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2015, there were no significant transfers in or out of Levels 1, 2 or 3.

**Trident Holding Company, LLC 401(k) Plan
(formerly Symphony Diagnostic Services, Inc. d/b/a MobilexUSA 401(k) Plan)**

Notes to Financial Statements

Note 5. Fully Benefit-Responsive Investment Contracts

The Plan has a traditional, fully benefit-responsive guaranteed investment contract with Great-West Life & Annuity Insurance Company (Great-West) that is reported at contract value. Great-West maintains the contributions in a general account. The account is credited with contributions, earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 1%. Such interest rates are reviewed on a quarterly basis for resetting. The contract cannot be terminated before the scheduled maturity date.

The Plan's ability to receive amounts due in accordance with the fully benefit-responsive investment contract is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. These events may be different under each contract. Such events include the following:

1. The Plan's failure to qualify under Section 401 (a) of the IRC or the failure of the trust to be tax-exempt under Section 501 (a) of the IRC
2. Premature termination of the contracts
3. Plan termination or merger
4. Changes to the Plan's prohibition on competing investment options
5. Bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Such events include the following:

1. An uncured violation of the Plan's investment guidelines
2. A breach of material obligation under the contract
3. A material misrepresentation
4. A material amendment to the agreements without the consent of the issuer

**Trident Holding Company, LLC 401(k) Plan
(formerly Symphony Diagnostic Services, Inc. d/b/a MobilexUSA 401(k) Plan)**

Notes to Financial Statements

Note 6. Party-in-Interest Transactions

MG Trust Company d/b/a Matrix Trust Company, Ascensus Trust Company and Great-West Trust Company, LLC are collectively, the trustees of the Plan and Great-West Life & Annuity Insurance Company is the custodian of the Plan; therefore, transactions with the trustees and custodian qualify as party-in-interest transactions. No fees were paid by the Plan to the trustees and custodian during the year ended December 31, 2015.

The Company also paid certain administrative expenses to the Plan. Additionally, the Plan issues loans to participants, which are secured by the participant's account balances. These transactions qualify as party-in-interest transactions.

Certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

Note 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. In the event of Plan termination, participants will become 100% vested in their accounts.

Note 8. Tax Status

Effective January 1, 2013, the Plan adopted a Volume Submitter Profit Sharing Plan with CODA sponsored by Sungard Business Systems LLC. The Volume Submitter Plan has received an opinion letter from the IRS dated March 31, 2014 as to the plan's qualified status. The Volume Submitter Plan opinion letter has been relied upon by this Plan. The Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the IRC.

Note 9. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2015 and 2014 to the Form 5500:

	2015	2014
Net assets available for benefits per the financial statements	\$ 38,324,229	\$ 22,532,461
Differences in:		
Investments - participant loans	1,321,876	487,840
Receivables - notes receivable from participants	(1,321,876)	(487,840)
Investments - interest-bearing cash	-	116
Cash	-	(116)
Net assets available for benefits per the Form 5500	<u>\$ 38,324,229</u>	<u>\$ 22,532,461</u>

Trident Holding Company, LLC 401(k) Plan
(formerly Symphony Diagnostic Services, Inc. d/b/a MobilexUSA 401(k) Plan)

Notes to Financial Statements

Note 9. Nonexempt Transactions

During 2015, the Company failed to deposit \$149,985 of participant deferrals within the required timeframe as stated by the United States Department of Labor (DOL) regulations. The Company intends to reimburse the Plan for lost interest. The Company intends to file Form 5330 and intends to pay the applicable excise tax in 2016. The excise tax payments will be made from the Company's assets and not from the assets of the Plan.

Trident Holding Company, LLC 401(k) Plan
(formerly Symphony Diagnostic Services, Inc. d/b/a MobilexUSA 401(k) Plan)

Schedule H, Line 4(a) - Schedule of Delinquent Participant Contributions
Year Ended December 31, 2015

Participant Contributions Transferred Late to the Plan		Total That Constitutes Prohibited Non-Exempt Transactions							
\$	363,175	\$	363,175						
() Check Here if Late Participant Loan Repayments are Included		Contributions not Corrected		Contributions Corrected Outside of VFCP		Contributions Pending Correction in VFCP		Total Fully Corrected Under VFCP and PTE 2002-51	
2015	\$	149,985	*	\$	-	\$	-	\$	-
2014	\$	80,518	**	\$	500	\$	-	\$	-
2013	\$	85,849	***	\$	-	\$	-	\$	-
2012	\$	46,323	****	\$	-	\$	-	\$	-

* 2015 delinquent participant contributions include \$80,647 attributable to plan merger from TridentUSA Mobile Clinical Services, LLC 401(k) Profit Sharing Plan and \$68,514 attributable to plan merger from Diagnostic Laboratories 401(k) Plan.

** 2014 delinquent participant contributions of \$80,518 attributable to plan merger from TridentUSA Mobile Clinical Services, LLC 401(k) Profit Sharing Plan.

*** 2013 delinquent participant contributions include \$36,921 attributable to plan merger from ADS 401(k) Profit Sharing Plan and \$48,928 attributable to plan merger from TridentUSA Mobile Clinical Services, LLC 401(k) Profit Sharing Plan.

**** 2012 delinquent participant contributions of \$46,323 attributable to plan merger from ADS 401(k) Profit Sharing Plan.

Trident Holding Company, LLC 401(k) Plan
(formerly Symphony Diagnostic Services, Inc. d/b/a MobilexUSA 401(k) Plan)

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2015

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Interest-bearing cash:			
	American Funds	Money Market Fund R2	** \$	148,583
	Mutual funds:			
	T. Rowe Price	Emerging Markets Stock Fund	**	305,776
	T. Rowe Price	Equity Income Fund	**	694,594
	T. Rowe Price	Growth Stock Fund	**	979,518
	T. Rowe Price	International Equity Index Fund	**	429,837
	Vanguard	Emerging Markets Stock Index Fund - Admiral	**	55,601
	Vanguard	European Stock Index Fund - Admiral	**	10,858
	Vanguard	Growth Index Fund - Admiral	**	4,048,511
	Vanguard	INF Protected SEC	**	115,846
	Vanguard	Intermediate-Term Bond Index Fund - Admiral	**	102,318
	Vanguard	Large Cap Index Fund - Admiral	**	56,272
	Vanguard	Mid Cap Index Fund - Admiral	**	75,118
	Vanguard	Mid Cap Growth Index Fund - Admiral	**	1,917,972
	Vanguard	Mid Cap Value Index Fund - Admiral	**	29,853
	Vanguard	Precious Metals and Mining Fund - Inv	**	4,624
	Vanguard	REIT Index Fund - Admiral	**	114,335
	Vanguard	Short Term Bond Index Fund - Admiral	**	86,650
	Vanguard	Small Cap Index Fund - Admiral	**	1,077,057
	Vanguard	Small Cap Growth Index Fund - Admiral	**	409,380
	Vanguard	Small Cap Value Index Fund - Admiral	**	234,503
	Vanguard	Total Bond Market Index Fund - Admiral	**	5,649,212
	Vanguard	Total International Stock Index Fund - Admiral	**	3,672,394
	Vanguard	Total International Bond Index Fund - Admiral	**	27,510
	Vanguard	Total Stock Market Index Fund - Admiral	**	129,600
	Vanguard	Value Index Fund - Admiral	**	3,473,991
	JP Morgan	Growth and Income - Select	**	48
	MFS	Value Fund - R5	**	3,191
	Nuveen Rittenhouse	Growth - A	**	3,228
	American Funds	Capital Income Builder Fund R2	**	74,387
	American Funds	Capital World Growth and Income R2	**	112,692
	American Funds	EuroPacific Growth Fund R2	**	180,669
	American Funds	Growth of America Fund R2	**	376,330

(Continued)

Trident Holding Company, LLC 401(k) Plan
(formerly Symphony Diagnostic Services, Inc. d/b/a MobilexUSA 401(k) Plan)

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) (Continued)
December 31, 2015

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Mutual funds (continued):				
	American Funds	High-Income Trust Fund R2	**	\$ 186,338
	American Funds	Income of America Fund R2	**	207,524
	American Funds	Investment Company of America Fund R2	**	65,589
	Invesco	Real Estate Fund R	**	95,177
	John Hancock	Classic Value Fund R1	**	154,947
	Loomis Sayles	Strategic Income Fund C	**	190,436
	Lord Abbett	Mid-Cap Stock Fund P	**	140,145
	Oppenheimer	Small & Mid Cap Value Fund N	**	151,568
Common collective trust:				
	Gartmore Morley	Stable Value Series I Fund	**	1,208,940
Guaranteed interest contract:				
*	Great-West	Key Guaranteed Portfolio Fund	**	807,103
Participant loans:				
*	Participants	4.25% maturing through 2021	**	<u>1,321,876</u>
				<u><u>\$ 29,130,101</u></u>

* A party-in-interest as defined by ERISA.

** Not applicable for participant-directed investments.

The above information has been certified by MG Trust Company d/b/a Matrix Trust Company, Ascensus Trust Company, and Great-West Trust Company, LLC, the trustees, and Great-West Life & Annuity Insurance Company, the custodian as complete and accurate.

Trident Holding Company, LLC 401(k) Plan
(formerly Symphony Diagnostic Services, Inc. d/b/a MobilexUSA 401(k) Plan)

Schedule H, Line 4(a) - Schedule of Delinquent Participant Contributions
Year Ended December 31, 2015

Participant Contributions Transferred Late to the Plan		Total That Constitutes Prohibited Non-Exempt Transactions							
\$	363,175	\$	363,175						
() Check Here if Late Participant Loan Repayments are Included		Contributions not Corrected		Contributions Corrected Outside of VFCP		Contributions Pending Correction in VFCP		Total Fully Corrected Under VFCP and PTE 2002-51	
2015	\$	149,985	*	\$	-	\$	-	\$	-
2014	\$	80,518	**	\$	500	\$	-	\$	-
2013	\$	85,849	***	\$	-	\$	-	\$	-
2012	\$	46,323	****	\$	-	\$	-	\$	-

* 2015 delinquent participant contributions include \$80,647 attributable to plan merger from TridentUSA Mobile Clinical Services, LLC 401(k) Profit Sharing Plan and \$68,514 attributable to plan merger from Diagnostic Laboratories 401(k) Plan.

** 2014 delinquent participant contributions of \$80,518 attributable to plan merger from TridentUSA Mobile Clinical Services, LLC 401(k) Profit Sharing Plan.

*** 2013 delinquent participant contributions include \$36,921 attributable to plan merger from ADS 401(k) Profit Sharing Plan and \$48,928 attributable to plan merger from TridentUSA Mobile Clinical Services, LLC 401(k) Profit Sharing Plan.

**** 2012 delinquent participant contributions of \$46,323 attributable to plan merger from ADS 401(k) Profit Sharing Plan.

Trident Holding Company, LLC 401(k) Plan
(formerly Symphony Diagnostic Services, Inc. d/b/a MobilexUSA 401(k) Plan)

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2015

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Interest-bearing cash:			
	American Funds	Money Market Fund R2	** \$	148,583
	Mutual funds:			
	T. Rowe Price	Emerging Markets Stock Fund	**	305,776
	T. Rowe Price	Equity Income Fund	**	694,594
	T. Rowe Price	Growth Stock Fund	**	979,518
	T. Rowe Price	International Equity Index Fund	**	429,837
	Vanguard	Emerging Markets Stock Index Fund - Admiral	**	55,601
	Vanguard	European Stock Index Fund - Admiral	**	10,858
	Vanguard	Growth Index Fund - Admiral	**	4,048,511
	Vanguard	INF Protected SEC	**	115,846
	Vanguard	Intermediate-Term Bond Index Fund - Admiral	**	102,318
	Vanguard	Large Cap Index Fund - Admiral	**	56,272
	Vanguard	Mid Cap Index Fund - Admiral	**	75,118
	Vanguard	Mid Cap Growth Index Fund - Admiral	**	1,917,972
	Vanguard	Mid Cap Value Index Fund - Admiral	**	29,853
	Vanguard	Precious Metals and Mining Fund - Inv	**	4,624
	Vanguard	REIT Index Fund - Admiral	**	114,335
	Vanguard	Short Term Bond Index Fund - Admiral	**	86,650
	Vanguard	Small Cap Index Fund - Admiral	**	1,077,057
	Vanguard	Small Cap Growth Index Fund - Admiral	**	409,380
	Vanguard	Small Cap Value Index Fund - Admiral	**	234,503
	Vanguard	Total Bond Market Index Fund - Admiral	**	5,649,212
	Vanguard	Total International Stock Index Fund - Admiral	**	3,672,394
	Vanguard	Total International Bond Index Fund - Admiral	**	27,510
	Vanguard	Total Stock Market Index Fund - Admiral	**	129,600
	Vanguard	Value Index Fund - Admiral	**	3,473,991
	JP Morgan	Growth and Income - Select	**	48
	MFS	Value Fund - R5	**	3,191
	Nuveen Rittenhouse	Growth - A	**	3,228
	American Funds	Capital Income Builder Fund R2	**	74,387
	American Funds	Capital World Growth and Income R2	**	112,692
	American Funds	EuroPacific Growth Fund R2	**	180,669
	American Funds	Growth of America Fund R2	**	376,330

(Continued)

Trident Holding Company, LLC 401(k) Plan
(formerly Symphony Diagnostic Services, Inc. d/b/a MobilexUSA 401(k) Plan)

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) (Continued)
December 31, 2015

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Mutual funds (continued):				
	American Funds	High-Income Trust Fund R2	**	\$ 186,338
	American Funds	Income of America Fund R2	**	207,524
	American Funds	Investment Company of America Fund R2	**	65,589
	Invesco	Real Estate Fund R	**	95,177
	John Hancock	Classic Value Fund R1	**	154,947
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	Lord Abbett	Mid-Cap Stock Fund P	**	140,145
	Oppenheimer	Small & Mid Cap Value Fund N	**	151,568
Common collective trust:				
	Gartmore Morley	Stable Value Series I Fund	**	1,208,940
Guaranteed interest contract:				
*	Great-West	Key Guaranteed Portfolio Fund	**	807,103
Participant loans:				
*	Participants	4.25% maturing through 2021	**	<u>1,321,876</u>
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