

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 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 2017 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</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.) ☐ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ▶ ☐	
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

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

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2018	TODD MATHENY
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1685
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) 1528
a(2) Total number of active participants at the end of the plan year	6a(2) 1195
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 150
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 1345
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 1
f Total. Add lines 6d and 6e	6f 1346
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 788
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 11
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2T 2R 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ 0 **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A Name of plan SYNDEO OUTSOURCING 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 SYNDEO OUTSOURCING, LLC	D Employer Identification Number (EIN) 71-0893511

Part I	Service Provider Information (see instructions)
---------------	--

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

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

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

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

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

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

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

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

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

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

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

BLUESTAR RETIREMENT SERVICES

59-3092339

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 37 38 50	NONE	145386	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDUCIARY PARTNERS INVESTMENT CONSU

26-1370206

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27 50	NONE	17418	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDUCIARY PARTNERS RETIREMENT GROUP

51-0595589

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	17418	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)

TD AMERITRADE TRUST COMPANY

20-0937408

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	7994	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

KCOE ISOM, LLP

48-0567703

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	1202	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
TD AMERITRADE TRUST COMPANY	19	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TD BANK USA, N.A. 13-3732274	FEE FORMULA:(PE-BF-SA-I)-RS PE= PORTFOLIO EARNINGS,BF=TD BANK USA FEE, SA=SPECIAL FDIC ASSESSMENTS,I=INTEREST PAID TO PLAN,RS=REVENUE SHARING PAID	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>SYNDEO OUTSOURCING 401(K) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SYNDEO OUTSOURCING, LLC</u>	D Employer Identification Number (EIN) <u>71-0893511</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a Total noninterest-bearing cash	1a		153436	13523
b Receivables (less allowance for doubtful accounts):				
(1) Employer contributions	1b(1)		67228	0
(2) Participant contributions	1b(2)		41387	0
(3) Other.....	1b(3)			
c General investments:				
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		73567	94387
(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)		1052296	1136725
(9) Value of interest in common/collective trusts.....	1c(9)			
(10) Value of interest in pooled separate accounts.....	1c(10)			
(11) Value of interest in master trust investment accounts	1c(11)			
(12) Value of interest in 103-12 investment entities	1c(12)			
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		20003609	23908114
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)			
(15) Other	1c(15)		228400	204852

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(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	21619923 25357601
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	35 35
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	35 35
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	21619888 25357566

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	786852
	(B) Participants	2a(1)(B)	2027087
	(C) Others (including rollovers)	2a(1)(C)	1005169
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	3819108
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	51
	(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)	45863
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	45914
(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)	815686
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	815686
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		2765063
c Other income	2c		29330
d Total income. Add all income amounts in column (b) and enter total.....	2d		7475101

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1760058	
(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)		1760058
f Corrective distributions (see instructions)	2f		6358
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	182112	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		182112
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1948528

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5526573
l Transfers of assets:			
(1) To this plan.....	2l(1)		149307
(2) From this plan	2l(2)		1938202

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: KCOE ISOM, LLP

(2) EIN: 48-0567703

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c		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	
4d		X	
e Was this plan covered by a fidelity bond?	X		600000
4e	X		600000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		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	
4g		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	
4h		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		
4i	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	
4j		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	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	X		
4m	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X		
4n	X		

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

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)
SUPERIOR HOLDING, INC. 401(K)	48-0664281	003
23RD STREET BREWERY 401(K)	20-5885740	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. (See instructions.)

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 sections 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 2017 This Form is Open to Public Inspection.
---	---	--

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan <u>SYNDEO OUTSOURCING 401(K) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SYNDEO OUTSOURCING, LLC</u>	D Employer Identification Number (EIN) <u>71-0893511</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>20-0937408</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2017
v. 170203

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Syndeo Outsourcing 401(k) Retirement Plan

Wichita, Kansas

FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION
WITH INDEPENDENT AUDITORS' REPORT

December 31, 2017 and 2016



K • C O E
I S O M

Syndeo Outsourcing 401(k) Retirement Plan

TABLE OF CONTENTS

December 31, 2017 and 2016

	<u>Page Number</u>
Independent Auditors' Report	1
 FINANCIAL SECTION	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to the Financial Statements	6
 SUPPLEMENTARY INFORMATION SECTION	
Form 5500, Schedule H, Line 4i – Schedule of Assets Held at End of Year	14



INDEPENDENT AUDITORS' REPORT

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Syndeo Outsourcing 401(k) Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016; the related statements of changes in net assets available for benefits for the years then ended; and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information described in note 3, which was certified by TD Ameritrade Trust Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the custodian as of and for the years ended December 31, 2017 and 2016, that the information provided to the Plan administrator by the custodian is complete and accurate.

INDEPENDENT AUDITORS' REPORT

(Continued)

Disclaimer of Opinion

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

Other Matter

The supplementary schedule of assets held at end of year as of December 31, 2017, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplementary schedule.

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

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

KCoe Jam, LLP

October 5, 2018
Wichita, Kansas

FINANCIAL SECTION

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

December 31	2017	2016
ASSETS		
Cash		
Noninterest-bearing cash	\$ 13,523	\$ 153,436
Investments		
Investments at fair value	24,207,353	20,305,576
Receivables		
Employer contributions	15,630	67,228
Participant contributions	52,227	41,387
Notes receivable from participants	1,136,725	1,052,296
Total Receivables	1,204,582	1,160,911
TOTAL ASSETS	25,425,458	21,619,923
LIABILITIES		
Accrued expenses	35	35
Net Assets Available for Benefits	\$ 25,425,423	\$ 21,619,888

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

Syndeo Outsourcing 401(k) Retirement Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31	2017	2016
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment Income		
Net appreciation in fair value of investments	\$ 2,794,393	\$ 921,154
Interest and dividends	815,737	582,338
Total Investment Income	3,610,130	1,503,492
Interest Income on Notes Receivable From Participants	45,863	41,810
Contributions		
Employer	802,482	875,536
Participant	2,079,314	1,862,933
Participant rollover	1,005,169	307,646
Total Contributions	3,886,965	3,046,115
TOTAL ADDITIONS	7,542,958	4,591,417
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid to participants	1,766,416	1,696,521
Administrative expenses	182,112	167,617
TOTAL DEDUCTIONS	1,948,528	1,864,138
TRANSFERS		
Transfer of assets from other plans	149,307	70,967
Transfer of assets to other plans	(1,938,202)	-
NET TRANSFERS	(1,788,895)	70,967
Net Increase	3,805,535	2,798,246
Net Assets Available for Benefits - Beginning of Year	21,619,888	18,821,642
Net Assets Available for Benefits - End of Year	\$ 25,425,423	\$ 21,619,888

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

Syndeo Outsourcing 401(k) Retirement Plan

NOTES TO THE FINANCIAL STATEMENTS

1. DESCRIPTION OF THE PLAN

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

General The Plan is a multiple-employer defined contribution plan. A multiple-employer plan is a collection of single-employer plans sponsored by two or more unrelated employers who pool their resources for investment purposes and to minimize administrative costs. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The adopting employers are: 810 Harrah's (dba North Kansas City Zone); 810 Zone Lee's Summit; Barhop 135 (dba Barley's Brewhaus); Barley's Kitchen & Tap Shawnee; Barley's Kitchen & Tap O.P.; Blackfin, LLC; Blue Moose, LLC; Blue Moose Manhattan, LLC; Blue Moose O.P., LLC; Blue Moose Topeka, LLC; Capps Manufacturing, Inc.; CCM Enterprises; Daystar Petroleum, Inc.; Dogwood Hills Golf Course, Inc.; Diversified Services, Inc.; Diversified Services, Inc. Management; Diversified Services, Inc. Wellington; Edward J. Lind II, MD, P.A.; Falcon Ridge Restaurant, LLC (dba Blue Moose Falcon Ridge); FBPM, LLC; Foutch Brothers, LLC; Gas Compression Technology, LLC; Great Plains Gas Compression, Inc.; HRMS Staffing, LLC; Hopps Catering, LLC; Hopps Management, LLC; John D. Gagnon, DDS, PA; K&W Underground, Inc.; Kansas City East Chicken Co., LLC; KC Hopps, Ltd (dba 75th Street Brewery); KCI Soccer Club, LLC (dba The Athletic Zone); Metal Finishing Company, Inc.; Metal Finishing Company, LLC; Mojack Distributors, LLC; Moose Truck, LLC; Morgan & Associates, Inc.; Neuro RehabCare of Hammond-LA, LLC; Neuro RehabCare of the Valley-AZ, LLC; Neuro RehabCare of Waterloo, LLC; Nitride Solutions, Inc.; North American Aviation, Inc.; Northland Imaging, LLC; Pan Fried, LLC (dba Strouds); Pan Fried 2, LLC (dba Stroud's Overland Park); Pan Fried Omaha, LLC; PH3 Healthcare Management, LLC; Provisioned Services, Inc.; O'Dowd's; River City Brewing Company; Security 1st Title, LLC; Soil Innovations, LLC; Specs Wichita, LLC; Sportsbar KC, LLC (dba 810 Zone); SB Manufacturing Inc.; Stella Ford Mackenzie, LLC; Superior Boiler Works, Inc.; Symmetris, P.A. (dba Gentility); Syndeo Outsourcing, LLC; Syndeo Payroll Solutions; Syndeo Staffing Kansas City, LLC; The Indiana Custard Company, LLC (dba Freddy's Frozen Custard of Evansville); Trinity Precision, Inc.; Trio Machine, Inc.; Tucker, LLC (dba The Point); WIB, LLC (dba Wichita Wingnuts); and Women's MedCenter, P.A.

The Plan was originally established as of January 1, 2013, and has been subsequently amended and restated. The Plan trustees are responsible for oversight of the Plan, including the appropriateness of the Plan's investment offerings and investment performance. Participants should refer to their respective employer's adoption agreement for the respective eligibility requirements.

Contributions Participants may elect to contribute to the Plan, in the form of pretax compensation up to the lesser of 100% of their eligible compensation or the maximum amount allowable by law. Some of the participating employers also allow their respective participants to make after-tax Roth deferrals. Participants who obtained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified retirement plans. Participants direct the investment of their contributions into various investment options offered by the Plan. Participating employers have elected to contribute a discretionary amount of matching or nonelective contributions to the Plan. Some participating employers have elected safe harbor plans, and they must make required safe harbor matching contributions. Participant and employer contributions are subject to certain limitations. The participating employers made contributions of \$802,482 and \$875,536, respectively, for the years ended December 31, 2017 and 2016.

Syndeo Outsourcing 401(k) Retirement Plan

NOTES TO THE FINANCIAL STATEMENTS

(Continued)

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

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

Notes Receivable From Participants Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000, or 50% of their vested account balance. Note receivable repayment terms generally may not exceed 5 years, except in the case of the purchase of a primary residence, in which case the period shall not exceed 15 years. The notes receivable are secured by the balances in the participants' accounts. The loan interest rate is determined at the time the note receivable is approved at a rate comparable to the rate charged by commercial lending institutions in the region in which the participating employer is located.. Principal and interest are paid ratably through payroll deductions.

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

Forfeitures Forfeitures attributable to discretionary matching and discretionary nonelective contributions may be used to reduce future employer contributions or to pay Plan expenses. Forfeited nonvested account balances totaling \$13,054 and \$8,212 were used to reduce future employer contributions or to pay Plan expenses for the years ended December 31, 2017 and 2016, respectively. At December 31, 2017 and 2016, the remaining forfeited nonvested accounts totaled \$13,401 and \$7,841, respectively.

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

Syndeo Outsourcing 401(k) Retirement Plan

NOTES TO THE FINANCIAL STATEMENTS

(Continued)

2. SIGNIFICANT ACCOUNTING POLICIES

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

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

Investment Valuation and Income Recognition Investments are reported at fair value. Fair value is the price that would be received to sell an asset, or paid to transfer a liability, in an orderly transaction between market participants at the measurement date. The Plan trustees determine the Plan's valuation policies utilizing information provided by the investment advisers and custodian. Fair value measurements are discussed below.

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

Fair Value Measurements The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy are described 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; or inputs that are derived principally from, or corroborated by, observable market data by correlation or other means.

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Syndeo Outsourcing 401(k) Retirement Plan

NOTES TO THE FINANCIAL STATEMENTS

(Continued)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2017 and 2016.

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

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

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

See note 4 for the classification of these assets within the fair value hierarchy.

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

Notes Receivable From Participants Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. No allowance for credit losses was recorded as of December 31, 2017 and 2016. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan agreement.

Payment of Benefits Benefits are recorded when paid.

Expenses Certain operating expenses of the Plan are deducted from participant accounts and the remaining expenses are paid by the Company or the participating employers. Expenses that are paid by the Company are excluded from these financial statements. Investment-related expenses are included in net appreciation in fair value of investments.

Evaluation of Subsequent Events The Plan has evaluated subsequent events through October 5, 2018, the date the financial statements were available to be issued.

Syndeo Outsourcing 401(k) Retirement Plan

NOTES TO THE FINANCIAL STATEMENTS

(Continued)

3. INFORMATION CERTIFIED BY TD AMERITRADE TRUST COMPANY (AMERITRADE)

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such an election, the cash, and investments included in the statements of net assets available for benefits, and the investment income included in the statements of changes in net assets available for benefits as of and for the years ended December 31, 2017 and 2016, were not subject to auditing procedures and have been certified as complete and accurate by Ameritrade.

4. FAIR VALUE MEASUREMENTS

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value.

December 31, 2017	Level 1		Level 2		Level 3		Total
Interest-bearing cash	\$	94,387	\$	-	\$	-	\$ 94,387
Self-directed brokerage		204,852		-		-	204,852
Mutual funds		23,908,114		-		-	23,908,114
Investments at Fair Value	\$	24,207,353	\$	-	\$	-	\$ 24,207,353

December 31, 2016	Level 1		Level 2		Level 3		Total
Interest-bearing cash	\$	73,567	\$	-	\$	-	\$ 73,567
Self-directed brokerage		228,400		-		-	228,400
Mutual funds		20,003,609		-		-	20,003,609
Investments at Fair Value	\$	20,305,576	\$	-	\$	-	\$ 20,305,576

5. TRANSFERS FROM/TO PLAN

In 2016, Blackfin, LLC, became a participating employer into the Plan and transferred their balance from their previous 401(k) plan. The total amount of assets transferred into the Plan for 2016 for this employer was \$70,967.

In 2017, Northland Imaging, LLC, became a participating employer into the Plan and transferred their balance from their previous 401(k) plan. The total amount of assets transferred into the Plan for 2017 for this employer was \$149,307. The balance of the accounts for 23rd Street Brewery, LLC, were rolled over into another plan. The total amount of assets transferred out of the Plan for 2017 for this employer was \$8,558. Superior Boiler Works, Inc., left the Plan and the balance of its accounts were rolled over into another plan. The total amount of assets transferred out of the Plan for 2017 for this employer was \$1,929,644.

Syndeo Outsourcing 401(k) Retirement Plan

NOTES TO THE FINANCIAL STATEMENTS

(Continued)

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

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

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

Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of investments as they are paid through revenue sharing rather than a direct payment. If the revenue received by Ameritrade from such mutual fund service providers exceeds the amount owed under the agreement, Ameritrade remits the excess to the Plan's trust on a quarterly basis. Such amounts may be applied to pay Plan administrative expenses or allocated to the accounts of the participants. The Plan or the Company may make a payment to TD Bank USA, N.A., for administrative services not covered by revenue sharing.

7. TAX STATUS

The Internal Revenue Service has determined, and informed the Company by a letter dated September 8, 2013, that the Plan and related trust are designed in accordance with the applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

8. RISKS AND UNCERTAINTIES

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

Syndeo Outsourcing 401(k) Retirement Plan

NOTES TO THE FINANCIAL STATEMENTS

(Continued)

9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits of the financial statements to Form 5500:

December 31	2017		2016	
Net assets available for benefits per the financial statements	\$	25,425,423	\$	21,619,888
Less: Employer contributions receivable		(15,630)		-
Less: Participant contributions receivable		(52,227)		-
Net Assets Available for Benefits per Form 5500	\$	25,357,566	\$	21,619,888

The following is a reconciliation of participant contributions of the financial statements to Form 5500:

Year Ended December 31	2017		2016	
Participant contributions per the financial statements	\$	2,079,314	\$	1,862,933
Less: Current-year participant contributions receivable		(52,227)		-
Participant Contributions per Form 5500	\$	2,027,087	\$	1,862,933

The following is a reconciliation of employer contributions of the financial statements to Form 5500:

Year Ended December 31	2017		2016	
Employer contributions per the financial statements	\$	802,482	\$	875,536
Less: Current-year employer contributions receivable		(15,630)		-
Employer Contributions per Form 5500	\$	786,852	\$	875,536

SUPPLEMENTARY INFORMATION SECTION

Syndeo Outsourcing 401(k) Retirement Plan

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

EIN: 71-0893511, PLAN: 333

December 31, 2017

(a) (b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment (Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value)	(d) Cost**	(e) Current Value
American Balanced Fund Class R-6	Mutual fund	\$ - \$	365,533
American Capital World Growth and Income	Mutual fund	-	454,507
American Europacific Growth Fund	Mutual fund	-	299,155
American the Capital World Bond Fund	Mutual fund	-	122,069
Blackrock Global Allocation Fund	Mutual fund	-	209,262
Blackrock Global Allocation Class K	Mutual fund	-	111
Blackrock Small Cap Growth Equity Fund	Mutual fund	-	222,820
Columbia MidCap Value Fund Y	Mutual fund	-	392,446
Fidelity Spartan 500 Index Fund Advantage	Mutual fund	-	778,627
Goldman Sachs Small Mid Cap Growth R6	Mutual fund	-	268,876
JP Morgan Small Cap Value Fund	Mutual fund	-	178,722
Metropolitan West Total Return Bond Plan	Mutual fund	-	291,075
MFS Value Fund Class	Mutual fund	-	375,340
Principal High Yield Fund Institutional	Mutual fund	-	167,376
Principal High Yield R6	Mutual fund	-	489
T Rowe Price Blue Chip Growth I	Mutual fund	-	631
* TD Ameritrade SDBA	Self-directed brokerage	-	204,852
* TD Bank INSTL MMDA FTCIMA	Interest-bearing cash	-	94,387
* TD Bank USA MMDA	Noninterest-bearing cash	-	13,523
Vanguard Inflation Projected Securities	Mutual fund	-	227,111
Vanguard Mid Cap Index Admiral Share	Mutual fund	-	407,897
Vanguard Short Term Treasury Admiral Share	Mutual fund	-	167,627
Vanguard Small Cap Index Fund Signal Share	Mutual fund	-	534,773
Vanguard Target Retirement 2015	Mutual fund	-	904,413
Vanguard Target Retirement 2020	Mutual fund	-	2,570,543
Vanguard Target Retirement 2025	Mutual fund	-	3,299,882
Vanguard Target Retirement 2030	Mutual fund	-	3,283,823
Vanguard Target Retirement 2035	Mutual fund	-	1,308,186
Vanguard Target Retirement 2040	Mutual fund	-	2,809,917
Vanguard Target Retirement 2045	Mutual fund	-	1,500,739
Vanguard Target Retirement 2050	Mutual fund	-	1,210,241
Vanguard Target Retirement 2055	Mutual fund	-	315,824
Vanguard Target Retirement 2060	Mutual fund	-	137,150
Vanguard Target Retirement Income Fund	Mutual fund	-	384,285
Vanguard Total International Stock Index	Mutual fund	-	149,659
Wells Fargo Growth Fund Class R6	Mutual fund	-	569,005
* Notes Receivable from Participants	Maturities of less than five years, secured by participant account balances, with interest rates from 4.25% - 5.25%	-	1,136,725
Total Assets Held at End of Year		\$ - \$	25,357,601

* Party in interest.

** Not applicable for participant directed plans.

Multiple Employer Plan Participating Employer Information

Syndeo Outsourcing 401(k) Retirement Plan

Employer Identification Number: 71-0893511

Plan Number: 333

For plan year (beginning/ending:

01/01/2017 - 12/31/2017

<i>(a) Name of participating employer</i>	<i>(b) EIN</i>	<i>(c) Percent of Total Contributions</i>
Blackfin, LLC	20-2549230	1.30%
Capps Manufacturing, Inc.	48-0985003	22.28%
Daystar Petroleum, Inc.	48-1133292	2.50%
Diversified Services, Inc.	48-0669607	11.12%
Edward J Lind II, MD, PA	27-1449854	0.22%
Foutch Brothers, LLC	20-0872188	3.77%
Gentility	90-0941632	1.29%
Great Plains Gas Compression, Inc.	48-1244761	4.93%
John D. Gagnon, DDS, PA	48-1247121	3.47%
K & W Underground, Inc.	48-0860216	4.61%
KC Hopps Ltd	43-1793528	2.03%
KCI Soccer Club, LLC dba The Athletic Zone	27-4748984	0.10%
Metal Finishing Company, Inc.	48-0627650	6.64%
MoJack Distributors, LLC	20-8704241	0.53%
Morgan & Associates, Inc.	46-5497304	0.72%
Nitride Solutions, Inc.	27-0812784	0.96%
North American Aviation, Inc.	48-1115133	0.55%
Northland Imaging, LLC	43-1946816	0.61%
Provisioned Services, Inc.	27-0117974	1.72%
River City Brewing Co.	48-1211255	0.59%
SB Manufacturing, Inc.	41-2032661	2.16%
Security 1st Title LLC	27-1044816	13.99%
Specs Wichita, LLC	20-8027308	2.54%
Superior Holding, Inc.	48-0664281	2.78%
Syndeo Outsourcing, LLC	71-0893511	4.91%
Trinity Precision, Inc.	46-4958817	1.25%
WIB, LLC dba Wichita Wingnuts	26-1209891	0.42%
Women's MedCenter, PA	48-1203819	2.03%

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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 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**2017****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

- 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.)
- ☐ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ the final return/report
- ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ☐
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
- ☐ special extension (enter description) _____

Part II Basic Plan Information—enter all requested information

1a Name of plan SYNDEO OUTSOURCING 401(K) RETIREMENT PLAN		1b Three-digit plan number (PN) ▶ 333
		1c Effective date of plan 01/01/2003
2a Plan sponsor's name (employer, if for a single-employer plan) 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) SYNDEO OUTSOURCING, LLC 3504 N GREAT PLAINS DRIVE, STE 200 WICHITA KS 67220		2b Employer Identification Number (EIN) 71-0893511 2c Plan Sponsor's telephone number 316-440-9901 2d Business code (see instructions) 561300

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

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

SIGN HERE		<u>10/12/18</u>	TODD MATHENY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>10/12/18</u>	TODD MATHENY
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2017)
v. 170203

Syndeo Outsourcing 401(k) Retirement Plan

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

EIN: 71-0893511, PLAN: 333

December 31, 2017

(a) (b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment (Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value)	(d) Cost**	(e) Current Value
American Balanced Fund Class R-6	Mutual fund	\$ - \$	365,533
American Capital World Growth and Income	Mutual fund	-	454,507
American Europacific Growth Fund	Mutual fund	-	299,155
American the Capital World Bond Fund	Mutual fund	-	122,069
Blackrock Global Allocation Fund	Mutual fund	-	209,262
Blackrock Global Allocation Class K	Mutual fund	-	111
Blackrock Small Cap Growth Equity Fund	Mutual fund	-	222,820
Columbia MidCap Value Fund Y	Mutual fund	-	392,446
Fidelity Spartan 500 Index Fund Advantage	Mutual fund	-	778,627
Goldman Sachs Small Mid Cap Growth R6	Mutual fund	-	268,876
JP Morgan Small Cap Value Fund	Mutual fund	-	178,722
Metropolitan West Total Return Bond Plan	Mutual fund	-	291,075
MFS Value Fund Class	Mutual fund	-	375,340
Principal High Yield Fund Institutional	Mutual fund	-	167,376
Principal High Yield R6	Mutual fund	-	489
T Rowe Price Blue Chip Growth I	Mutual fund	-	631
* TD Ameritrade SDBA	Self-directed brokerage	-	204,852
* TD Bank INSTL MMDA FTCIMA	Interest-bearing cash	-	94,387
* TD Bank USA MMDA	Noninterest-bearing cash	-	13,523
Vanguard Inflation Projected Securities	Mutual fund	-	227,111
Vanguard Mid Cap Index Admiral Share	Mutual fund	-	407,897
Vanguard Short Term Treasury Admiral Share	Mutual fund	-	167,627
Vanguard Small Cap Index Fund Signal Share	Mutual fund	-	534,773
Vanguard Target Retirement 2015	Mutual fund	-	904,413
Vanguard Target Retirement 2020	Mutual fund	-	2,570,543
Vanguard Target Retirement 2025	Mutual fund	-	3,299,882
Vanguard Target Retirement 2030	Mutual fund	-	3,283,823
Vanguard Target Retirement 2035	Mutual fund	-	1,308,186
Vanguard Target Retirement 2040	Mutual fund	-	2,809,917
Vanguard Target Retirement 2045	Mutual fund	-	1,500,739
Vanguard Target Retirement 2050	Mutual fund	-	1,210,241
Vanguard Target Retirement 2055	Mutual fund	-	315,824
Vanguard Target Retirement 2060	Mutual fund	-	137,150
Vanguard Target Retirement Income Fund	Mutual fund	-	384,285
Vanguard Total International Stock Index	Mutual fund	-	149,659
Wells Fargo Growth Fund Class R6	Mutual fund	-	569,005
* Notes Receivable from Participants	Maturities of less than five years, secured by participant account balances, with interest rates from 4.25% - 5.25%	-	1,136,725
Total Assets Held at End of Year		\$ - \$	25,357,601

* Party in interest.

** Not applicable for participant directed plans.