# 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

**2014**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

**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
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
CUTTERS WIRELINE SERVICE, INC

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/1991

**2a** Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
CUTTERS WIRELINE SERVICE, INC

PO BOX 727
VERNAL, UT 84078

**2b** Employer Identification Number (EIN)
87-0467486

**2c** Plan Sponsor's telephone number
435-789-5556

**2d** Business code (see instructions)
213110

**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. | 07/28/2015 | REED CRITCHFIELD |
| | **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) (optional)

Preparer's telephone number (optional)

| | | |
|---|---|---|
| **3a** Plan administrator's name and address [X] Same as Plan Sponsor | **3b** Administrator's EIN | |
| | **3c** Administrator's telephone number | |
| **4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: | **4b** EIN | |
| **a** Sponsor's name | **4c** PN | |
| **5** Total number of participants at the beginning of the plan year | **5** | 225 |
| **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)** | 110 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 247 |
| **b** Retired or separated participants receiving benefits | **6b** | 0 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 67 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 314 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** Total. Add lines **6d** and **6e**. | **6f** | 314 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 265 |
| **h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 10 |
| **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 2T 3D

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

**9a** Plan funding arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | [X] | Insurance |
| **(2)** | [ ] | Code section 412(e)(3) insurance contracts |
| **(3)** | [X] | Trust |
| **(4)** | [ ] | General assets of the sponsor |

**9b** Plan benefit arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | [X] | 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)** | [X] | **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)** | [X] | | **H** (Financial Information) |
| **(2)** | [ ] | | **I** (Financial Information – Small Plan) |
| **(3)** | [X] | 1 | **A** (Insurance Information) |
| **(4)** | [X] | | **C** (Service Provider Information) |
| **(5)** | [X] | | **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 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2014**

**This Form is Open to Public Inspection**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

**A** Name of plan
CUTTERS WIRELINE SERVICE, INC

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
CUTTERS WIRELINE SERVICE, INC

**D** Employer Identification Number (EIN)
87-0467486

**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.

**1** Coverage Information:

**(a)** Name of insurance carrier

HARTFORD LIFE INSURANCE COMPANY

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | **(f)** From | **(g)** To |
| 06-0974148 | 88072 | GA-825570 | 265 | 01/01/2014 | 12/31/2014 |

**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 |
|---|---|
| 7337 | 0 |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

EDWARD D JONES & CO L P.
12555 MANCHESTER ROAD
ST LOUIS, MO 63131

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | **(e)** Organization code |
| 7337 | | | 3 |

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

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

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

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

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

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

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

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

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

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

**(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 | 331072 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 4374035 |

**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. | 6d | |

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP FUNDING AGREEMENT

| | | | | | |
|---|---|---|---|---|---|
| **b** | Balance at the end of the previous year | | | 7b | 227937 |
| **c** | Additions: (1) Contributions deposited during the year | 7c(1) | 30729 | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 9267 | | |
| | (4) Transferred from separate account | 7c(4) | 8883 | | |
| | (5) Other (specify below) | 7c(5) | 140554 | | |
| | ▶ ACQUISITION,LOAN PYMT | | | | |
| | (6)Total additions | | | 7c(6) | 189433 |
| **d** | Total of balance and additions (add lines **7b** and **7c(6)**). | | | 7d | 417370 |
| **e** | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 32618 | | |
| | (2) Administration charge made by carrier | 7e(2) | 1998 | | |
| | (3) Transferred to separate account | 7e(3) | 40613 | | |
| | (4) Other (specify below) | 7e(4) | 11070 | | |
| | ▶ LOAN W/D | | | | |
| | (5) Total deductions | | | 7e(5) | 86299 |
| **f** | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 331071 |

## 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)** | |
| **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)** | |
| (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)** | |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount | | | **10b** | |

Specify nature of costs ▶

## Part IV Provision of Information

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

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

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2014**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

**A** Name of plan
CUTTERS WIRELINE SERVICE, INC

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
CUTTERS WIRELINE SERVICE, INC

**D** Employer Identification Number (EIN)
87-0467486

## 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

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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)

MASSMUTUAL LIFE INSURANCE CO.

04-1590850

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 23 37 38 50 54 55 59 60 62 63 64 65 66 99 | NONE | 3608 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

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

MESIROW FINANCIAL INV MANAGE INC.

36-3429599

| (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 49 | NONE | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 29 | Yes [ ] No [X] |

**(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 [ ] |

**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 |
|---|---|---|
| MASSMUTUAL LIFE INSURANCE CO. | 15 23 37 38 50 54 55 59 60 62 63 64 65 66 99 | 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. |
|---|---|
| SEE ATTACHED<br><br>04-1590850 | SEE ATTACHED |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MESIROW FINANCIAL INV MANAGE INC. | 27 49 | 29 |

| **(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. |
|---|---|
| MASSMUTUAL LIFE INSURANCE CO.<br><br>04-1590850 | SEE ATTACHED |

| **(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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

# DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2014**

**This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

**A** Name of plan
CUTTERS WIRELINE SERVICE, INC

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
CUTTERS WIRELINE SERVICE, INC

**D** Employer Identification Number (EIN)
87-0467486

## Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT 401

**b** Name of sponsor of entity listed in (a): HARTFORD LIFE INSURANCE COMPANY

| **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) |
|---|---|---|
| 06-0974148-000 | P | 4374035 |

**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) |
|---|---|---|

**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)

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

**2014**

**This Form is Open to Public Inspection**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

**A** Name of plan
CUTTERS WIRELINE SERVICE, INC

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
CUTTERS WIRELINE SERVICE, INC

**D** Employer Identification Number (EIN)
87-0467486

## 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) | 871 | |
| **(2)** Participant contributions | 1b(2) | 954 | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 0 | 0 |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | 0 | 0 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | 0 | 0 |
| **(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) | 105189 | 166511 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 0 | 0 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 0 | 0 |
| **(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) | 2625280 | 4374036 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 227937 | 331072 |
| **(15)** Other | 1c(15) | 0 | 0 |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | 0 | 0 |
| | **(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 | 2960231 | 4871619 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 2960231 | 4871619 |

## 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) | 691923 | |
| | **(B)** Participants | 2a(1)(B) | 348296 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 22800 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 1063019 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 0 | |
| | **(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) | 4431 | |
| | **(F)** Other | 2b(1)(F) | 9266 | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 13697 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | 0 | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| | **(3)** Rents | 2b(3) | | |
| | **(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) | 0 | |
| | **(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) | | 0 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 148375 |
| (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) | | 0 |
| **c** Other income | 2c | | 0 |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 1225091 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 258220 | |
| (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) | | 258220 |
| **f** Corrective distributions (see instructions) | 2f | | 0 |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | 0 |
| **h** Interest expense | 2h | | |
| **i** Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | 4055 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 4055 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 262275 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line **2j** from line **2d** | 2k | | 962816 |
| **l** Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 948572 |
| (2) From this plan | 2l(2) | | 0 |

## 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)** [X] Disclaimer **(4)** [ ] Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

**(1)** Name: HEB VERNAL, LLC **(2)** EIN: 26-3659041

**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 | 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.) | 4a | | X | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 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.) | 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.) | 4d | | X | |
| e | Was this plan covered by a fidelity bond? | 4e | X | | 500000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 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? | 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? | 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.) | 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.) | 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? | 4k | | X | |
| l | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 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. | 4n | | | |

**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 (optional)

| **6a** Name of trust | **6b** Trust's EIN |
|---|---|
| | |

# 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

**2014**

**This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

**A** Name of plan
CUTTERS WIRELINE SERVICE, INC

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
CUTTERS WIRELINE SERVICE, INC

**D** Employer Identification Number (EIN)
87-0467486

## Part I Distributions

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

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 |

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 06-0974148

**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 | 0

## Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 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 | 0

**b** Enter the amount contributed by the employer to the plan for this plan year ..... | 6b | 0

**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 | 0

**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**

## 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):

# CUTTERS WIRELINE GROUP 401(K) PLAN

FINANCIAL STATEMENTS
AND
SUPPLEMENTAL INFORMATION

FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013
WITH
INDEPENDENT AUDITORS' REPORT

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**HEB** Vernal, CPAs "The CPA Firm"

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# INDEPENDENT AUDITORS' REPORT

HEB Business Solutions™

**Plan Trustees**
**Cutters Wireline Group 401(k) Plan**

## Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Cutters Wireline Group 401(k) Plan (the Plan) which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

## Management's Responsibility for the Financial Statements

Plan 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 our audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

## Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note E, which was certified by Hartford Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and the supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2014 and 2013, that the information provided to the plan administrator by the custodian is complete and accurate.

## Disclaimer of Opinion

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

**Other Matter**

The supplemental schedule of assets (held at year end) is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 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 the supplemental schedule referred to above.

**Report on Form and Content in Compliance with DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplemental 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

HEB Vernal, LLC

**HEB Vernal, LLC**
**Certified Public Accountants**
**Vernal, Utah**
**July 17, 2015**

# FINANCIAL STATEMENTS

# Cutters Wireline Group 401(k) Plan

## Statements of Net Assets Available For Benefits

## As of December 31, 2014 and 2013



| | 2014 | 2013 |
|---|---|---|
| **Assets** | | |
| Investments, at fair value: | | |
| Investments in mutual funds | $ 4,374,036 | $ 2,625,280 |
| Fixed income account | 331,072 | 227,937 |
| | 4,705,108 | 2,853,217 |
| Receivables: | | |
| Participants' contributions | - | 954 |
| Employer's contribution | - | 871 |
| Participant notes receivable | 166,511 | 105,189 |
| | 166,511 | 107,014 |
| **Net Assets Available For Benefits** | $ 4,871,619 | $ 2,960,231 |

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

# Cutters Wireline Group 401(k) Plan

## Statements of Changes in Net Assets Available For Benefits

## For the Years Ended December 31, 2014 and 2013



| | 2014 | 2013 |
|---|---|---|
| **Additions to Net Assets Attributed to:** | | |
| Investment income: | | |
| Net (depreciation) appreciation in fair value of investments | $ (136,042) | $ 359,376 |
| Dividends | 293,683 | 143,598 |
| Interest | 4,431 | 4,199 |
| | 162,072 | 507,173 |
| Contributions: | | |
| Participants' | 691,923 | 307,738 |
| Employer's | 348,296 | 108,103 |
| Rollover | 22,800 | 15,044 |
| Transfers from other plan | 948,572 | - |
| | 2,011,591 | 430,885 |
| **Total Additions** | 2,173,663 | 938,058 |
| **Deductions from Net Assets Attributed to:** | | |
| Benefits paid to participants | 258,220 | 776,444 |
| Administrative expenses | 4,055 | 2,405 |
| **Net Increase** | 1,911,388 | 159,209 |
| Net Assets Available for Benefits at Beginning of Year | 2,960,231 | 2,801,022 |
| **Net Assets Available for Benefits at End of Year** | $ 4,871,619 | $ 2,960,231 |

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

## NOTE A: DESCRIPTION OF THE PLAN

The following description of Cutters Wireline Group 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. General: The Plan is a defined contribution plan covering all employees who are at least 18 years of age. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is sponsored by Cutters Wireline Group (the Sponsor), which includes the following participating employers: Cutters Wireline Service, Inc., Lone Wolf Wireline, Inc., Mesa Wireline, LLC., Wireline Specialities, Inc. and Capitan, Inc.

2. Contributions: Each year participants may contribute up to 100 percent of pretax annual compensation up to a maximum of $23,000 in 2014 ($23,000 in 2013), as defined in the Plan and by the Internal Revenue Code. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. Effective January 1, 2014, the Plan matches 100 percent of each employee's contribution up to 3 percent of eligible compensation. During 2013, the Plan's matched 100 percent of each employee's contribution up to 2 percent of eligible compensation.

3. Participant Accounts: Each participant's account is credited with the participant's contribution and allocations of (a) the Sponsor's matching contribution, (b) the Sponsor's profit sharing contribution, and (c) Plan earnings. Each account is also charged with an allocation of administrative expenses. Earnings of assets held by the Plan are allocated to each participant based on each participant's balance in the respective funds. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. All investment options are participant directed.

4. Vesting: Participants are immediately vested in their contributions plus actual earnings thereon. Participants vest in employer matching and profit sharing contributions based on years of service. A participant is 100 percent vested after five years of credited service. During 2014, the Plan's trustees extended the vesting period from three years to five years.

5. Participant Notes Receivable: Participants may borrow from their fund accounts the maximum of $50,000 up to 50 percent of their vested account balance. Loan terms range from one to five years. The loans are secured by the balance of the participant's account and bear interest at a rate equal to prime plus 1 percent. Principal and interest is paid ratably through bi-weekly payroll deductions.

## NOTE A: DESCRIPTION OF THE PLAN (CONTINUED)

6. Payment of Benefits: On termination of service due to death or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. A participant who terminates employment with a vested account balance of $5,000 or less will receive an Involuntary Cash-Out Distribution.

7. Forfeited Accounts: Forfeited accounts are used to reduce further employer contributions. During 2014, forfeited non-vested accounts totaled $8,883 ($20,049 in 2013).

8. Administrative Expenses: Certain administrative expenses are paid by the Plan sponsor.

9. 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.

10. Investment Valuation: The Plan's investments are stated at fair value, using quoted market prices, except for the fixed income account which is valued at contract value (Note D). Transactions are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest is recorded on a cash basis

## NOTE B: SUMMARY OF ACCOUNTING POLICIES

1. Basis of Accounting: The financial statements of the Plan have been prepared in conformity with accounting principles generally accepted in the United States of America as applied to employee benefit plans and in accordance with the Plan agreement. The accounting records of the Plan are maintained on the accrual basis of accounting.

2. Investment Income Recognition: Net appreciation or depreciation caused by fluctuations in the market value of investments is reflected in the statement of changes in net assets available for plan benefits. Amounts invested earn interest, capital gains or losses, and dividends, which in turn are reinvested.

3. Payment of benefits: Benefits are recorded when paid.

4. Estimates: The preparation of financial statements in the conformity with accounting principals generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

## NOTE B: SUMMARY OF ACCOUNTING POLICIES (CONTINUED)

5. Income Taxes: The Plan is qualified with the Internal Revenue Service as a tax-exempt plan and as a qualified employee benefit plan under ERISA. The Plan obtained its most recent determination letter dated March 31, 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, the plan administrator believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

6. Participant Notes Receivable: Participant notes receivable are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2014 or 2013. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

## NOTE C: INVESTMENTS

The following represents investments that make up 5 percent or more of the Plan's net assets at December 31, 2014 and 2013:

| | 2014 | 2013 |
|---|---|---|
| LA Developing Growth Fund | $ - | $ 175,136 |
| Fixed Income Fund | 331,072 | 227,397 |
| Hartford Target Fund | 269,929 | 207,618 |
| Retire Smart 2015 R3 | 404,787 | - |
| Other Investments | 3,699,320 | 2,243,066 |
| | $ 4,705,108 | $ 2,853,217 |

During 2014 and 2013, the Plan's investments in mutual funds (including gains and losses on investments bought and sold, as well as held during the year) (depreciated) appreciated in value by ($136,042) and $359,376, respectively.

## NOTE D: FIXED INCOME ACCOUNT

The value of the Plan's fixed income account is equal to contributions and transfers to the account, plus interest, minus withdrawals and transfers out. The fixed income account is part of the custodian's general account and is subject to the claims of the custodian's creditors. The custodian credits interest on contributions made to the fixed income account at a rate the custodian declares for a period of time that it determines (3 percent in 2014 and 2013). The custodian guarantees a minimum interest. Guarantees are subject to the custodian's claims paying ability.

## NOTE D: FIXED INCOME ACCOUNT (CONTINUED)

The custodian generally processes distributions and transfers from the fixed income account within a reasonable period of time after a participant request is received in good order. However, under certain conditions, as described in the fixed income account rider of the group annuity contract or funding agreement, transfers from the fixed income account may be limited or deferred, and distributions may be subject to a market value adjustment. As of December 31, 2014 and 2013, such adjustments were not considered to be material.

## NOTE E: INFORMATION CERTIFIED BY CUSTODIAN

The following information included in the accompanying financial statements was obtained from data that has been prepared and certified to as complete and accurate by the custodian for the years ended December 31, 2014 and 2013.

| Investments, at fair value: | 2014 | 2013 |
|---|---|---|
| Investments in mutual funds | $ 4,374,036 | $ 2,625,280 |
| Fixed income account | 331,072 | 227,937 |
| Participant notes receivable | 166,511 | 105,189 |
| | $ 4,871,619 | $ 2,958,406 |

| Investment income: | | |
|---|---|---|
| Net (depreciation) appreciation in fair value | $ (136,042) | $ 359,376 |
| Dividend income | 293,683 | 143,598 |
| Interest income | 4,431 | 4,199 |
| | $ 162,072 | $ 507,173 |

## NOTE F: FAIR VALUE MEASUREMENTS

FASB Accounting Standards Codification 820, Fair Value Measurements, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

The three levels of the fair value hierarchy under FASB Accounting Standards Codification 820 are described below:

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

**NOTE F: FAIR VALUE MEASUREMENTS (CONTINUED)**

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

Investment assets are valued as described in Note A, Investment Valuation. There have been no changes in the methodologies used at December 31, 2014 and 2013.

Fair values produced by this method may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation method is 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.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2014 and 2013:

## NOTE F: FAIR VALUE MEASUREMENTS (CONTINUED)

Assets at Fair Value as of December 31, 2014

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Mutual funds | $ 4,374,036 | $ - | $ - | $ 4,374,036 |
| Fixed income fund | - | 331,072 | - | 331,072 |
| Total assets at fair value | $ 4,374,036 | $ 331,072 | $ - | $ 4,705,108 |

Assets at Fair Value as of December 31, 2013

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Mutual funds | $ 2,625,280 | $ - | $ - | $ 2,625,280 |
| Fixed income account | - | 227,937 | - | 227,937 |
| Total assets at fair value | $ 2,625,280 | $ 227,937 | $ - | $ 2,853,217 |

## NOTE G: ACCOUNTING FOR UNCERTAIN TAX POSITIONS

The Plan adopted FASB Accounting Standards Codification (ASC) 740-10-25, Income Taxes – Overall Recognition, on January 1, 2009, which provides criteria for the recognition, measurement, presentation and disclosure of uncertain tax positions. The Plan must recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by the taxing authorities, based on the technical merits of the position. The tax benefits recognized in the financial statements from such a position are measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate resolution. The Plan did not recognize any additional liabilities for uncertain tax positions as a result of the implementation of ASC 740-10-25. The Plan is not subject to U.S. federal, state, and local, or non-U.S. income tax examinations by tax authorities for years before 2011.

## NOTE H: RELATED PARTY TRANSACTIONS

During 2014 and 2013, the Plan's investments were managed by the Hartford Life Insurance Company (HLIC). HLIC was also the Plan's custodian, and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management services are included in net appreciation in fair value of investments.

## NOTE I: RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. 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 statement of net assets available for benefits.

## NOTE J: SUBSEQUENT EVENTS

In accordance with FASB Accounting Standards Codification 855, Subsequent Events, the Company has evaluated subsequent events through July 17, 2015, which is the date these financial statements were available to be issued. All subsequent events requiring recognition as of July 17, 2015 have been incorporated into these financial statements.

## NOTE K: TRANSFERS FROM OTHER PLAN

During 2013, the Plan's sponsor acquired another entity, Capitan Incorporated that employs approximately 75 people. The acquired entity sponsored another 401 (k) plan with assets totaling $948,572. Effective January 1, 2014, these assets were transferred into the Plan. Total and details of assets transferred in are as follows:

| | | |
|---|---|---|
| Investments in mutual funds | $ | 545,571 |
| Participants' contributions | | 9,022 |
| Employer's contribution | | 393,979 |
| | $ | 948,572 |

## NOTE L: PLAN AMENDMENTS

Effective January 1, 2014, the Plan's sponsor made the following amendments to the Plan:

1. Allocations requirements to receive matching contributions were removed.
2. The contribution period for matching contributions was changed to the payroll period.
3. Kent Brown was added to join Dan Baker and Mark Brown as a trustee of the Plan.

# SUPPLEMENTAL INFORMATION

# Cutters Wireline Group 401(k) Plan

**EIN NUMBER 87-0467486 PLAN NUMBER 001**

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

| (a) | (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Hartford | The Hartford D | | $174,513 |
| | Hartford | Pimco Total | | 122,088 |
| | Hartford | AF Income | | 66,512 |
| | Hartford | Royce Total | | 16,860 |
| | Hartford | Franklin G | | 179,154 |
| | Hartford | Franklin M | | 86,846 |
| | Hartford | AF Cap Wor | | 192,547 |
| | Hartford | Pimco Real | | 130,663 |
| | Hartford | Blckrck Gl | | 95,239 |
| | Hartford | The Hartford G | | 147,232 |
| | Hartford | Oppenheimer Real | | 170 |
| | Hartford | Franklin S | | 102,067 |
| | Hartford | Goldman SA | | 131,832 |
| | Hartford | Blckrck Equity | | 155,308 |
| | Hartford | Oppen GLD | | 2,487 |
| | Hartford | LA Develop | | 197,677 |
| | Hartford | MFS Intl Value | | 77,425 |
| | Hartford | Ivy Global | | 14,522 |
| | Hartford | MFS Govt | | 100,129 |
| | Hartford | MFS Utility | | 23,923 |
| | Hartford | AF Fund Income | | 198,468 |
| | Hartford | Lord Abbott | | 114,936 |
| | Hartford | Fixed Income Fund | | 331,072 |
| | Hartford | Janus Over | | 78,472 |
| | Hartford | Perkins MI | | 116,409 |
| | Hartford | Oppenheimer | | 9,433 |
| | Hartford | Nuveen Mid | | 172,689 |
| | Hartford | The Hartford O | | 81,112 |
| | Hartford | The Hartford M | | 269,929 |
| | Hartford | Retire Smart | | 404,787 |
| | Hartford | Retire Smart | | 84,630 |
| | Hartford | Retire Smart | | 227,974 |
| | Hartford | Retire Smart | | 225,975 |
| | Hartford | Retire Smart | | 124,715 |
| | Hartford | Retire Smart | | 167,883 |
| | Hartford | Retire Smart | | 26,650 |
| | Hartford | Retire Smart | | 52,780 |
| | Participant Loans | 4.25% - 6.00% | | 166,511 |
| | Total Assets | | | $ 4,871,619 |

# Fee and Compensation Disclosure Report

This document is intended to assist a plan administrator ("you") in completing the Form 5500 Schedule C[1] by identifying different types of compensation paid with respect to the product utilized by your plan.

As permitted under the Schedule C rules, compensation is disclosed in the attached report as an actual dollar amount, an estimate or a formula or rate.

- Where an actual dollar amount of compensation is disclosed, no further notation regarding compensation calculations is generally provided.
- Where an estimate of the compensation amount is disclosed, we have used a reasonable method to arrive at the estimate and we have described the method used to arrive at the estimated amount.
- Where a formula or rate is provided to report compensation, we have used a reasonable method to arrive at the estimate and we have described the method used to arrive at the estimated amount. This formula or rate may be disclosed to describe the compensation to which it applies under the Schedule C rules. Alternatively, for purposes of Schedule C disclosure or in connection with your fiduciary review of the compensation paid with respect to the services, products and investment options utilized by the plan, you may calculate and disclose an actual or estimated dollar amount by multiplying the rate by the total assets to which it applies.

**Please note that, unless otherwise indicated in the descriptions contained in this report, direct compensation is presented on a plan year basis 01/01/2014 - 12/31/2014 and indirect compensation is presented on a calendar year basis ending 12/31/2014.**

This report includes compensation actually paid to or by MassMutual within the indicated plan year as part of your MassMutual-serviced product. *(Note: If the plan year period or plan year end indicated in this Schedule C reporting package is incorrect, please notify your MassMutual customer service representative immediately).* This report does not include amounts deducted from plan assets and paid to third parties (other than MassMutual). In addition, the report does not include compensation related to investments held by the plan that are not serviced on our recordkeeping system. You should contact your other service providers for reportable compensation information. You may also receive information on the compensation reported here from other service providers as is described below.

Please note that we have provided suggested service codes with respect to services provided through our product. Please review all Schedule C and other Form 5500 materials with your experienced benefits counsel and other professionals to determine the most appropriate codes for your plan. In addition, please note that because plans with fewer than 100 participants (as of the beginning of the plan year) are generally not required to file Schedule C, you should refer to the instructions provided by the IRS for Schedule C and/or review the applicability of Schedule C to your plan with your experienced tax/benefits counsel, to determine whether it is necessary for the plan to report the information contemplated by this report.

**Please contact your MassMutual Service Team should you require additional information regarding the compensation paid to or by MassMutual with respect to your plan.**

*********

**Information provided in this document and related materials we provide are not intended to be and shall not be deemed tax advice, tax form preparation services, legal advice, advice to plans regarding compliance with ERISA reporting compliance, or accounting or other professional services. As described above, the information contained in this report may not cover all of the compensation received by the plan's service providers. We strongly encourage you to review all Schedule C and other Form 5500 materials with experienced benefits counsel and other professionals.**

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[1]Please refer to the Schedule C of the Form 5500 and its instructions (available at: http://www.dol.gov/ebsa/5500main.html), and please confer with experienced benefits counsel and other professionals, to determine the applicability of Schedule C to your plan.

# FORM 5500 SCHEDULE C REPORT
# SCHEDULE C, LINE 2(h) AND LINE 3(e) FORMULA DESCRIPTION

## CUTTERS WIRELINE SERVICE, INC (825570)
## EIN #: 87-0467486

***Please note that, unless otherwise indicated in the descriptions contained in this report, direct compensation is presented on a plan year basis 01/01/2014 - 12/31/2014 and indirect compensation is presented on a calendar year basis ending 12/31/2014.***

***For use with lines 2(h), 3(c), 3(d), 3(e)***

***Total Direct Compensation Paid*** **$3,607.50**

The total amount identified above reflects all fees deducted from plan assets at the plan administrator's direction for the plan year. Service providers which have received portions of these direct fees are listed below, along with the amount of fees they received. Please note that if there is a discrepancy between the total direct fees reported above and the sum of the direct fees reported below, you should contact your other service providers or your plan records to identify the recipient(s) of the fees and any other information relevant to your Schedule C filing.

***Recipient: Massachusetts Mutual Life Insurance Company EIN: 04-1590850***

**Service Codes: 15, 23, 37, 38, 54, 55, 59, 60, 62, 63, 64, 65, 66, 99, 50 (if direct compensation amount reflected below)**

*Direct Compensation* **$3,607.50**

The total amount identified above reflects fees deducted from plan assets at the plan administrator's direction for the 2014 plan year for the above named recipient. Please review other service providers, below, to determine whether direct fees were also paid to them. Also, please review your records to determine whether other service providers may have received any compensation not reported below (e.g., a reimbursement paid to any plan fiduciary, your employee benefits counsel, or a plan auditor).

Note: Due to system accounting protocols (including 'cash basis' accounting), amounts reported as Direct Compensation and amounts reported as paid to Massachusetts Mutual Life Insurance Company ("MMLIC") are the net result of aggregating direct compensation after the effects of adjustments processed in 2014, some of which may have pertained to prior years.

Please review the detailed breakdown at the end of the report for further information.

*Indirect Compensation*

**Float compensation** **$47.10**

Bank accounts and investments associated with short-term investment pool

This is an estimate based on the annual average rate of float (0.372% for 2014) earned on the bank accounts and investments associated with the short-term investment pool for the 2014 calendar year multiplied by an estimate of the assets related to uncashed checks.* This estimate does not include float earned for any other reason (e.g., if amounts remitted cannot be immediately invested because they are not in good order). Please review or request a copy of the current float disclosure for more information about the other circumstances in which float is earned.

* A complete listing of distribution checks that remain outstanding is available on the Retirement Plan Access web site under the Standard Reports section (Report R03998-Outstanding Distribution Checks). Uncashed check assets will continue to remain in a float-earning bank account until such time direction is received from the Plan Sponsor, subject to applicable regulation. The Plan Sponsor should consult with the Plan’s/Plan Sponsor’s tax advisor or benefits counsel to determine if assets attributable to uncashed checks should be included on the Form 5500 filing.

**Non Monetary Compensation**

Please note that items of nonmonetary compensation need to be reported for Schedule A or C (Form 5500) purposes if they exceed certain *de minimus* amounts. Transactions generating nonmonetary compensation may include gifts, gratuities, or certain types of in-kind benefits. MassMutual's Code of Conduct generally restricts MassMutual employees from giving to or receiving gifts from customers and/or business partners having a value of over $100, in any individual situation, without prior approval. However, it is possible that one or more of your service providers for the calendar year, including MassMutual, engaged in transactions generating nonmonetary compensation. Information concerning reportable transactions undertaken between or among non-MassMutual parties may not be available to MassMutual.

Please consult with your legal or tax advisors if you have any questions.

**Compensation paid with respect to Funds**

| *Investment Option Name* | *EIN* | *Revenue Sharing Rate (%) Paid to MassMutual (rates as of 12/31/2014)* | *Underlying Fund Gross Expense Ratio as of the Fund's Year End*[*] |
|---|---|---|---|
| AMERICAN FUNDS CP WLD GR INC-R1 | 95-1411037 | 1.10% x assets | 1.55% |
| AMERICAN FUNDS FUNDAMENTL INV R1 | 22-1557722 | 1.10% x assets | 1.41% |
| AMERICAN FUNDS INC FD OF AMER R1 | 06-0867264 | 1.10% x assets | 1.39% |
| BLACKROCK EQUITY DIVIDEND R | 13-3806694 | 0.80% x assets | 1.27% |
| BLACKROCK GLOBAL ALLOCATION R | 22-2937779 | 0.80% x assets | 1.49% |
| FIXED ACCOUNT | 06-0974148 | 0.00% x assets | 0.00% |
| FRANKLIN GROWTH R | 13-2573775 | 0.60% x assets plus $12/participant | 1.18% |
| FRANKLIN MUTUAL GLOBAL DISC R | 22-2894171 | 0.60% x assets plus $12/participant | 1.48% |
| FRANKLIN SMALL CAP VALUE R | 13-3151768 | 0.60% x assets plus $12/participant | 1.41% |
| GOLDMAN SACHS HIGH YIELD R | 13-4166989 | 0.80% x assets | 1.31% |
| IVY GLOBAL NATURAL RESOURCES R | 04-6006759 | 0.75% x assets | 1.67% |
| JANUS OVERSEAS R | 84-0592523 | 0.75% x assets | 1.18% |
| LORD ABBETT DEVELOPING GROWTH R3 | 13-2958970 | 0.75% x assets | 1.26% |
| LORD ABBETT FNDAMENTAL EQUITY R3 | 13-3712440 | 0.75% x assets | 1.21% |
| MFS GOVERNMENT SECURITIES R2 | 04-3158862 | 0.80% x assets | 1.13% |
| MFS INTERNATIONAL VALUE R2 | 04-3158862 | 0.80% x assets | 1.34% |
| MFS UTILITIES R2 | 04-3158862 | 0.80% x assets | 1.26% |
| MM RETIRESMART 2015 R3 | 04-2483041 | 0.75% x assets | 2.35% |
| MM RETIRESMART 2020 R3 | 04-2483041 | 0.75% x assets | 1.38% |
| MM RETIRESMART 2025 R3 | 04-2483041 | 0.75% x assets | 2.35% |
| MM RETIRESMART 2030 R3 | 04-2483041 | 0.75% x assets | 1.41% |
| MM RETIRESMART 2035 R3 | 04-2483041 | 0.75% x assets | 2.61% |
| MM RETIRESMART 2040 R3 | 04-2483041 | 0.75% x assets | 1.44% |
| MM RETIRESMART 2045 R3 | 04-2483041 | 0.75% x assets | 3.65% |
| MM RETIRESMART 2050 R3 | 04-2483041 | 0.75% x assets | 1.63% |
| NUVEEN MID CAP INDEX R3 | 41-1418224 | 0.75% x assets | 1.03% |
| OPPENHEIMER DEVELOPING MARKETS R | 93-6305075 | 0.80% x assets | 1.87% |
| OPPENHEIMER GOLD AND SPEC MIN R | 13-3155639 | 0.80% x assets | 1.42% |
| OPPENHEIMER REAL ESTATE R | 22-3849391 | 0.80% x assets | 1.72% |
| PERKINS MIDCAP VALUE R | 84-0592523 | 0.75% x assets | 1.25% |
| PIMCO REAL RETURN R | 95-2632339 | 0.65% x assets | 1.12% |
| PIMCO TOTAL RETURN R | 95-2632339 | 0.65% x assets | 1.10% |
| ROYCE TOTAL RETURN R | 13-3139046 | 0.75% x assets | 1.80% |

| *Investment Option Name* | *EIN* | *Revenue Sharing Rate (%) Paid to MassMutual (rates as of 12/31/2014)* | *Underlying Fund Gross Expense Ratio as of the Fund's Year End*[*] |
|---|---|---|---|
| TEMPLETON GLOBAL BOND R | 59-6865210 | 0.60% x assets plus $12/participant | 1.16% |
| THE HARTFORD DIV AND GROWTH R3 | 22-2937447 | 0.85% x assets | 1.35% |
| THE HARTFORD GROWTH OPPS R3 | 41-6009937 | 0.85% x assets | 1.46% |
| THE HARTFORD INTERNATL OPPS R3 | 22-2937447 | 0.85% x assets | 1.46% |
| THE HARTFORD MIDCAP R3 | 22-2937447 | 0.85% x assets | 1.48% |
| THE HARTFORD TARG RETIRE 2010 R3 | 22-2937447 | 0.85% x assets | 1.70% |
| THE HARTFORD TARG RETIRE 2015 R3 | 22-2937447 | 0.85% x assets | 1.67% |
| THE HARTFORD TARG RETIRE 2020 R3 | 22-2937447 | 0.85% x assets | 1.63% |
| THE HARTFORD TARG RETIRE 2025 R3 | 22-2937447 | 0.85% x assets | 1.68% |
| THE HARTFORD TARG RETIRE 2030 R3 | 22-2937447 | 0.85% x assets | 1.66% |
| THE HARTFORD TARG RETIRE 2035 R3 | 22-2937447 | 0.85% x assets | 1.75% |
| THE HARTFORD TARG RETIRE 2040 R3 | 22-2937447 | 0.85% x assets | 1.73% |
| THE HARTFORD TARG RETIRE 2045 R3 | 22-2937447 | 0.85% x assets | 1.90% |
| THE HARTFORD TARG RETIRE 2050 R3 | 22-2937447 | 0.85% x assets | 1.89% |
| THORNBURG INTERNATIONAL VALUE R3 | 06-1158764 | 0.75% x assets | 1.57% |

Under the variable investment options available through your plan's group annuity contract or funding agreement, contract values are invested in Massachusetts Mutual Life Insurance Company separate accounts that, in turn, invest in underlying registered investment companies (i.e., mutual funds) and collective investment funds.

The above list includes any investment option held by the plan on at least one month end during the 2014 calendar year. To arrive at an estimate of the dollar amount that MassMutual received from each investment option, multiply the rate of fees received from each investment option by your plan's year-end balance (or if the investment option was liquidated prior to year end, the balance on the liquidation date) and, if applicable, the per participant fee by the number of participants in the investment option at year end (or the liquidation date if earlier). This will be an estimate because your plan's balance and number of participants will vary over the course of the year, so the year-end balance and number of participants may be higher or lower than the daily balance. In addition, these fees are calculated on a daily basis.

[*] This amount is the sum of the fund's distribution, management and other fees, which are also identified in the fund's prospectus. Please note that some of the funds available through your service contract or arrangement are funds from The Hartford Financial Services Group, Inc.'s proprietary family of mutual funds (The Hartford Mutual Funds). These proprietary mutual funds have contracts for services with companies that are affiliated with Hartford Securities Distribution Company Inc.

The Hartford-affiliated companies that provide these services, and are compensated in connection with those services, are listed below. For more information about these proprietary mutual funds, see the applicable fund prospectus.

| **Hartford Affiliate** | **Services** | **Compensation** |
|---|---|---|
| Hartford Investment Financial Services, LLC | Principal Underwriter to The Hartford Mutual Funds | As Principal Underwriter paid by the Fund in the form of dealer concessions |
| Hartford Administrative Services Company | Transfer Agent to The Hartford Mutual Funds | Paid by the Fund in the form of fees for services |
| HL Investment Advisors, LLC | Investment Manager to The Hartford Mutual Funds | Paid by the Fund in the form of investment advisory fees based on assets under management |

In addition, please note that some of the funds available through your service contract or arrangement are funds from the Oppenheimer family of mutual funds, which are affiliated with MassMutual (The Oppenheimer Funds). These affiliated mutual funds have contracts for services with companies that are affiliated with MassMutual. The MassMutual-affiliated companies that provide these services, and are compensated in connection with those services, are listed below. For more information about these affiliated mutual funds, see the applicable fund prospectus.

| **MassMutual Affiliate** | **Services** | **Compensation** |
|---|---|---|

| | | |
|---|---|---|
| OppenheimerFunds Distributor, Inc. | Principal Underwriter to The Oppenheimer Funds | As Principal Underwriter paid by the Fund in the form of dealer concessions |
| OFI Global Asset Management, Inc. | Transfer Agent to The Oppenheimer Funds | Paid by the Fund in the form of fees for services |
| Shareholder Services, Inc. (doing business as OppenheimerFunds Services) | Sub-Transfer Agent to The Oppenheimer Funds | Paid by the Transfer Agent in the form of fees for services |
| OFI Global Asset Management, Inc. | Investment Adviser to The Oppenheimer Funds | Paid by the Fund in the form of investment advisory fees based on assets under management |
| OppenheimerFunds, Inc. | Sub-Adviser to The Oppenheimer Funds | Paid by the Investment Adviser in the form of investment advisory fees based on assets under management |

In addition, please note that some of the funds available through your service contract or arrangement from a family of mutual funds that are affiliated with MassMutual (MassMutual Select Funds and MassMutual Premier Funds). These affiliated mutual funds have contracts for services with companies that are affiliated with MassMutual. The MassMutual-affiliated companies that provide these services, and are compensated in connection with those services, are listed below. For more information about these affiliated mutual funds, see the applicable fund prospectus.

| **MassMutual Affiliate** | **Services** | **Compensation** |
|---|---|---|
| MML Distributors, LLC | Principal Underwriter to the MassMutual Select Funds and MassMutual Premier Funds | As Principal Underwriter paid by the fund in the form of dealer concessions |
| MML Investment Advisors, LLC | Administrator to the MassMutual Select Funds and MassMutual Premier Funds | Paid by the fund in the form of fees for services |
| Massachusetts Mutual Life Insurance Company | Provides certain administrative services to the MassMutual Select Funds and MassMutual Premier Funds | Paid by the Administrator in the form of fees for services |
| Massachusetts Mutual Life Insurance Company | Shareholder Serving Agent to the MassMutual Select Funds and MassMutual Premier Funds | Paid by the fund in the form of fees for services |
| MML Investment Advisors, LLC | Investment Adviser to the MassMutual Select Funds and MassMutual Premier Funds | Paid by the fund in the form of investment advisory fees based on assets under management |
| Babson Capital Management LLC | Sub-Adviser to certain of the MassMutual Premier Funds | Paid by the Investment Adviser in the form of investment advisory fees based on assets under management |
| Baring International Investment Limited | Sub-Adviser to certain of the MassMutual Premier Funds | Paid by the Investment Adviser in the form of investment advisory fees based on assets under management |
| OppenheimerFunds, Inc. | Sub-Adviser to certain of the MassMutual Premier Funds | Paid by the Investment Adviser in the form of investment advisory fees based on assets under management |
| OFI Global Institutional, Inc. | Sub-Adviser to certain of the MassMutual Premier Funds | Paid by the Investment Adviser in the form of investment advisory fees based on assets under management |

## *Recipient: EDWARD D JONES & CO EIN: 43-0345811*

**Service Codes:**

Please contact your Service Provider for the list of applicable services performed and Service Codes.

### *Direct Compensation* **$0.00**

Our records indicate that this recipient did not receive any Direct Compensation. Please review your records to determine whether this service provider may have received any compensation not reported.

### *Indirect Compensation*

| | | | |
|---|---|---|---|
| * **Sales commission** | Payor: Massachusetts Mutual Life Insurance Company | EIN: 04-1590850 | **$7,336.82** |

* *Sales Commissions are reported on a Plan Year basis.*

**Non Monetary Compensation**

Please note that items of nonmonetary compensation need to be reported for Schedule A or C (Form 5500) purposes if they exceed certain *de minimus* amounts. Transactions generating nonmonetary compensation may include gifts, gratuities, or certain types of in-kind benefits. MassMutual's Code of Ethics and Business Conduct generally restricts MassMutual employees from giving to or receiving gifts from customers and/or business partners having a value of over $100, in any individual situation, without prior approval. However, it is possible that one or more of your service providers for the 2014 calendar year, including MassMutual, engaged in transactions generating nonmonetary compensation. Information concerning reportable transactions undertaken between or among non-MassMutual parties may not be available to MassMutual.

Please consult with your legal or tax advisors if you have any questions.

## *Recipient: Mesirow Financial Investment Management, Inc. EIN: 36-3429599*

### *Indirect Compensation*

**Annual fee and basis point fee for Mesirow plan fiduciary service**
**Service code: 27**

Payor: Massachusetts Mutual Life Insurance Company EIN: 04-1590850

MassMutual paid Mesirow an annual flat fee plus a tiered percentage of assets in total equal to 1.445 bps of the aggregate assets of all participating plans in the Fiduciary Assure Program with respect to Mesirow's investment advisory services.

**Annual platform package fee ("Model My Goals")** **$28.65**
**Service code: 49**

Payor: Massachusetts Mutual Life Insurance Company EIN: 04-1590850

This is an estimate based on the annual platform package fee paid to Mesirow divided by the number of plans using this feature.

# Direct Revenue Detail

**Recipient:** ***Massachusetts Mutual Life Insurance Company***

| **Fee Description** | **Dollar Amount** |
|---|---|
| Loan Set-up Fee | $650.00 |
| Holding Account: Internal Fee | $1,852.50 |
| One-Time Distribution Fee | $625.00 |
| Loan Administration Fee | $480.00 |
| **Total Direct Revenue:** | **$3,607.50** |
| **Grand Total Direct Fees:** | **$3,607.50** |

# CUTTERS WIRELINE GROUP 401(K) PLAN

FINANCIAL STATEMENTS
AND
SUPPLEMENTAL INFORMATION

FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013
WITH
INDEPENDENT AUDITORS' REPORT

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**HEB** Vernal, CPAs "The CPA Firm"

**HEB VERNAL, CPAS "THE CPA FIRM"**
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www.hebsolutions.com

# INDEPENDENT AUDITORS' REPORT

HEB Business Solutions™

**Plan Trustees**
**Cutters Wireline Group 401(k) Plan**

## Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Cutters Wireline Group 401(k) Plan (the Plan) which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

## Management's Responsibility for the Financial Statements

Plan 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 our audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

## Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note E, which was certified by Hartford Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and the supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2014 and 2013, that the information provided to the plan administrator by the custodian is complete and accurate.

## Disclaimer of Opinion

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

**Other Matter**

The supplemental schedule of assets (held at year end) is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 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 the supplemental schedule referred to above.

**Report on Form and Content in Compliance with DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplemental 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

HEB Vernal, LLC

**HEB Vernal, LLC**
**Certified Public Accountants**
**Vernal, Utah**
**July 17, 2015**

# FINANCIAL STATEMENTS

# Cutters Wireline Group 401(k) Plan

## Statements of Net Assets Available For Benefits

## As of December 31, 2014 and 2013



| | 2014 | 2013 |
|---|---|---|
| **Assets** | | |
| Investments, at fair value: | | |
| Investments in mutual funds | $ 4,374,036 | $ 2,625,280 |
| Fixed income account | 331,072 | 227,937 |
| | 4,705,108 | 2,853,217 |
| Receivables: | | |
| Participants' contributions | - | 954 |
| Employer's contribution | - | 871 |
| Participant notes receivable | 166,511 | 105,189 |
| | 166,511 | 107,014 |
| **Net Assets Available For Benefits** | $ 4,871,619 | $ 2,960,231 |

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

# Cutters Wireline Group 401(k) Plan

## Statements of Changes in Net Assets Available For Benefits

## For the Years Ended December 31, 2014 and 2013



| | 2014 | 2013 |
|---|---|---|
| **Additions to Net Assets Attributed to:** | | |
| Investment income: | | |
| Net (depreciation) appreciation in fair value of investments | $ (136,042) | $ 359,376 |
| Dividends | 293,683 | 143,598 |
| Interest | 4,431 | 4,199 |
| | 162,072 | 507,173 |
| Contributions: | | |
| Participants' | 691,923 | 307,738 |
| Employer's | 348,296 | 108,103 |
| Rollover | 22,800 | 15,044 |
| Transfers from other plan | 948,572 | - |
| | 2,011,591 | 430,885 |
| **Total Additions** | 2,173,663 | 938,058 |
| **Deductions from Net Assets Attributed to:** | | |
| Benefits paid to participants | 258,220 | 776,444 |
| Administrative expenses | 4,055 | 2,405 |
| **Net Increase** | 1,911,388 | 159,209 |
| Net Assets Available for Benefits at Beginning of Year | 2,960,231 | 2,801,022 |
| **Net Assets Available for Benefits at End of Year** | $ 4,871,619 | $ 2,960,231 |

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

## NOTE A: DESCRIPTION OF THE PLAN

The following description of Cutters Wireline Group 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. General: The Plan is a defined contribution plan covering all employees who are at least 18 years of age. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is sponsored by Cutters Wireline Group (the Sponsor), which includes the following participating employers: Cutters Wireline Service, Inc., Lone Wolf Wireline, Inc., Mesa Wireline, LLC., Wireline Specialities, Inc. and Capitan, Inc.

2. Contributions: Each year participants may contribute up to 100 percent of pretax annual compensation up to a maximum of $23,000 in 2014 ($23,000 in 2013), as defined in the Plan and by the Internal Revenue Code. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. Effective January 1, 2014, the Plan matches 100 percent of each employee's contribution up to 3 percent of eligible compensation. During 2013, the Plan's matched 100 percent of each employee's contribution up to 2 percent of eligible compensation.

3. Participant Accounts: Each participant's account is credited with the participant's contribution and allocations of (a) the Sponsor's matching contribution, (b) the Sponsor's profit sharing contribution, and (c) Plan earnings. Each account is also charged with an allocation of administrative expenses. Earnings of assets held by the Plan are allocated to each participant based on each participant's balance in the respective funds. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. All investment options are participant directed.

4. Vesting: Participants are immediately vested in their contributions plus actual earnings thereon. Participants vest in employer matching and profit sharing contributions based on years of service. A participant is 100 percent vested after five years of credited service. During 2014, the Plan's trustees extended the vesting period from three years to five years.

5. Participant Notes Receivable: Participants may borrow from their fund accounts the maximum of $50,000 up to 50 percent of their vested account balance. Loan terms range from one to five years. The loans are secured by the balance of the participant's account and bear interest at a rate equal to prime plus 1 percent. Principal and interest is paid ratably through bi-weekly payroll deductions.

## NOTE A: DESCRIPTION OF THE PLAN (CONTINUED)

6. Payment of Benefits: On termination of service due to death or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. A participant who terminates employment with a vested account balance of $5,000 or less will receive an Involuntary Cash-Out Distribution.

7. Forfeited Accounts: Forfeited accounts are used to reduce further employer contributions. During 2014, forfeited non-vested accounts totaled $8,883 ($20,049 in 2013).

8. Administrative Expenses: Certain administrative expenses are paid by the Plan sponsor.

9. 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.

10. Investment Valuation: The Plan's investments are stated at fair value, using quoted market prices, except for the fixed income account which is valued at contract value (Note D). Transactions are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest is recorded on a cash basis

## NOTE B: SUMMARY OF ACCOUNTING POLICIES

1. Basis of Accounting: The financial statements of the Plan have been prepared in conformity with accounting principles generally accepted in the United States of America as applied to employee benefit plans and in accordance with the Plan agreement. The accounting records of the Plan are maintained on the accrual basis of accounting.

2. Investment Income Recognition: Net appreciation or depreciation caused by fluctuations in the market value of investments is reflected in the statement of changes in net assets available for plan benefits. Amounts invested earn interest, capital gains or losses, and dividends, which in turn are reinvested.

3. Payment of benefits: Benefits are recorded when paid.

4. Estimates: The preparation of financial statements in the conformity with accounting principals generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

## NOTE B: SUMMARY OF ACCOUNTING POLICIES (CONTINUED)

5. Income Taxes: The Plan is qualified with the Internal Revenue Service as a tax-exempt plan and as a qualified employee benefit plan under ERISA. The Plan obtained its most recent determination letter dated March 31, 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, the plan administrator believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

6. Participant Notes Receivable: Participant notes receivable are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2014 or 2013. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

## NOTE C: INVESTMENTS

The following represents investments that make up 5 percent or more of the Plan's net assets at December 31, 2014 and 2013:

| | 2014 | 2013 |
|---|---|---|
| LA Developing Growth Fund | $ - | $ 175,136 |
| Fixed Income Fund | 331,072 | 227,397 |
| Hartford Target Fund | 269,929 | 207,618 |
| Retire Smart 2015 R3 | 404,787 | - |
| Other Investments | 3,699,320 | 2,243,066 |
| | $ 4,705,108 | $ 2,853,217 |

During 2014 and 2013, the Plan's investments in mutual funds (including gains and losses on investments bought and sold, as well as held during the year) (depreciated) appreciated in value by ($136,042) and $359,376, respectively.

## NOTE D: FIXED INCOME ACCOUNT

The value of the Plan's fixed income account is equal to contributions and transfers to the account, plus interest, minus withdrawals and transfers out. The fixed income account is part of the custodian's general account and is subject to the claims of the custodian's creditors. The custodian credits interest on contributions made to the fixed income account at a rate the custodian declares for a period of time that it determines (3 percent in 2014 and 2013). The custodian guarantees a minimum interest. Guarantees are subject to the custodian's claims paying ability.

## NOTE D: FIXED INCOME ACCOUNT (CONTINUED)

The custodian generally processes distributions and transfers from the fixed income account within a reasonable period of time after a participant request is received in good order. However, under certain conditions, as described in the fixed income account rider of the group annuity contract or funding agreement, transfers from the fixed income account may be limited or deferred, and distributions may be subject to a market value adjustment. As of December 31, 2014 and 2013, such adjustments were not considered to be material.

## NOTE E: INFORMATION CERTIFIED BY CUSTODIAN

The following information included in the accompanying financial statements was obtained from data that has been prepared and certified to as complete and accurate by the custodian for the years ended December 31, 2014 and 2013.

| Investments, at fair value: | 2014 | 2013 |
|---|---|---|
| Investments in mutual funds | $ 4,374,036 | $ 2,625,280 |
| Fixed income account | 331,072 | 227,937 |
| Participant notes receivable | 166,511 | 105,189 |
| | $ 4,871,619 | $ 2,958,406 |

| Investment income: | | |
|---|---|---|
| Net (depreciation) appreciation in fair value | $ (136,042) | $ 359,376 |
| Dividend income | 293,683 | 143,598 |
| Interest income | 4,431 | 4,199 |
| | $ 162,072 | $ 507,173 |

## NOTE F: FAIR VALUE MEASUREMENTS

FASB Accounting Standards Codification 820, Fair Value Measurements, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

The three levels of the fair value hierarchy under FASB Accounting Standards Codification 820 are described below:

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

**NOTE F: FAIR VALUE MEASUREMENTS (CONTINUED)**

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

Investment assets are valued as described in Note A, Investment Valuation. There have been no changes in the methodologies used at December 31, 2014 and 2013.

Fair values produced by this method may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation method is 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.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2014 and 2013:

## NOTE F: FAIR VALUE MEASUREMENTS (CONTINUED)

Assets at Fair Value as of December 31, 2014

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Mutual funds | $ 4,374,036 | $ - | $ - | $ 4,374,036 |
| Fixed income fund | - | 331,072 | - | 331,072 |
| Total assets at fair value | $ 4,374,036 | $ 331,072 | $ - | $ 4,705,108 |

Assets at Fair Value as of December 31, 2013

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Mutual funds | $ 2,625,280 | $ - | $ - | $ 2,625,280 |
| Fixed income account | - | 227,937 | - | 227,937 |
| Total assets at fair value | $ 2,625,280 | $ 227,937 | $ - | $ 2,853,217 |

## NOTE G: ACCOUNTING FOR UNCERTAIN TAX POSITIONS

The Plan adopted FASB Accounting Standards Codification (ASC) 740-10-25, Income Taxes – Overall Recognition, on January 1, 2009, which provides criteria for the recognition, measurement, presentation and disclosure of uncertain tax positions. The Plan must recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by the taxing authorities, based on the technical merits of the position. The tax benefits recognized in the financial statements from such a position are measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate resolution. The Plan did not recognize any additional liabilities for uncertain tax positions as a result of the implementation of ASC 740-10-25. The Plan is not subject to U.S. federal, state, and local, or non-U.S. income tax examinations by tax authorities for years before 2011.

## NOTE H: RELATED PARTY TRANSACTIONS

During 2014 and 2013, the Plan's investments were managed by the Hartford Life Insurance Company (HLIC). HLIC was also the Plan's custodian, and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management services are included in net appreciation in fair value of investments.

## NOTE I: RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. 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 statement of net assets available for benefits.

## NOTE J: SUBSEQUENT EVENTS

In accordance with FASB Accounting Standards Codification 855, Subsequent Events, the Company has evaluated subsequent events through July 17, 2015, which is the date these financial statements were available to be issued. All subsequent events requiring recognition as of July 17, 2015 have been incorporated into these financial statements.

## NOTE K: TRANSFERS FROM OTHER PLAN

During 2013, the Plan's sponsor acquired another entity, Capitan Incorporated that employs approximately 75 people. The acquired entity sponsored another 401 (k) plan with assets totaling $948,572. Effective January 1, 2014, these assets were transferred into the Plan. Total and details of assets transferred in are as follows:

| | | |
|---|---|---|
| Investments in mutual funds | $ | 545,571 |
| Participants' contributions | | 9,022 |
| Employer's contribution | | 393,979 |
| | $ | 948,572 |

## NOTE L: PLAN AMENDMENTS

Effective January 1, 2014, the Plan's sponsor made the following amendments to the Plan:

1. Allocations requirements to receive matching contributions were removed.
2. The contribution period for matching contributions was changed to the payroll period.
3. Kent Brown was added to join Dan Baker and Mark Brown as a trustee of the Plan.

# SUPPLEMENTAL INFORMATION

# Cutters Wireline Group 401(k) Plan

**EIN NUMBER 87-0467486 PLAN NUMBER 001**

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

| (a) | (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Hartford | The Hartford D | | $174,513 |
| | Hartford | Pimco Total | | 122,088 |
| | Hartford | AF Income | | 66,512 |
| | Hartford | Royce Total | | 16,860 |
| | Hartford | Franklin G | | 179,154 |
| | Hartford | Franklin M | | 86,846 |
| | Hartford | AF Cap Wor | | 192,547 |
| | Hartford | Pimco Real | | 130,663 |
| | Hartford | Blckrck Gl | | 95,239 |
| | Hartford | The Hartford G | | 147,232 |
| | Hartford | Oppenheimer Real | | 170 |
| | Hartford | Franklin S | | 102,067 |
| | Hartford | Goldman SA | | 131,832 |
| | Hartford | Blckrck Equity | | 155,308 |
| | Hartford | Oppen GLD | | 2,487 |
| | Hartford | LA Develop | | 197,677 |
| | Hartford | MFS Intl Value | | 77,425 |
| | Hartford | Ivy Global | | 14,522 |
| | Hartford | MFS Govt | | 100,129 |
| | Hartford | MFS Utility | | 23,923 |
| | Hartford | AF Fund Income | | 198,468 |
| | Hartford | Lord Abbott | | 114,936 |
| | Hartford | Fixed Income Fund | | 331,072 |
| | Hartford | Janus Over | | 78,472 |
| | Hartford | Perkins MI | | 116,409 |
| | Hartford | Oppenheimer | | 9,433 |
| | Hartford | Nuveen Mid | | 172,689 |
| | Hartford | The Hartford O | | 81,112 |
| | Hartford | The Hartford M | | 269,929 |
| | Hartford | Retire Smart | | 404,787 |
| | Hartford | Retire Smart | | 84,630 |
| | Hartford | Retire Smart | | 227,974 |
| | Hartford | Retire Smart | | 225,975 |
| | Hartford | Retire Smart | | 124,715 |
| | Hartford | Retire Smart | | 167,883 |
| | Hartford | Retire Smart | | 26,650 |
| | Hartford | Retire Smart | | 52,780 |
| | Participant Loans | 4.25% - 6.00% | | 166,511 |
| | Total Assets | | | $ 4,871,619 |