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
MURPHCO OF FLORIDA 401K SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1999

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
MURPHCO OF FLORIDA

360 CORPORATE WAY
SUITE 3
ORANGE PARK, FL 32073

2b Employer Identification Number (EIN)
59-1414373

2c Plan Sponsor's telephone number
904-621-0715

2d Business code (see instructions)
721110

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.	09/22/2015	PHILIP W. MURPHEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/22/2015	PHILIP W. MURPHEY
	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**	123
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)**	119
a(2) Total number of active participants at the end of the plan year	**6a(2)**	91
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	3
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	94
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	94
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	14
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

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

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

11c Enter the Receipt Confirmation Code for the 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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
MURPHCO OF FLORIDA 401K SAVINGS PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
MURPHCO OF FLORIDA

D Employer Identification Number (EIN)
59-1414373

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).. . . . . [X] 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

ALLIANCEBERNSTEIN L.P.

13-4064930

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

BLACKROCK INVESTMENTS, INC.

23-2784752

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

FEF DISTRIBUTORS, LLC

1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

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

GOLDMAN SACHS

71 SOUTH WACKER DRIVE
SUITE 500
CHICAGO, IL 60606

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

IVY FUNDS, INC.

6300 LAMAR AVENUE
P. O. BOX 29217
SHAWNEE MISSION, KS 66201

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

JANUS DISTRIBUTORS, LLC

151 DETROIT STREET
DENVER, CO 80206

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

MFS FUND DISTRIBUTORS, INC.

04-2747644

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

OPPENHEIMER FUNDS INC.

13-2527171

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

PIONEER INVESTMENT MANAGEMENT, INC

13-1961193

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

THORNBURG SECURITIES CORPORATION

2300 NORTH RIDGETOP RD.
SANTA FE, NM 87506

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

VICTORY CAPITAL MANAGEMENT

13-2700161

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

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

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

MERRILL LYNCH PIERCE FENNER & SMITH

13-5674085

(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?
52 59 60 63	INVESTMENT ADVISOR	0	Yes [X] No [ ]	Yes [ ] No [X]	6297	Yes [ ] No [X]

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

ADP, LLC

13-3036745

(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 50 64	RECORD KEEPER	300	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

ADP BROKER-DEALER

22-3319984

(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?
49 99	RECORD KEEPER	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] 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
MERRILL LYNCH PIERCE FENNER & SMITH	52 59 60 63	6297

(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.
UNAVAILABLE UNAVAILABLE UNAVAILABLE, CA 91367	INVESTMENT MANAGEMENT FEES PAID INDIRECTLY BY PLAN SHAREHOLDER SERVICING FEES SUB-TRANSFER AGENCY FEES DISTRIBUTION (12B-1) FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	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.
ALLIANCEBERNSTEIN L.P. 13-4064930	ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	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.
BLACKROCK INVESTMENTS, INC. 23-2784752	ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS

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
ADP BROKER-DEALER	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.
FEF DISTRIBUTORS, LLC 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	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.
GOLDMAN SACHS 71 SOUTH WACKER DRIVE SUITE 500 CHICAGO, IL 60606	ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	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.
IVY FUNDS, INC. 6300 LAMAR AVENUE P. O. BOX 29217 SHAWNEE MISSION, KS 66201	ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS

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
ADP BROKER-DEALER	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.
JANUS DISTRIBUTORS, LLC 151 DETROIT STREET DENVER, CO 80206	ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	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.
MFS FUND DISTRIBUTORS, INC. 04-2747644	ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	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.
OPPENHEIMER FUNDS INC. 13-2527171	ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS

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
ADP BROKER-DEALER	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.
PIONEER INVESTMENT MANAGEMENT, INC 13-1961193	ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	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.
THORNBURG SECURITIES CORPORATION 2300 NORTH RIDGETOP RD. SANTA FE, NM 87506	ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	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.
VICTORY CAPITAL MANAGEMENT 13-2700161	ANNUAL RATE 0.00260 OF AVERAGE DAILY ASSETS-A SHRS ANNUAL RATE 0.00325 OF AVERAGE DAILY ASSETS-C SHRS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS-I SHRS ANNUAL RATE 0.00275 OF AVERAGE DAILY ASSETS-R SHRS

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

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
MURPHCO OF FLORIDA 401K SAVINGS PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
MURPHCO OF FLORIDA

D Employer Identification Number (EIN)
59-1414373

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	3294	979
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	579689	654056
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	582983	655035
	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	582983	655035

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)		
	(B) Participants	2a(1)(B)	73589	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		73589
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	119	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		119
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	58869	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		58869
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-43967
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		88610
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	16258	
(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)		16258
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	300	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		300
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		16558
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		72052
l Transfers of assets:			
(1) To this plan	2l(1)		0
(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: ADAMS & HARPER, P.A. **(2)** EIN: 59-3134587

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		59000
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
MURPHCO OF FLORIDA 401K SAVINGS PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
MURPHCO OF FLORIDA

D Employer Identification Number (EIN)
59-1414373

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** 0

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): 57-1198022

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

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

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

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):

INDEPENDENT AUDITORS' REPORT

and

FINANCIAL STATEMENTS

of

Murphco of Florida
401(k) Savings Plan

For the Years Ended

December 31, 2014 and 2013

ADAMS & HARPER, PA
Certified Public Accountants
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Gary O. Harper, CPA
John A. Adams, CPA
Beth A. Linder, CPA
Kathlyn C. Jordan, CPA

Members:
American and Florida Institutes
of Certified Public Accountants

Independent Auditors' Report

To: **Murphco of Florida 401K Savings Plan**

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Murphco of Florida 401k Savings Plan, which comprise the statements of net assets available for plan benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements, and the supplemental schedule for the 2014 year then ended.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan's administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Reliance Trust, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan's administrator that Reliance Trust holds the Plan's investment assets and executes investment transactions. The Plan's administrator has obtained certifications from the trustee as of and for the years ended December 31, 2014 and 2013 that the information provided to the Plan's administrator by the respective trustee 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 Matters

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held at year end (Schedule H, line 4i – Form 5500) as of December 31, 2014, which is the responsibility of the Plan's management, is presented for purposes of additional analysis and is not a required part of the financial statements but is required by the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion or provide any assurance 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 schedules, other than that derived from the information certified by the trustee, 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.

Adams & Harper, PA

Adams & Harper, PA

August 25, 2015

Murphco of Florida
401(k) Savings Plan
Statements of Net Assets Available for Plan Benefits
(Modified Cash Basis)
At December 31, 2014 and 2013

ASSETS

	2014	2013
INVESTMENTS AT RELIANCE TRUST COMPANY		
Oppenheimer Global Fund	$ 5,081	$ 4,758
Thornburg International Value	29,364	28,845
GS Mid Cap Value Fund	86,295	56,849
Blackrock LG Cap Growth Fund	16	2,236
Blackrock LG Cap Value Fund	8,107	6,655
Blackrock Global Alloc Fund	92,716	73,813
Blackrock Global Smallcap Fund	19,169	17,420
Pioneer Strategic Income Fund	6,931	6,312
Goldman Short Dur Gov	3,764	3,983
Oppenheimer Gold and Spc	-	12
Ivy Asset Strategy Fund	52,981	81,761
Janus Forty Fund	41,466	40,668
MFS Government Securities	6,372	3,313
BR Health Sci Opport Port	8,777	4,125
Victory Diversified Stock	21,136	24,478
First Eagle Fund of America	20,543	15,914
Ready Assets Prime Money	221,956	192,541
AB Global RE Investment	29,382	16,006
TOTAL INVESTMENTS AT RELIANCE TRUST	654,056	579,689
OTHER INVESTMENTS		
Notes receivable from participants	979	3,294
TOTAL ASSETS	$ 655,035	$ 582,983

NET ASSETS

NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 655,035	$ 582,983

See independent auditors' report and notes to financial statements

Murphco of Florida
401(k) Savings Plan
Statements of Changes in Net Assets Available for Plan Benefits (Modified Cash Basis)
For The Year Ended December 31, 2014 and 2013

	2014	2013
ADDITIONS IN NET ASSETS ATTRIBUTED TO:		
Investment income		
Net appreciation in market value	$ 6,472	$ 41,473
Dividend earnings	58,869	24,012
Interest earnings	119	231
Contributions		
Participants	73,589	84,815
TOTAL ADDITIONS	139,049	150,531
DEDUCTIONS IN NET ASSETS ATTRIBUTED TO:		
Investment expenses		
Net decline in market value of funds	50,439	-
Benefits paid to participants	16,258	800
Administrative expenses	300	50
TOTAL DEDUCTIONS	66,997	849
NET INCREASE (DECREASE) IN ASSETS AVAILABLE FOR PLAN BENEFITS	72,052	149,682
NET ASSETS AVAILABLE FOR PLAN BENEFITS, BEGINNING OF YEAR	582,983	433,302
NET ASSETS AVAILABLE FOR PLAN BENEFITS, END OF YEAR	$ 655,035	$ 582,983

See independent auditors' report and notes to financial statements

Murphco of Florida 401(k) Savings Plan
Notes to Financial Statements
December 31, 2014 and 2013

NOTE 1: DESCRIPTION OF PLAN

The following description of the Murphco of Florida 401(k) Savings Plan (the Plan) provides only general information. Interested parties should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

Murphco of Florida, Inc. (the Company) established the Plan effective as of January 1, 1999. The Plan operates as a defined contribution plan. It is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974, (ERISA), as amended. Employees are generally eligible to participate in the Plan after one year of service and attainment of age twenty-one.

The Trustee of the Plan is Reliance Trust Company (the Trustee). As of December 31, 2014 and 2013, the assets of the Plan are held by the Trustee in individual accounts directed by individual participants. The Trustee has been given the authority and power to, among other things, make investment decisions, borrow funds and take any other action it believes to be beneficial to the Plan so long as its authority does not exceed or restrict the primary authority of the individual participant investors. Merrill Lynch provides professional assistance or investment advice to plan participants and the employer.

Contributions

Each year the participants may contribute up to 40% (subject to Internal Revenue Code limitations) of pretax annual compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct their contributions into various investment options offered by the Plan. The Company may make either discretionary matching contributions or discretionary non-elective contributions in a percentage determined entirely by the Company. Presently, the Company is not contributing any matching contributions or discretionary non-elective contributions to the Plan.

Annual contributions to the Plan are limited by the Internal Revenue Code which may be changed from time to time. The annual limit for participants was $ 17,500 for 2014 and 2013. The participant limit for the 2015 plan year will be $ 18,000. These limits are increased by $ 5,500 for 2014 and 2013 for any participants who are age 50 or older by the end of the respective Plan Year and wish to make a "catch up" contribution. The "catch-up" contribution for 2015 will be $ 6,000.

Participant Accounts

Each participant's account is credited with the participant's contribution(s) plus Plan earnings or account escalations or devaluations. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account balance. Participants are always vested 100% in their elective contributions and the related account earnings on these elective contributions. Non – elective contributions and any related earnings are vested over 6 years, starting after year 2 with 20% and increasing in 20% increments until fully vested after 6 years. However, as stated in the preceding paragraph, the Company has not made any contributions to the plan as of December 31, 2014. Thus all participants' account balances are fully vested.

Investment Options

Upon enrollment in the Plan, a participant may allocate his or her share of contributions into separate investments, which include money market or mutual funds. Mutual funds consist of stock, bond and blended accounts. These accounts are held by the Trustee. Contributions are directed by each individual Participant, who may change his or her investments on a daily basis if they so choose. Participants assume risks associated with the respective investments which they hold in their individual investment accounts.

Vesting

Vesting of employer contributions in the participants' accounts is based on whole years of continuous service using the following schedule:

Less than 2 year	0%
2 to 3 years	20%
3 to 4 years	40%
4 to 5 years	60%
5 to 6 years	80%
6 years or more	100%

In the event of death or total and permanent disability while under the Company's employment, all amounts credited to the participants as of the subsequent Plan anniversary date are considered fully vested.

Participant Loans

Participants may borrow up to 50% of their account balance, limited to a minimum of $ 500 or a maximum of $ 50,000. The loans are secured by the balance in the participant's account and bear interest at the currently published Wall Street Journal rate plus 2% (5.25% in both 2014 and 2013). Principal and interest are paid ratably through payroll deductions. Repayment of any loan is required within 60 months unless the proceeds are used to purchase a primary residence. Loan balances were $ 979 and $ 3,294 at December 31, 2014 and 2013, respectively.

Forfeitures

The forfeiture provisions do not apply to elective contributions, which are always 100% vested in participant accounts. The Company has made no non-elective contributions; therefore, forfeiture provisions do not presently apply.

Payment of Benefits

Benefits are payable after leaving the Company due to retirement, termination, disability or death. Payment options include lump sum settlement, rollover to another qualified plan, deferment until attainment of retirement age, and periodic payouts. Benefits are payable prior to leaving the company if the participant is over 59½ or in event of specific financial hardship.

Benefit payments are subject to administrative requirements and tax withholdings, depending upon the participant's account balance, marital status and other circumstances.

Expenses of the Plan

The Plan's administrative expenses are paid by either the Plan or the Company as provided by the Plan document.

NOTE 2: SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The Plan reports its income and expenses on the modified cash basis of accounting. The Plan does not record employee or employer contributions or individual participant earnings until received and participant payments until the disbursement has occurred.

Notes Receivable from Participants

Notes receivable from participants are initially accounted for according to FASB Codification 310-10-30-2 *Notes Exchanged for Cash* whereby the note is presumed to have a present value at issuance equal to the cash proceeds exchanged. Interest rates are considered to be appropriate and thus, no adjustments are made for imputed interest. Subsequent measurements of participant loans are equal to their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document. As loan payments are deducted from the employee's pay, accounts are considered delinquent upon termination of employment. Interested parties may read the Plan's policy for a complete description.

Investment Valuation and Income Recognition

Investments are recorded at fair value as determined by quoted market prices of the securities held in the funds. Mutual funds are considered as level one inputs for fair value measurement purposes (further described in Note 11) as required by FASB Codification 820-10. Level one inputs are those that are observable for the asset or liability through quoted prices on active markets.

The unrealized appreciation or decline of the investments, based upon these quoted market values at December 31, 2014 and 2013 and applied on a consistent basis, are recorded as an increase or decrease in net assets available for plan benefits. The Plan experienced a decline in value, both realized and unrealized, of all level one assets of ($ 43,967) for December 31, 2014. The Plan had experienced an appreciation in value, both realized and unrealized, of all level one assets of $ 41,473 for the year ended December 31, 2013.

Purchases and sales of investments are recorded on a trade-date basis. Interest income and dividends are recorded when paid.

Contributions and Allocations

Contributions are recorded when received. Employee contributions (elective portion) are transferred to the Plan by ADP (the Company's payroll processor) as part of their bi-weekly payroll processing routine.

Payment of Benefits

Benefits are recorded when paid.

Operating Expenses

All expenses of maintaining the Plan are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with the modified cash basis, which is an other comprehensive basis of accounting (OCBOA) 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.

Date of Managements Review

The Plan has evaluated subsequent events through August 25, 2015, the date of the independent auditors' report. This date represents the date the financial statements are available to issue.

NOTE 3: FINANCIAL INSTRUMENTS

Certain financial instruments potentially subject the Plan to concentrations of credit risk. These financial instruments consist of mutual funds. The Plan limits its credit risk by monitoring its accounts with what management believes to be high quality financial institutions.

NOTE 4: INFORMATION CERTIFIED BY TRUSTEE OF THE PLAN

The individual investment balances at Reliance Trust Company, the balances of notes receivable from participants, the balances of total assets, and the balances of net assets available for plan benefits that are included on the statements of net assets available for plan benefits (modified cash basis) as of December 31, 2014 and 2013 along with the balances of net appreciation in market value, dividend earnings, interest earnings, participant contributions, net decline in market value of funds, benefits paid to participants, and administrative expense that are included on the statements of changes in net assets available for plan benefits (modified cash basis) for the years ended December 31, 2014 and 2013 have been derived from information certified as complete and accurate by the Trustee in accordance with ERISA requirements.

NOTE 5: DEFERRED PAYMENTS

As of December 31, 2014 and 2013, there are three and four employees, respectively, that have separated from service and are not presently active Plan participants. These former participants have vested account balances totaling approximately $ 75,109 and $ 74,383 as of December 31, 2014 and 2013. The Plan pays out these amounts (adjusted for subsequent market changes in the accounts) at the direction of the former participants.

NOTE 6: RELATED PARTY TRANSACTIONS

For the years ended December 31, 2014 and 2013, the Company provided certain accounting and administrative services to the Plan for which no fees were charged.

NOTE 7: PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event the Plan is terminated, participants are fully vested in their accounts.

NOTE 8: CHANGES IN FINANCIAL PRESENTATION

Certain prior year amounts may have been reclassified to conform to the current year presentation or to reflect more clearly a comparison between the two years. Such changes do not affect the balances reflected in the statements of net assets available for plan benefits (modified cash basis) or the statements of changes in net assets available for plan benefits (modified cash basis).

NOTE 9: INVESTMENTS

The following presents the investments that represent the Plan's net assets. The investments that account for 5% or more of the Plan's net assets are noted:

	2014		2013	
Investments Description	Value	5% Test	Value	5% Test
Oppenheimer Global Fund	$ 5,081		$ 4,758	
Thornburg International Value Fund	29,364		28,845	
Goldman Sachs Mid Cap Value Fund	86,295	86,295	56,849	56,849
Blackrock LG Cap Growth Fund	16		2,236	
Blackrock LG Cap Value Fund	8,107		6,655	
Blackrock Global Allocation Fund	92,716	92,716	73,813	73,813
Blackrock Global Small Cap Fund	19,169		17,420	
Pioneer Strategic Income Fund	6,931		6,312	
Goldman Short Duration Government Fund	3,764		3,983	
Oppenhiemer Gold and Spc Fund	-		12	
Ivy Asset Strategy Fund	52,981	52,981	81,761	81,761
Janus Forty Fund	41,466	41,466	40,668	40,668
MFS Government Securities	6,372		3,313	
Blackrock Health Science Opportunity	8,777		4,125	
Victory Diversified Stock	21,136		24,478	
First Eagle Fund of Ameirca	20,543		15,914	
Ready Assets Prime Money	221,956	221,956	192,541	192,541
AB Global RE Investment	29,382		16,006	
	$ 654,056	$495,414	$ 579,689	$ 445,632
Calculated 5% of the Plan's net assets		$ 32,703		$ 28,984

NOTE 10: OWNERSHIP PARTICIPATION IN PLAN

The Plan was amended as of January 1, 2011, to allow key employees (as defined by the Internal Revenue Service Code) to participate in the Company's 401(k) Plan. A key employee is defined as either an officer earning more than $ 130,000 in compensation, an employee that owns more than 5% of the business, or an employee that owns more than 1% of the business and earns $ 150,000 in compensation. Previously, key employees were not allowed to make contributions to the Plan. To date, no key employee has chosen to participate in the Plan.

NOTE 11: FAIR VALUE MEASURMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to measure the fair value of certain financial instruments could result in different fair value at the reporting date.

Financial Accounting Standards Board ASC 820-10, *"Fair Value Measurements"* establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels:

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

Level 2 Fair Value Measurements

As common trust funds are not traded in an active market, the fair values of these assets are based upon the underlying investments held by each trust and are therefore not directly observable. The underlying investments of the trust are generally traded in an active market.

Level 3 Fair Value Measurements

The participant loans are not actively traded and significant other observable inputs are not available. Thus the fair value of the participant loans is measured using the face value of the note, which is secured by the assets in the participant's individual account.

When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are only used when Level 1 inputs are not available to the Plan, and Level 3 inputs are only used when Level 1 or Level 2 inputs are not available.

The tables on the following pages show by level within the fair value hierarchy the Plan's investments at fair value as of December 31, 2014 and 2013.

December 31, 2014	Fair Value	Quoted Prices in Active Markets for Identical Assets Level 1	Significant Unobservable Inputs Level 3
Oppenheimer Global Fund	$ 5,081	$ 5,081	$ -
Thornburg International Value Fund	29,364	29,364	
Goldman Sachs Mid Cap Value Fund	86,295	86,295	
Blackrock LG Cap Growth Fund	16	16	
Blackrock LG Cap Value Fund	8,107	8,107	
Blackrock Global Allocation Fund	92,716	92,716	
Blackrock Global Small Cap Fund	19,169	19,169	
Pioneer Strategic Income Fund	6,931	6,931	
Goldman Short Duration Government	3,764	3,764	
Oppenhiemer Gold and Spc Fund	-	-	
Ivy Asset Strategy Fund	52,981	52,981	
Janus Forty Fund	41,466	41,466	
MFS Government Securities	6,372	6,372	
Blackrock Health Science Opportunity	8,777	8,777	
Victory Diversified Stock	21,136	21,136	
First Eagle Fund of Ameirca	20,543	20,543	
Ready Assets Prime Money	221,956	221,956	
AB Global RE Investment	29,382	29,382	
Particpant loans	979		979
Total Assets at Fair Value at December 31, 2014	$ 655,035	$ 654,056	$ 979

December 31, 2013	Fair Value	Quoted Prices in Active Markets for Identical Assets Level 1	Significant Unobservable Inputs Level 3
Oppenheimer Global Fund	$ 4,758	$ 4,758	$ -
Thornburg International Value Fund	28,845	28,845	
Goldman Sachs Mid Cap Value Fund	56,849	56,849	
Blackrock LG Cap Growth Fund	2,236	2,236	
Blackrock LG Cap Value Fund	6,655	6,655	
Blackrock Global Allocation Fund	73,813	73,813	
Blackrock Global Small Cap Fund	17,420	17,420	
Pioneer Strategic Income Fund	6,312	6,312	
Goldman Short Duration Government	3,983	3,983	
Oppenhiemer Gold and Spc Fund	12	12	
Ivy Asset Strategy Fund	81,761	81,761	
Janus Forty Fund	40,668	40,668	
MFS Government Securities	3,313	3,313	
Blackrock Health Science Opportunity	4,125	4,125	
Victory Diversified Stock	24,478	24,478	
First Eagle Fund of Ameirca	15,914	15,914	
Ready Assets Prime Money	192,541	192,541	
AB Global RE Investment	16,006	16,006	
Particpant loans	3,294		3,294
Total Assets at Fair Value at December 31, 2013	$ 582,983	$ 579,689	$ 3,294

The following table reconciles the beginning and ending balances of fair value measurements using significant unobservable inputs (level 3) of the participant loans for the years ended December 31, 2014 and 2013:

	2014	2013
Beginning balance	$ 3,294	$ 5,407
New loans	-	-
Interest charged	119	231
Total increases	119	231
Principal payments	2,315	2,113
Interest payments	119	231
Total decreases	2,434	2,344
Ending balance	$ 979	$ 3,294

NOTE 12: INCOME TAXES

The Internal Revenue Service has determined and informed the Company by a letter that the Plan is qualified and the Trust established under the Plan is tax exempt under Section 401 of the Internal Revenue Service Code. The Plan administrator and its qualified tax counsel do not anticipate that changes in the Plan after the date of the amendments covered by the Internal Revenue Service determination letter will affect the qualified and tax exempt status of the Plan. The Plan is unaware of any uncertain tax positions.

Currently, tax laws generally permit examination during the three (3) year period following the actual filing. The Plan administrator therefore believes that tax years before 2012 are no longer subject to examination. Thus tax years 2012, 2013 and 2014 are considered open and thus subject to examination by Internal Revenue Service at their election.

NOTE 13: RECONCILIATION OF FINANCIALS TO INTERNAL REVENUE SERVICE (IRS) FORM 5500

The Plan's financials and IRS Form 5500 are both presented on the modified cash basis so no differences exist to reconcile.

NOTE 14: RISK AND UNCERTAINIES

The Plan provides for various investment options. Investment securities are exposed to various risks, such as interest rate, market and credit fluctuations. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of these investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statement of net assets available for plan benefits and the statement of changes in net assets available for plan benefits.

Supplemental Schedule

Murphco of Florida
401(k) Savings Plan
Schedule of Assets Held at Year End (Schedule H, line 4i - Form 5500)
As of December 31, 2014

(a) *	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost **	(e) Current Value
	Oppenheimer Global Fund	Registered Investment Company	**	$ 5,081
	Thornburg International Value Fund	Registered Investment Company	**	29,364
	Goldman Sachs Mid Cap Value Fund	Registered Investment Company	**	86,295
	Blackrock LG Cap Growth Fund	Registered Investment Company	**	16
	Blackrock LG Cap Value Fund	Registered Investment Company	**	8,107
	Blackrock Global Allocation	Registered Investment Company	**	92,716
	Blackrock Global Small Cap Fund	Registered Investment Company	**	19,169
	Pioneer Strategic Income Fund	Registered Investment Company	**	6,931
	Goldman Short Duration Government Fund	Registered Investment Company	**	3,764
	Ivy Asset Strategy Fund	Registered Investment Company	**	52,981
	Janus Forty Fund	Registered Investment Company	**	41,466
	MFS Government Securities	Registered Investment Company	**	6,372
	Blackrock Health Science Opportunity	Registered Investment Company	**	8,777
	Victory Diversified Stock	Registered Investment Company	**	21,136
	First Eagle Fund of America	Registered Investment Company	**	20,543
	Ready Assets Prime Money	Registered Investment Company	**	221,956
	AB Global RE Investment	Registered Investment Company	**	29,382
	Participant Loans	Interest rate at 5.25%	-	979
	TOTAL INVESTMENTS		$ -	$ 655,035

* **Column (a) identifies parties in interest of which there are none.**

** **Cost information not required on participant directed accounts.**

Schedule C, Line 2(h) Formula Description

For those service providers listed on Line 2 for which Line 2(h) has been checked "yes":

For a description of indirect compensation received by service providers listed on Line 2 that was disclosed as a formula, please see Line 3(e). Please note: If indirect compensation disclosed as a formula was received by a service provider from more than one source, there will be multiple Lines 3(e) for that service provider.

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name MURPHCO OF FLORIDA 401K SAVINGS PLAN **EIN:** 59-1414373
Plan Sponsor's Name MURPHCO OF FLORIDA **PN:** 003

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	IVY ASSET STRATEGY FD - C	REGISTERED INVESTMENT COMPANY		52,981
	JANUS FORTY FUND - C	REGISTERED INVESTMENT COMPANY		41,466
	MFS GOVT SECURITIES FD-C	REGISTERED INVESTMENT COMPANY		6,372
	FIRST EAGLE FD OF AMERICA C	REGISTERED INVESTMENT COMPANY		20,543
	BRHEALTH SCI OPPORT PORT - C	REGISTERED INVESTMENT COMPANY		8,777
	OPPENHEIMER GLOBAL FUND - C	REGISTERED INVESTMENT COMPANY		5,081
	GOLDMAN SHORT DUR GOV - C	REGISTERED INVESTMENT COMPANY		3,764

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name MURPHCO OF FLORIDA 401K SAVINGS PLAN **EIN:** 59-1414373
Plan Sponsor's Name MURPHCO OF FLORIDA **PN:** 003

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	VICTORY DIVERSIFIED STOCK - C	REGISTERED INVESTMENT COMPANY		21,136
	THORNBURG INTL VALUE FUND-C	REGISTERED INVESTMENT COMPANY		29,364
	AB GLOBAL RE INVESTMENT C	REGISTERED INVESTMENT COMPANY		29,382
	GS MID CAP VALUE FUND - C	REGISTERED INVESTMENT COMPANY		86,295
	BLACKROCK LG CAP GROWTH - C	REGISTERED INVESTMENT COMPANY		16
	BLACKROCK LARGE CAP VALUE - C	REGISTERED INVESTMENT COMPANY		8,107
	READY ASSETS PRIME MONEY	REGISTERED INVESTMENT COMPANY		221,956

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name MURPHCO OF FLORIDA 401K SAVINGS PLAN **EIN:** 59-1414373
Plan Sponsor's Name MURPHCO OF FLORIDA **PN:** 003

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	BLACKROCK GLOBAL ALLOCATION C	REGISTERED INVESTMENT COMPANY		92,716
	BLACKROCK GLOB SMALL CAP - C	REGISTERED INVESTMENT COMPANY		19,169
	PIONEER STRATEGIC INCOME - C	REGISTERED INVESTMENT COMPANY		6,931
	PARTICIPANT LOANS	INTEREST RATES (5.25% TO 5.25%)		979