

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 2014 This Form is Open to Public Inspection
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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: <div> ☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) </div>	
B This return/report is <div> ☐ a one-participant plan ☐ a foreign plan </div>	
<div> ☐ the first return/report ☐ the final return/report </div>	
<div> ☐ an amended return/report ☐ a short plan year return/report (less than 12 months) </div>	
C Check box if filing under: <div> ☒ Form 5558 ☐ automatic extension ☐ DFVC program </div>	
<div> ☐ special extension (enter description) </div>	

Part II Basic Plan Information—enter all requested information							
1a Name of plan GREYBULL PENSION PLAN	<table border="1"> <tr> <td>1b Three-digit plan number (PN) ▶</td> <td>002</td> </tr> </table>	1b Three-digit plan number (PN) ▶	002				
1b Three-digit plan number (PN) ▶	002						
	1c Effective date of plan 04/08/1968						
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) M-I L.L.C. SCHLUMBERGER REGIONAL SUPPORT CTR 3600 BRIARPARK DR., 3RD FLOOR, MD-4 HOUSTON, TX 77042	<table border="1"> <tr> <td>2b Employer Identification Number (EIN)</td> <td>76-0596553</td> </tr> <tr> <td>2c Sponsor's telephone number</td> <td>281-561-1300</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td>213110</td> </tr> </table>	2b Employer Identification Number (EIN)	76-0596553	2c Sponsor's telephone number	281-561-1300	2d Business code (see instructions)	213110
2b Employer Identification Number (EIN)	76-0596553						
2c Sponsor's telephone number	281-561-1300						
2d Business code (see instructions)	213110						
3a Plan administrator's name and address ☒ Same as Plan Sponsor.	<table border="1"> <tr> <td>3b Administrator's EIN</td> <td></td> </tr> <tr> <td>3c Administrator's telephone number</td> <td></td> </tr> </table>	3b Administrator's EIN		3c Administrator's telephone number			
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. a Sponsor's name	<table border="1"> <tr> <td>4b EIN</td> <td></td> </tr> <tr> <td>4c PN</td> <td></td> </tr> </table>	4b EIN		4c PN			
4b EIN							
4c PN							
5a Total number of participants at the beginning of the plan year	<table border="1"> <tr> <td>5a</td> <td>99</td> </tr> </table>	5a	99				
5a	99						
b Total number of participants at the end of the plan year	<table border="1"> <tr> <td>5b</td> <td>98</td> </tr> </table>	5b	98				
5b	98						
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	<table border="1"> <tr> <td>5c</td> <td></td> </tr> </table>	5c					
5c							
d(1) Total number of active participants at the beginning of the plan year	<table border="1"> <tr> <td>5d(1)</td> <td>20</td> </tr> </table>	5d(1)	20				
5d(1)	20						
d(2) Total number of active participants at the end of the plan year	<table border="1"> <tr> <td>5d(2)</td> <td>19</td> </tr> </table>	5d(2)	19				
5d(2)	19						
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	<table border="1"> <tr> <td>5e</td> <td>0</td> </tr> </table>	5e	0				
5e	0						

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2015	MARGARET BAILEY
	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
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** 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 III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1764676	1688803
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	1764676	1688803
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)		
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	73836	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		73836
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	142000	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f	7709	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		149709
i Net income (loss) (subtract line 8h from line 8c)	8i		-75873
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B 1I 3H
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

- 11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) ☐ Yes ☒ No
- 11a** Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 **11a**
- 12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)
- a** 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

b Enter the minimum required contribution for this plan year.....	12b	
c Enter the amount contributed by the employer to the plan for this plan year	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).....	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....	☐ Yes ☐ No ☐ N/A	

13a Has a resolution to terminate the plan been adopted in any plan year?		☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☐ Yes ☒ No
c 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.)		

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

14a Name of trust	14b Trust's EIN

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

Round off amounts to nearest dollar.
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<div>A Name of plan GREYBULL PENSION PLAN</div>	<div>B Three-digit plan number (PN) 002</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF M-I L.L.C.</div>	<div>D Employer Identification Number (EIN) 76-0596553</div>

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2014	
2	Assets:	
	a Market value	2a 1824002
	b Actuarial value	2b 1762051
3	Funding target/participant count breakdown	
		(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
	a For retired participants and beneficiaries receiving payment	32 812099 812099
	b For terminated vested participants	47 390199 390199
	c For active participants	20 403382 403382
	d Total	99 1605680 1605680
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)	
	a Funding target disregarding prescribed at-risk assumptions	4a
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5	Effective interest rate	5 6.38%
6	Target normal cost	6 41000

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<div>SIGN HERE</div>	<div>09/28/2015</div> <div>Signature of actuary</div>	<div>Date</div>
<div>PAUL M. YIM</div> <div>Type or print name of actuary</div>	<div>14-06083</div> <div>Most recent enrollment number</div>	
<div>HEWITT ASSOCIATES LLC</div> <div>Firm name</div>	<div>281-363-0456</div> <div>Telephone number (including area code)</div>	
<div>9500 LAKESIDE BLVD. THE WOODLANDS, TX 77381</div> <div>Address of the firm</div>		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	7655	297110
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	7655	95899
9 Amount remaining (line 7 minus line 8)	0	201211
10 Interest on line 9 using prior year's actual return of <u>11.70</u> %	0	23542
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.24</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	224753

Part III Funding Percentages		
14 Funding target attainment percentage	14	95.74 %
15 Adjusted funding target attainment percentage	15	109.73 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	91.29 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?		☒ Yes ☐ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?		☒ Yes ☐ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th 0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	41000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	68382	59596	
b Waiver amortization installment		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	100596	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....		100596	100596
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

Schedule SB Attachment (Form 5500)—2014 Plan Year
 Greybull Pension Plan
 EIN: 76-0596533 PN: 002

**Schedule SB, Line 26—Schedule of Active Participant Data
 As of January 1, 2014**

**M-I, L.L.C.
 Greybull Pension Plan
 Active Employees
 EIN: 76-0596533 PN: 002**

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39					1					
40-44										
45-49					1		1			
50-54							1		1	
55-59					2		2	1	1	1
60-64					1		1	1		2
65-69						1			1	
70+										1

N-20

Schedule SB Attachment (Form 5500)—2014 Plan Year
Greybull Pension Plan
EIN: 76-0596553 PN: 002

Schedule SB, Part V—Statement of Actuarial Assumptions

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2013), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA.
1st Segment Rate	4.99%
2nd Segment Rate	6.32%
3rd Segment Rate	6.99%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2013), without regard to interest rate stabilization.
1st Segment Rate	1.37%
2nd Segment Rate	4.05%
3rd Segment Rate	5.06%
Salary increases	N/A, benefits are frozen.
Retirement Rates	The retirement age assumption for active participants is 62. The retirement age assumption for terminated vested participants is 65.
Mortality Rates	2014 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e).
Withdrawal Rates	None assumed.
Disability Rates	None assumed.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>

Schedule SB Attachment (Form 5500)—2014 Plan Year
Greybull Pension Plan
EIN: 76-0596553 PN: 002

Expected Return on Assets

2012 Plan Year	6.75%
2013 Plan Year	6.75%

Trust Expenses Included in Target Normal Cost Average of administrative expenses paid during the prior three years.

Actuarial Method Standard unit credit cost method

Valuation Date January 1, 2014

Changes in ERISA Methods/Assumptions Since the Prior Year

Method Changes

The funding valuation does not reflect any method changes.

Assumption Changes

The funding valuation reflects the following assumption changes:

A change in the interest rate assumption from segment rates as of January 2013 adjusted as applicable to fall within the 25-year average interest rate corridor under MAP-21 to segment rates as of January 2014 adjusted as applicable to fall within the 25-year average interest rate corridor under HATFA.

A update to the mortality assumption from the 2013 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e) to the 2014 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e).

Retirement rates were changed from an age-graded table to a single age of 62 reflecting the size of the population and recent experience.

Withdrawal rates were changed from an age-graded table to none assumed reflecting the size of the population and recent experience.

Form 5500-SFDepartment of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Short Form Annual Return/Report of Small Employee
Benefit Plan**This form is required to be filed under sections 104 and 4085 of the Employee Retirement
Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal
Revenue Code (the Code).▶ **Complete all entries in accordance with the instructions to the Form 5500-SF.**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 single-employer plan ☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)
- ☐ a one-participant plan ☐ a foreign plan
- 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** Check box if filing under:
- ☒ Form 5558 ☐ automatic extension ☐ DFVC program
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan GREYBULL PENSION PLAN	1b Three-digit plan number (PN) ▶ 002
	1c Effective date of plan 04/08/1968
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) M-I L.L.C. Schlumberger Regional Support Ctr 3600 Briarpark Dr., 3rd Floor, MD-4 Houston TX 77042	2b Employer Identification Number (EIN) 76-0596553
	2c Sponsor's telephone number 281-561-1300
	2d Business code (see instructions) 213110
3a Plan administrator's name and address ☒ Same as Plan Sponsor.	3b Administrator's EIN
	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor 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
5a Total number of participants at the beginning of the plan year	5a 99
b Total number of participants at the end of the plan year	5b 98
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c
d(1) Total number of active participants at the beginning of the plan year	5d(1) 20
d(2) Total number of active participants at the end of the plan year	5d(2) 19
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	5e 0

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Under penalties

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** 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 III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
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a Contributions received or receivable from:			
(1) Employers	8a(1)		
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	73836	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		73836
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	142000	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f	7709	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		149709
i Net income (loss) (subtract line 8h from line 8c)	8i		-75873
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B 1I 3H
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b	X	
c Was the plan covered by a fidelity bond?	10c	X	500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d	X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X	
f Has the plan failed to provide any benefit when due under the plan?	10f	X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		

Part VI Pension Funding Compliance

- 11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) ☐ Yes ☒ No
- 11a** Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 **11a**
- 12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ... ☐ Yes ☒ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)
- a** 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 letter ruling granting the waiver. Month Day Year

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year	12b	
c Enter the amount contributed by the employer to the plan for this plan year	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	☐ Yes ☐ No ☐ N/A	

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?	☐ Yes	☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐ Yes ☒ No	
c 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.)		
13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII Trust Information (optional)

14a Name of trust	14b Trust's EIN
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**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

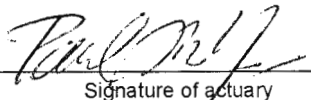
A Name of plan <u>Greybull Pension Plan</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>M-I L.L.C.</u>	D Employer Identification Number (EIN) <u>76-0596553</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2014</u>			
2 Assets:			
a Market value	2a	<u>1,824,002</u>	
b Actuarial value	2b	<u>1,762,051</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	<u>32</u>	<u>812,099</u>	<u>812,099</u>
b For terminated vested participants.....	<u>47</u>	<u>390,199</u>	<u>390,199</u>
c For active participants.....	<u>20</u>	<u>403,382</u>	<u>403,382</u>
d Total.....	<u>99</u>	<u>1,605,680</u>	<u>1,605,680</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>6.38 %</u>	
6 Target normal cost	6	<u>41,000</u>	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN
HERE**
Signature of actuary09/28/2015

Date

Paul M. Yim

Type or print name of actuary

14-06083

Most recent enrollment number

Hewitt Associates LLC

Firm name

(281) 363-0456

Telephone number (including area code)

9500 Lakeside Blvd.The Woodlands

Address of the firm

TX 77381If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2014
v. 140124

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	7,655	297,110
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	7,655	95,899
9	Amount remaining (line 7 minus line 8)	0	201,211
10	Interest on line 9 using prior year's actual return of <u>11.70%</u>	0	23542
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.24%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	224753

Part III Funding Percentages			
14	Funding target attainment percentage	14	95.74 %
15	Adjusted funding target attainment percentage	15	109.73 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	91.29 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c)
					0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:			
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....		☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....		31a	41,000
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	68,382	59,596	
b Waiver amortization installment.....		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..		34	100,596
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....		100,596	100,596
36 Additional cash requirement (line 34 minus line 35)		36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37	0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected		☐ 2 plus 7 years ☐ 15 years	
b Eligible plan year(s) for which the election in line 41a was made		☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	
42 Amount of acceleration adjustment		42	
43 Excess installment acceleration amount to be carried over to future plan years		43	

Schedule SB Attachment (Form 5500)—2014 Plan Year
Greybull Pension Plan
EIN: 76-0596553 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

General Information

Original Effective Date:	December 11, 1986
Effective Date of Last Amendment:	August 31, 1998
Plan Year:	January 1 to December 31
Employer Fiscal Year:	January 1 to December 31
Employer ID Number:	76-0596553
Plan Administrator's ID Number:	76-0596553
Plan Number:	002
Plan Administrator:	Pension Committee

Eligibility

An hourly employee represented by the union becomes a participant immediately upon date of hire. Participants in predecessor plan are participants in this plan. Benefit accruals, participation and eligibility under this plan were frozen as of August 31, 1998.

Participation Service

Participation service is credited from the date employment commences to the earlier of the day the participant terminates, retires, or dies, or the first anniversary of the first day of a period of absence (or the day after the last day of an authorized absence).

Benefit Accrual Service

Benefit accrual service is credited from the date employment commences to the earlier of the day the participant terminates, retires, or dies, or the first anniversary of the first day of a period of absence (or the day after the last day of an authorized absence).

Benefit accrual service will be credited for service after a participant reaches his normal retirement date. Benefit accrual service for participants terminating before April 8, 1996 may not exceed 30 years. For participants terminating on or after April 8, 1996, the maximum benefit accrual service is 35 years. No benefit accrual service will be credited for service after August 31, 1998.

Normal Retirement Date

The last day of the month during which a participant reaches age 65.

Early Retirement Date

Any date after the Participant reaches age 55 and completes 10 years of participation service.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Greybull Pension Plan
EIN: 76-0596553 PN: 002

Accrued Benefit

A monthly benefit for participants terminating on or after April 8, 1991, equal to \$15.75 times years of benefit accrual service; for participants terminating on or after April 8, 1992, equal to \$16.00 times years of benefit accrual service; for participants terminating on or after April 8, 1993, equal to \$16.25 times years of benefit accrual service; for participants terminating on or after April 8, 1994, equal to \$16.75 times years of benefit accrual service; for participants terminating on or after April 8, 1995, equal to \$17.25 times years of benefit accrual service; for participants terminating on or after April 8, 1997, equal to \$17.75 times years of benefit accrual service.

Normal Retirement Benefit

A monthly benefit payable for life equal to the accrued benefit.

Early Retirement Benefit

A monthly benefit payable for life equal to the accrued benefit reduced on an actuarially equivalent basis for each month that commencement of payments precedes the Participant's Normal Retirement Date.

Disability Retirement Date

Any date after the participant completes 10 years of participation service and becomes totally and permanently disabled.

Disability Benefits

A monthly benefit payable temporarily to age 65 equal to the accrued benefit.

The disability benefit is offset by 100% of any worker's compensation benefits except fixed statutory payments for loss of any bodily member, benefits received prior to the disability benefit, or benefits received after age 65.

At age 65 the benefit is recalculated using the benefit accrual rates then in effect and service to date of disability.

Death Benefits

Spouses of participants who die on or after August 23, 1984, with completion of five years of participation service, have been married to the participant for at least one year prior to death, and have not waived this option are eligible.

In case of a participant who dies after age 55, an amount which would have been payable to the participant's spouse had the participant retired on the day before his death with a 50% Surviving Spouse's form in effect.

In the case of a participant who dies before age 55, an amount which would have been payable to the spouse had the participant terminated on the earlier of his actual termination date or his date of death, survived to age 55, retired at 55 and died the following day with a 50% Surviving Spouse's form in effect.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Greybull Pension Plan
EIN: 76-0596553 PN: 002

The benefit commences the first day of the month coincident with or next following the date of which the participant dies, or if later, the date on which the participant would have attained age 55. Benefits are payable for the life of the spouse.

Vested Benefit

A participant is vested after five years of participation service.

Benefits on Termination of Employment

A monthly benefit payable for life beginning at normal retirement date equal to the accrued benefit. If a participant has ten years of participation service at exit, an actuarially reduced benefit may commence as early as age 55.

Funding

Employer funded. No employee contributions.

Actuarial Equivalent

1971 Group Annuity Mortality Table weighted 90% male and 10% female with 5% per annum interest rate.

Amendment or Termination of Plan

The Employer reserves the right to amend or terminate the Plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the Employer fails to meet the minimum funding standards, or is unable to pay benefits when due.

If the Plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure and the Employer shall be liable for any unfunded vested benefits to the extent required by law.

The above description is a summary only; for additional details, reference should be made to the formal plan document.

Plan Changes Since the Prior Year

There were no plan changes since the prior year's valuation.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Greybull Pension Plan
EIN: 76-0596553 PN: 002

Schedule SB, line 32—Schedule of Amortization Bases

Type	Present Value of Outstanding Amount	Date Established	Years Remaining	Amortization Amount
Shortfall	\$ (53,528)	01/01/2014	7	\$ (8,958)
Shortfall	\$ (56,080)	01/01/2011	4	\$ (15,060)
Shortfall	\$ 46,450	01/01/2010	3	\$ 16,243
Shortfall	\$ 131,540	01/01/2009	2	\$ 67,371

Schedule SB Attachment (Form 5500)—2014 Plan Year
Greybull Pension Plan
EIN: 76-0596553 PN: 002

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

The withdrawal rates have been updated.

The retirement rates have been updated.

These changes were made to better reflect the size of the population and recent experience. The funding assumption changes did not reduce the funding shortfall more than the thresholds stated in Internal Revenue Code Section 430(h)(5); so approval of the Commissioner is not required.