Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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
ARK-LA-TEX FINANCIAL SERVICES, LLC 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2005

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
ARK-LA-TEX FINANCIAL SERVICES, LLC

5160 TENNYSON PARKWAY SUITE 2000 W
PLANO, TX 75024

2b Employer Identification Number (EIN)
75-2838184

2c Plan Sponsor's telephone number
972-398-7676

2d Business code (see instructions)
522292

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2016	KYLE GREEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a	Plan administrator's name and address [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**	416
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)**	338
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	495
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	31
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	526
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	526
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	468
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	25
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 2S 2T 3D 3H 2A 3B

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
ARK-LA-TEX FINANCIAL SERVICES, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ARK-LA-TEX FINANCIAL SERVICES, LLC

D Employer Identification Number (EIN)
75-2838184

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	811187	473	03/27/2015	12/31/2015

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
26864	7487

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
NOVA 401K ASSOCIATES
10777 NORTHWEST FWY
HOUSTON, TX 77092

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	7487		5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
BOSC AGCY INC
1 WILLIAMS CTR #9NE
TULSA, OK 74172

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
5805			3

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

RAYMOND JAMES FINANCIAL SERV. INC

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
21059			3

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	124227
5	Current value of plan's interest under this contract in separate accounts at year end	5	8611987

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b	Balance at the end of the previous year			7b	102421
c	Additions: (1) Contributions deposited during the year	7c(1)	47498		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	1161		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	5102		
	▶ LOAN REPAYMENTS, FORFEITURES				
	(6) Total additions			7c(6)	53761
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	156182
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	633		
	(2) Administration charge made by carrier	7e(2)	69		
	(3) Transferred to separate account	7e(3)	5369		
	(4) Other (specify below)	7e(4)	25884		
	▶ LOAN DISBURSEMENTS, NEGATIVE VALUE ADJ, ETC				
	(5) Total deductions			7e(5)	31955
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	124227

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury 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.**	**2015** **This Form is Open to Public Inspection.**

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
ARK-LA-TEX FINANCIAL SERVICES, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ARK-LA-TEX FINANCIAL SERVICES, LLC

D Employer Identification Number (EIN)
75-2838184

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

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

NOVA 401(K) ASSOCIATES

20-1181458

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

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(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)

MORNINGSTAR

36-3297908

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27	INVESTMENT ADVISORY	633	Yes [X] No [ ]	Yes [X] No [ ]	1985	Yes [ ] No [X]

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

VOYA RETIREMENT INS. AND ANN. CO.

71-0294708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	SERVICE PROVIDER	5050	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

NOVA 401(K) ASSOCIATES

20-1181458

(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?
17 37 50 99	THIRD PARTY ADMINISTRATOR	10150	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
ARK-LA-TEX FINANCIAL SERVICES, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ARK-LA-TEX FINANCIAL SERVICES, LLC

D Employer Identification Number (EIN)
75-2838184

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO AMERICAN VALUE FUND R6

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO

c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 307690

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN BEACON LARGE CAP VALUE FUN

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO

c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 297064

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPACIFIC GROWTH F

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO

c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 245794

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS FUNDAMENTAL INVESTOR

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO

c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 228116

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW PERSPECTIVE FUND

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO

c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 205130

a Name of MTIA, CCT, PSA, or 103-12 IE: CLEARBRIDGE AGGRESSIVE GROWTH FUND-

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO

c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 769681

a Name of MTIA, CCT, PSA, or 103-12 IE: CLEARBRIDGE SMALL CAP GROWTH FUND-

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO

c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 70030

a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIASM ACORN FUND- CLASS Y SHAR			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	97521
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA COMMODITY STRATEGY PORTFOLIO- I			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	53102
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA U.S. SMALL CAP PORTFOLIO- INSTI			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	332452
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA U.S. TARGETED VALUE PORTFOLIO-			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	18556
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO EQUITY AND INCOME FUND- CLA			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	286077
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS FLEXIBLE BOND FUND- CLASS N S			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	174837
a Name of MTIA, CCT, PSA, or 103-12 IE: LEGG MASON BW GLOBAL OPPORTUNITIES			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	54248
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS INTERNATIONAL VALUE FUND- R5			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	276152
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO REAL RETURN FUND- INSTITUTION			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	80829
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD 500 INDEX FUND- ADMIRAL SH			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	336589

a Name of MTIA, CCT, PSA, or 103-12 IE: WESTERN ASSET HIGH YIELD FUND			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	50501
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID-CAP INDEX FUND ADMIRAL			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	472220
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2015 FUN			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	260306
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2020 FUN			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	109281
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2025 FUN			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	786484
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2030 FUN			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	166035
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2035 FUN			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1428164
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2040 FUN			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	108595
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2045 FUN			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1037806
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2050 FUN			
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	53859

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2055 FUN

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO

c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 263355

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2060 FUN

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO

c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17448

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT INCOME F

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO

c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12812

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2010 FUN

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO

c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8540

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA FIXED ACCOUNT

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO

c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 124227

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA MONEY MARKET FUND- CLASS A

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY CO

c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2708

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
ARK-LA-TEX FINANCIAL SERVICES, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ARK-LA-TEX FINANCIAL SERVICES, LLC

D Employer Identification Number (EIN)
75-2838184

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)		0
(2) Participant contributions	1b(2)		0
(3) Other	1b(3)		0
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)	216513	231725
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	5444356	8611986
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	102421	124227
(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	5763290	8967938
	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		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	5763290	8967938

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)	475163	
	(B) Participants	2a(1)(B)	2232000	
	(C) Others (including rollovers)	2a(1)(C)	1183645	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3890808
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	10739	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		10739
	(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)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(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)		
	(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)		

		(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)		-267534
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3634013
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	406605	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		406605
f Corrective distributions (see instructions)	2f		5010
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)	17750	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		17750
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		429365
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3204648
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [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: BKM SOWAN HORAN, LLP **(2)** EIN: 27-2602152

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	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	N/A	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X		
e	Was this plan covered by a fidelity bond?	4e	X			500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X		
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X		
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X		
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X			
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X		
l	Has the plan failed to provide any benefit when due under the plan?	4l		X		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X		
o	Did the plan trust incur unrelated business taxable income?	4o				
p	Were in-service distributions made during the plan year?	4p				

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information

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

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
ARK-LA-TEX FINANCIAL SERVICES, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ARK-LA-TEX FINANCIAL SERVICES, LLC

D Employer Identification Number (EIN)
75-2838184

Part I Distributions

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

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

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

EIN(s): 71-0294708

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):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____ (See instructions for tax law changes and codes).

22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

Ark-La-Tex Financial Services, LLC
(dba Benchmark Mortgage)
401(k) Plan



Financial Statements
and
Supplemental Schedule
with
Report of Independent Auditors

December 31, 2015 and 2014

ARK-LA-TEX FINANCIAL SERVICES, LLC 401(K) PLAN

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REPORT OF INDEPENDENT AUDITORS

To the Plan Administrator and Participants
Ark-La-Tex Financial Services, LLC 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Ark-La-Tex Financial Services, LLC 401(k) Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statement of changes in net assets available for benefits for the year ended December 31, 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Voya Retirement Insurance and Annuity Company, the Custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the Custodian holds the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from the Custodian as of December 31, 2015 and 2014 and for the year ended December 31, 2015, that the information provided to the plan administrator by the Custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Form 5500 – Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2015, which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the 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, we do not express an opinion on the supplemental schedule referred to above.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

BKM Sowan Horan, LLP

Addison, Texas
September 28, 2016

ARK-LA-TEX FINANCIAL SERVICES, LLC 401(K) PLAN

Statements of Net Assets Available for Benefits

	December 31,	
	2015	2014
Assets:		
Investments at fair value	**$ 8,611,986**	$ 5,444,356
Fully benefit-responsive investment contract at contract value	**124,227**	102,421
Notes receivable from participants	**231,725**	216,513
Total assets	**8,967,938**	5,763,290
Liabilities:		
Contributions payable (Note 10)	**-**	54,621
Excess contributions payable (Note 11)	**-**	9,693
Total liabilities	**-**	64,314
Net assets available for benefits	**$ 8,967,938**	$ 5,698,976

See accompanying notes to financial statements.

ARK-LA-TEX FINANCIAL SERVICES, LLC 401(K) PLAN

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

Additions:		
Contributions:		
Participants	$	2,280,206
Rollovers		1,183,645
Employer		481,578
Total contributions		3,945,429
Interest on notes receivable from participants		10,509
Investment income (loss):		
Net depreciation in fair value of investments		(268,695)
Net appreciation in contract value of investments		1,161
Total investment income (loss)		(267,534)
Total additions		3,688,404
Deductions:		
Benefits paid to participants		401,692
Administrative expenses		17,750
Total deductions		419,442
Net increase in net assets available for benefits		3,268,962
Net assets available for benefits:		
Beginning of year		5,698,976
End of year	$	8,967,938

See accompanying notes to financial statements.

Note 1 - Description of the Plan

The following description of the Ark-La-Tex Financial Services, LLC 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement or Summary Plan Description (SPD) for a more complete description of the Plan's provisions.

General

The Plan was established in January 2005 and is a defined contribution profit sharing plan covering all eligible employees of Ark-La-Tex Financial Services, LLC (the Company, Plan Sponsor, or Employer). The Plan is designed to comply with the Employee Retirement Income Security Act of 1974, as amended (ERISA), and the Internal Revenue Code (IRC). In addition, the financial statements have been prepared in compliance with ERISA.

The Plan is administered by the Company and the Plan's assets are held in trust pursuant to a trust agreement with the Company and the Plan's custodian, Voya Retirement Insurance and Annuity Company (the Custodian).

Eligibility

To participate in the Plan, employees must be at least 18 years of age and have completed two months of service. Participants may commence salary deferrals on the first day of each month.

Contributions

Participants may elect to defer from 1% to 100% of their annual compensation, subject to certain limitations, with the contributions and earnings thereon being nontaxable until withdrawn from the Plan. Participants over the age of 18 may also receive Company matching contributions, not to exceed 6% of the participant's compensation for each plan year. In addition, the Company may also make discretionary profit-sharing contributions to the Plan as determined by its board of directors. The Company did not make any discretionary profit-sharing contributions to the Plan for the year ended December 31, 2015. The Company may also make qualified non-elective contributions (QNEC) to satisfy certain compliance testing in which the participants are fully vested in these contributions. There were no QNEC contributions made by the Company during 2015.

Participant accounts

Each participant's account is credited with the participant's contribution, the Company's matching contributions, and an allocation of (a) the Company's discretionary non-matching contributions, if any, and (b) Plan earnings or losses, and (c) charged with an allocation of certain administrative expenses. Allocations are based on participants' compensation or account balances, as defined by the Plan document.

Note 1 - Description of the Plan - (Continued)

Vesting

Participants are vested immediately in their voluntary contributions and any QNEC contributions, plus actual earnings or losses thereon. Vesting in any Employer's contributions is based on years of continuous service as follows:

Years of Service	Vested Percentage
Less than two (2) years	0%
Two (2) years	20%
Three (3) years	40%
Four (4) years	60%
Five (5) years	80%
Six (6) or more years	100%

Payment of benefits

The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance. Upon death, disability, or retirement, a participant is entitled to receive from the Plan a single lump-sum payment equal to the value of the participant's account balance. Other payment options are available upon request of the participant or beneficiary and upon approval of the Trustees. Upon termination of service, the Company has the option to require those participants with vested account balances less than $1,000 to take lump-sum distributions unless a direct rollover is elected. If a participant's vested account balance exceeds $5,000, they may elect to receive a lump-sum distribution, receive installments over a specified period of time, or roll over their vested account balance. For all employees who have terminated with a vested account balance between $1,000 and $5,000, the Plan administrator has the right to automatically rollover the balance to an individual retirement account (IRA) designated by the administrator. The participant bears all expenses of the IRA.

Investment options

Participants direct the investment of their contributions into various investment options offered by the Plan. Investment options currently offered by the Plan include a number of pooled separate accounts and a guaranteed investment contract.

Forfeitures

Forfeitures of terminated participants' non-vested account balances are to be used to pay expenses and to reduce the Employer matching contributions and non-elective contributions for the Plan year immediately following the Plan year in which the forfeiture occurs. See Note 4.

Note 1 - Description of the Plan - (Continued)

Notes receivable from participants

Under provisions of the Plan, participants are allowed to borrow from their plan accounts. The maximum amount that a participant may borrow is the lessor of (i) 50% of their total vested account balance or (ii) $50,000. The minimum amount of a note is $1,000. Participants may have no more than one note outstanding at any one time. The notes are secured by the balance in the participant's account and bear interest at rates commensurate with local prevailing rates as determined by the Plan administrator.

Administrative expenses

Certain administrative expenses of the Plan are paid directly by the Company. Administrative expenses included in the statement of changes in net assets available for benefits consist of annual asset charges for broker related commissions, participant notes recordkeeping fees for each outstanding note issued, and charges for any participant who wished to receive a detailed quarterly statement.

Note 2 - Summary of Significant Accounting Policies

Basis of accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of estimates

The preparation of the financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets available for benefits during the reporting period. Accordingly, actual results could differ from those estimates. See Note 3.

Risks and uncertainties

The Plan and its participants invest in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and such changes could materially affect participants' account balances.

Note 2 - Summary of Significant Accounting Policies - (Continued)

Investment valuation and income recognition

Participants may direct the allocation of amounts deferred to the available investment options. Provisions of the Plan allow participant contributions in 5% increments to be invested in any of the available options.

The Plan provides for investments in a guaranteed investment contract ("GIC") and pooled-separate accounts. The Plan's investments in pooled-separate accounts are valued at net asset value as a practical expedient to estimate fair value. The GIC investment in fully benefit-responsive and is stated at contract value, which is equal to principal plus accrued interest. See Note 5.

Valuation methods may produce a fair value measurement that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan's management believes the valuation methods are appropriate and consistent with other market participants, the use of differing methodologies or assumptions to determine the fair values of the Plan's investments could result in different fair value measurements at the reporting dates.

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

Notes receivable from participants

Notes receivable from participants are recorded at their unpaid principal balance. An allowance for credit losses is not necessary as the notes are collateralized by the participants' account balance. Delinquent notes from participants are reclassified as distributions based upon provisions of the Plan document.

Payment of benefits

Benefits paid to participants are recorded as a reduction of net assets available for benefits when paid.

Recent accounting pronouncements

In May 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2015-07, *Fair Value Measurement (Topic 820) – Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)* ("ASU 2015-07"). ASU 2015-07 removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value ("NAV") per share practical expedient.

Note 2 - Summary of Significant Accounting Policies - (Continued)

Recent accounting pronouncements - continued

ASU 2015-07 also removes the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the NAV per share practical expedient. Investments that calculate NAV per share (or its equivalent), but for which the practical expedient is not applied will continue to be included in the fair value hierarchy along with the related required disclosures. ASU 2015-07 is effective for fiscal years beginning after December 31, 2015, and it is to be applied retrospectively, with early adoption permitted.

In July 2015, the FASB released ASU No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960) Defined Contribution Pension Plans (Topic 962) Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient* ("ASU 2015-12"). This amendment removes the requirement to report fully benefit-responsive investment contracts at fair value with an adjustment to contract value. Under the amendment, fully benefit-responsive investment contracts are measured, presented, and disclosed only at contract value. In addition, this amendment simplifies the investment disclosures required for employee benefit plans, including eliminating the requirements to disclose: (a) individual investments that represent 5% or more of net assets available for benefit, (b) net appreciation (depreciation) by individual investment type, and (c) investment information disaggregated based on the nature, characteristics and risks. The requirement to disaggregate participant-directed investments within a self-directed brokerage account has also been eliminated. Self-directed brokerage accounts should be reported as a single type of investment. The amendment also allows plans to measure investments and investment-related accounts as of a month-end date that is closest to the plan's fiscal year-end, when the fiscal period dos not coincide with a month-end. ASU 2015-12 is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Parts I and II should be applied retrospectively, while Part III should be applied prospectively.

The Plan elected to early adopt ASU 2015-07 and the applicable parts of ASU 2015-12.

Subsequent events

Management of the Plan evaluated events and transactions occurring subsequent to the date of the financial statements for matters requiring recognition or disclosure in the notes to the financial statements. The accompanying financial statements consider events through September 28, 2016, the date which the financial statements were available to be issued.

Note 3 - Fair Value Measurements

The FASB's Accounting Standards Codification 820 "Fair Value Measurements and Disclosures" (ASC 820) establishes a framework for measuring fair value and provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. As discussed in Note 2, the Plan adopted ASU No. 2015-07 which removed the requirement to categorize and disclose investments for which fair value is measured using the NAV per share as the practical expedient within the fair value hierarchy. All of the Plan's investments recorded at fair value of $8,611,986 and $5,444,356 at December 31, 2015 and 2014, respectively, are pooled separate accounts. The pooled separate accounts are valued, as a practical expedient, based on Voya's Plan's net asset value of units held by the Plan at year-end. The calculated NAV is directly related to the net asset value of the underlying investment adjusted for dividends or distributions received by Voya and the daily equivalent of any fees charged. The investments held by each pooled separate account are traded on an active market.

The following table summarizes investments for which fair value is measured using the NAV practical expedient as of December 31, 2015 and 2014.

Investment	Fair Value - December 31, 2015	Fair Value - December 31, 2014	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
American Beacon Large Cap Value Fund (c)	$ **297,064**	$ 243,243	Daily	None	None
American Funds EuroPacific Growth Fund- Class R-6 (e)	**245,794**	185,371	Daily	None	None
American Funds Fundamental Investors- Class R-6 (c)	**228,116**	171,518	Daily	None	None
American Funds New Perspective Fund- Class R-6 (e)	**205,130**	100,061	Daily	None	None
ClearBridge Aggressive Growth Fund- Class IS (c)	**769,681**	611,759	Daily	None	None
ClearBridge Small Cap Growth Fund- Class IS (a)	**70,030**	28,635	Daily	None	None
ColumbiaSM Acorn Fund- Class Y Shares (b)	**97,521**	84,181	Daily	None	None
DFA Commodity Strategy Portfolio- Institutional Class (f)	**53,102**	60,675	Daily	None	None
DFA U.S. Small Cap Portfolio- Institutional Class Shares (a)	**332,452**	282,825	Daily	None	None
DFA U.S. Targeted Value Portfolio- Institutional Class Shares (a)	**18,556**	44,371	Daily	None	None
Invesco American Value Fund- R6 (b)	**307,690**	192,439	Daily	None	None
Invesco Equity and Income Fund- Class R6 (h)	**286,077**	203,654	Daily	None	None

Note 3 - Fair Value Measurements - (Continued)

Investment	Fair Value - December 31, 2015	Fair Value - December 31, 2014	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Janus Flexible Bond Fund- Class N Shares (d)	$ **174,838**	$ 131,443	Daily	None	None
Legg Mason BW Global Opportunities Bond Fund- Class IS (d)	**54,248**	54,828	Daily	None	None
MFS International Value Fund- Class R5 (e)	**276,152**	108,963	Daily	None	None
PIMCO Real Return Fund- Institutional Class (d)	**80,829**	53,332	Daily	None	None
Vanguard 500 Index Fund- Admiral Shares (c)	**336,589**	94,434	Daily	None	None
Vanguard Mid-Cap Index Fund- Signal Shares (b)	**472,220**	271,172	Daily	None	None
Vanguard Target Retirement 2010 Fund- Investor Shares (i)	**8,541**	8,606	Daily	None	None
Vanguard Target Retirement 2015 Fund- Investor Shares (i)	**260,307**	225,703	Daily	None	None
Vanguard Target Retirement 2020 Fund- Investor Shares (i)	**109,281**	19,575	Daily	None	None
Vanguard Target Retirement 2025 Fund- Investor Shares (i)	**786,484**	507,006	Daily	None	None
Vanguard Target Retirement 2030 Fund- Investor Shares (i)	**166,035**	24,008	Daily	None	None
Vanguard Target Retirement 2035 Fund- Investor Shares (i)	**1,428,164**	835,819	Daily	None	None
Vanguard Target Retirement 2040 Fund- Investor Shares (i)	**108,595**	11,365	Daily	None	None
Vanguard Target Retirement 2045 Fund- Investor Shares (i)	**1,037,806**	631,128	Daily	None	None
Vanguard Target Retirement 2050 Fund- Investor Shares (i)	**53,859**	7,036	Daily	None	None
Vanguard Target Retirement 2055 Fund- Investor Shares (i)	**263,355**	193,587	Daily	None	None
Vanguard Target Retirement 2060 Fund- Investor Shares (i)	**17,448**	1,755	Daily	None	None
Vanguard Target Retirement Income Fund- Investor Shares (i)	**12,813**	12,907	Daily	None	None
Voya Money Market Fund- Class A (g)	**2,708**	9,248	Daily	None	None
Western Asset High Yield Fund- Class IS (d)	**50,501**	33,709	Daily	None	None
	$ **8,611,986**	$ 5,444,356			

Note 3 - Fair Value Measurements - (Continued)

a) The fund seeks long-term capital growth primarily by investing primarily in stocks of small-sized companies. Generally, these companies are striving to develop new products or markets and have above-average earnings growth potential.
b) The fund seeks capital appreciation by investing primarily in stocks of medium-sized companies. Generally, these companies are striving to develop new products or markets and have above-average earnings growth potential.
c) The fund seeks long-term growth of capital or a combination of growth and income by investing primarily in stocks of larger, mature companies. Stocks are selected for price appreciation and for the value of the current income provided through dividends.
d) The fund seeks income or growth of income, with less emphasis on capital appreciation. Assets are invested in fixed income securities that have been determined to be appropriate for its investment goal.
e) The fund seeks long-term growth of capital. The fund generally invests in a diversified portfolio consisting of equity securities of companies located throughout the world, including the U.S., that have a history of attractive dividend yields and positive growth in operating cash flow.
f) The fund seeks total return consisting of capital appreciation and current income. The fund seeks to achieve its investment objective by generally investing in a universe of allowable commodity-linked derivative instruments and fixed income investment opportunities. The fund gains exposure to commodities markets by investing in derivative instruments, such as structured notes whose principal and/or coupon payments are linked to commodities or commodity indices, in swap agreements, and/or in other commodity-linked instruments.
g) The fund seeks a high level of current income as is consistent with preserving capital and maintaining liquidity. The fund invests primarily in a portfolio of high-quality and fixed income securities. It may purchase foreign money market securities, although all obligations held by the fund must be denominated in U.S. dollars. The fund may invest in floating and variable rate obligations and may enter into repurchase agreements.
h) The fund seeks current income and, secondarily, capital appreciation. The fund invests in equity and income securities. The fund may invest in securities of all capitalization sizes; however, a substantial number of the issuers in which the fund invests are large-capitalization issuers.
i) The fund seeks to provide capital appreciation and current income consistent with its current asset allocation. The fund invests in mutual funds according to an asset allocation strategy designed for investors planning to retire and leave the workforce within a few years of the target year. The fund is designed for an investor who plans to withdraw the value of an account in the fund over a period of many years after the target year. The fund's asset allocation will become more conservative over time.

Note 4 - Nonparticipant-Directed Investments

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments is as follows:

	December 31,	
	2015	2014
Net assets:		
Forfeiture account	**$ 2,708**	$ 33,966

	Year Ended December 31, 2015
Changes in net assets:	
Forfeitures relating to current year activities	$ 36,686
Forfeitures used to reduce employer contributions	(63,191)
Forfeitures used to reduce expenses	(4,881)
Earnings	128
	$ (31,258)

All forfeitures were invested in the Voya Money Market Fund Account at December 31, 2015.

Note 5 - Investments in Insurance Contracts

The Plan maintains one GIC related investment option, the Voya Fixed Account, which is a traditional investment contract. The underlying investment options of this contract are considered to be fully benefit-responsive as described in FASB ASC 946, Plan-Accounting-Defined Contribution Pension Plans, and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan.

The contract issuer is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed by the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 0%. The crediting rate is reviewed on an annual basis for resetting.

The determination of credited interest rates, as determined by the service provider, reflects a number of factors, including mortality and expense risks, interest rate guarantees, the investment income earned on invested assets and the amortization of any capital gains and/or losses realized on the sale of invested assets. A market value adjustment may apply to amounts withdrawn at the

Note 5 - Investments in Insurance Contracts - (Continued)

request of the contract holder.

The underlying contract has no restrictions on the use of Plan assets and there are no valuation reserves recorded to adjust contract amounts.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (i) amendments to the Plan documents (including complete or partial plan termination or merger with another plan) (ii) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions; or (iii) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

The Voya Fixed Account contract does not have a maturity date.

Note 6 - Information Prepared and Certified by the Custodian (Unaudited)

The plan administrator has elected the method of annual reporting permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by the Custodian, except for comparing such information certified by the Custodian to information included in the Plan's financial statements and supplemental schedule.

The Custodian has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate at December 31:

		2015		2014
Investments at fair value	**$**	**8,611,986**	$	5,444,356
Fully benefit-responsive investment contract at contract value		**124,227**		102,421
Notes receivable from participants		**231,725**		216,513
	$	**8,967,938**	$	5,763,290

Note 6 - Information Prepared and Certified by the Custodian (Unaudited) – (Continued)

The Custodian has also certified to the completeness and accuracy of $268,695 of net depreciation in fair value of investments, $1,161 of net appreciation in contract value of investments, and $10,509 of interest on notes receivable from participants for the year ended December 31, 2015.

Note 7 - Plan Termination

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

Note 8 - Income Tax Status

The Plan received a favorable determination letter from the Internal Revenue Service (IRS) dated March 31, 2014, in which the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The IRS generally has the ability to examine Plan activity for up to three years.

Note 9 - Parties-in-Interest

Parties-in-interest are defined under Department of Labor Regulations as any fiduciary of the Plan, any party rendering services to the Plan, the Employer, and certain others. Certain plan investments are investments managed by the Custodian, and therefore, these transactions qualify as party-in-interest transactions. The Plan also allows participants to receive notes; therefore, these transactions qualify as party-in-interest transactions.

Note 10 - Contributions Payable

During the Plan year ended December 31, 2014, the Plan sponsor remitted contributions of $54,621 that related to 2015. These amounts were recorded as contributions during 2015 and are shown as contributions payable on the statements of net assets available for benefits at December 31, 2014.

Note 11 - Excess Contributions Payable

Excess contributions payable of $9,693 as of December 31, 2014, relate to amounts payable to certain active employees to return to them excess deferral contributions as required to satisfy the relevant nondiscrimination provisions.

Note 12 - Reconciliation of Financial Statements to Form 5500

The following are reconciliations of net assets available for benefits as of December 31, 2015 and 2014 and changes in net assets available for benefits for the year ended December 31, 2015 per Form 5500 to the financial statements:

	2015	2014
Net assets available for benefits per Form 5500	**$ 8,967,938**	$ 5,763,290
Contributions payable	**-**	(54,621)
Excess contributions payable	**-**	(9,693)
Net assets available for benefits per the financial statements	**$ 8,967,938**	$ 5,698,976
Net increase in net assets available for benefits per Form 5500	**$ 3,204,648**	
Prior year contributions payable	**54,621**	
Prior year excess contributions payable	**9,693**	
Net increase in net assets available for benefits per the financial statements	**$ 3,268,962**	

SUPPLEMENTAL SCHEDULE

ARK-LA-TEX FINANCIAL SERVICES, LLC 401(K) PLAN

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

EIN: 75-2838184
Plan#: 001

	(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
		Guaranteed Investment Contract:		
		VOYA Financial	Voya Fixed Account	$ 124,227
		Pooled Separate Accounts:		
*		VOYA Financial	American Beacon Large Cap Value Fund	297,064
*		VOYA Financial	American Funds EuroPacific Growth Fund- Class R-6	245,794
*		VOYA Financial	American Funds Fundamental Investors- Class R-6	228,116
*		VOYA Financial	American Funds New Perspective Fund- Class R-6	205,130
*		VOYA Financial	ClearBridge Aggressive Growth Fund- Class IS	769,681
*		VOYA Financial	ClearBridge Small Cap Growth Fund- Class IS	70,030
*		VOYA Financial	ColumbiaSM Acorn Fund- Class Y Shares	97,521
*		VOYA Financial	DFA Commodity Strategy Portfolio- Institutional Class	53,102
*		VOYA Financial	DFA U.S. Small Cap Portfolio- Institutional Class	332,452
*		VOYA Financial	DFA U.S. Targeted Value Portfolio- Institutional Class	18,556
*		VOYA Financial	Invesco American Value Fund- R6	307,690
*		VOYA Financial	Invesco Equity and Income Fund- Class R6	286,077
*		VOYA Financial	Janus Flexible Bond Fund- Class N Shares	174,838
*		VOYA Financial	Legg Mason BW Global Opportunities Bond Fund- Class IS	54,248
*		VOYA Financial	MFS International Value Fund- Class R5	276,152
*		VOYA Financial	PIMCO Real Return Fund- Institutional Class	80,829
*		VOYA Financial	Vanguard 500 Index Fund- Admiral Shares	336,589
*		VOYA Financial	Vanguard Mid-Cap Index Fund- Signal Shares	472,220
*		VOYA Financial	Vanguard Target Retirement 2010 Fund- Investor Shares	8,541
*		VOYA Financial	Vanguard Target Retirement 2015 Fund- Investor Shares	260,307
*		VOYA Financial	Vanguard Target Retirement 2020 Fund- Investor Shares	109,281
*		VOYA Financial	Vanguard Target Retirement 2025 Fund- Investor Shares	786,484
*		VOYA Financial	Vanguard Target Retirement 2030 Fund- Investor Shares	166,035
*		VOYA Financial	Vanguard Target Retirement 2035 Fund- Investor Shares	1,428,164
*		VOYA Financial	Vanguard Target Retirement 2040 Fund- Investor Shares	108,595
*		VOYA Financial	Vanguard Target Retirement 2045 Fund- Investor Shares	1,037,806
*		VOYA Financial	Vanguard Target Retirement 2050 Fund- Investor Shares	53,859
*		VOYA Financial	Vanguard Target Retirement 2055 Fund- Investor Shares	263,355
*		VOYA Financial	Vanguard Target Retirement 2060 Fund- Investor Shares	17,448
*		VOYA Financial	Vanguard Target Retirement Income Fund- Investor Shares	12,813
*		VOYA Financial	Voya Money Market Fund- Class A (1)	2,708
*		VOYA Financial	Western Asset High Yield Fund- Class IS	50,501
		Total investments		8,736,213

See report of independent auditors.

ARK-LA-TEX FINANCIAL SERVICES, LLC 401(K) PLAN

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

EIN: 75-2838184
Plan#: 001

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
*	Notes receivable from participants	Interest rate of 5.25%	231,725
		Total assets held at end of year	$ 8,967,938

*Indicates a party-in interest as defined by ERISA.

(1) Includes $2,708 in nonparticipant-directed unallocated forfeitures.

Column (d) Cost is not required since all investments are directed by participants.

Schedule H, Line 4i
Schedule of Assets (Held at End of Year)

Name of Plan:

► Ark-La-Tex Financial Services, LLC 401(k) Plan

Employer Identification Number: ► 75-2838184

For Plan year (beginning/ending):►01/01/2015 -12/31/2015 Plan Number: ► 001

(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
*	VOYA Financial	American Beacon Large Cap Value Fund		297,064.00
*	VOYA Financial	American Funds EuroPacific Growth Fund- Class R-6		245,794.00
*	VOYA Financial	American Funds Fundamental Investors- Class R-6		228,116.00
*	VOYA Financial	American Funds New Perspective Fund- Class R-6		205,130.00
*	VOYA Financial	ClearBridge Aggressive Growth Fund- Class IS		769,681.00
*	VOYA Financial	Clearbridge Small Cap Growth Fund- Class IS		70,030.00
*	VOYA Financial	ColumbiaSM Acorn Fund- Class Y Shares		97,521.00
*	VOYA Financial	DFA Commodity Strategy Portfolio- Institutional Class		53,102.00
*	VOYA Financial	DFA U.S. Small Cap Portfolio- Institutional Class Shares		332,452.00
*	VOYA Financial	DFA U.S. Targeted Value Portfolio- Institutional Class Shares		18,556.00
*	VOYA Financial	Invesco Equity and Income Fund- Class R6		286,077.00
*	VOYA Financial	Janus Flexible Bond Fund- Class N Shares		174,837.00
*	VOYA Financial	Legg Mason BW Global Opportunities Bond Fund- Class IS		54,248.00
*	VOYA Financial	MFS International Value Fund- Class R5		276,152.00
*	VOYA Financial	PIMCO Real Return Fund- Institutional Class		80,829.00
*	VOYA Financial	Vanguard 500 Index Fund- Admiral Shares		336,589.00
*	VOYA Financial	Vanguard Mid-Cap Index Fund- Admiral Shares		472,220.00
*	VOYA Financial	Vanguard Target Retirement 2015 Fund- Investor Shares		260,306.00
*	VOYA Financial	Vanguard Target Retirement 2020 Fund- Investor Shares		109,281.00
*	VOYA Financial	Vanguard Target Retirement 2025 Fund- Investor Shares		786,484.00
*	VOYA Financial	Vanguard Target Retirement 2030 Fund- Investor Shares		166,035.00
*	VOYA Financial	Vanguard Target Retirement 2035 Fund- Investor Shares		1,428,164.00
*	VOYA Financial	Vanguard Target Retirement 2040 Fund- Investor Shares		108,595.00
*	VOYA Financial	Vanguard Target Retirement 2045 Fund- Investor Shares		1,037,806.00
*	VOYA Financial	Vanguard Target Retirement 2050 Fund- Investor Shares		53,859.00
*	VOYA Financial	Vanguard Target Retirement 2055 Fund- Investor Shares		263,355.00
*	VOYA Financial	Vanguard Target Retirement 2060 Fund- Investor Shares		17,448.00
*	VOYA Financial	Vanguard Target Retirement Income Fund- Investor Shares		12,812.00
*	VOYA Financial	Vanguard Target Retirement 2010 Fund- Investor Shares		8,540.00
*	VOYA Financial	Voya Fixed Account		124,227.00
*	VOYA Financial	Voya Money Market Fund- Class A		2,708.00
*	VOYA Financial	Western Asset High Yield Fund- Class IS		50,501.00
*	VOYA Financial	Invesco American Value Fund - R6		307,690.00
*	VOYA Financial	Loans		231,725.00