

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
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Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
B This return/report is:	☐ a single-employer plan; ☐ a DFE (specify) ____ ☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here. ☐	
D Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)	

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>MERIT RESOURCES, INC. 401K SAVINGS PLAN</u>	1b Three-digit plan number (PN) ▶	001	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MERIT RESOURCES, INC.</u> <u>7760 OFFICE PLAZA DRIVE SOUTH</u> <u>WEST DES MOINES, IA 50266</u>		1c Effective date of plan <u>04/01/1992</u>	
		2b Employer Identification Number (EIN) <u>42-1368750</u>	
		2c Plan Sponsor's telephone number <u>800-336-1931</u>	
		2d Business code (see instructions) <u>541600</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2016	MELISSA NESS
	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 ☒ 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: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 9341
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) 8060
a(2) Total number of active participants at the end of the plan year	6a(2) 7451
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 1559
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 9010
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 9010
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g 4542
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 46
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 2R	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 MERIT RESOURCES, INC. 401K SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MERIT RESOURCES, INC.	D Employer Identification Number (EIN) 42-1368750	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 50	TPA	632921	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SLAVIC MUTUAL FUND MANAGEMENT CORP.

59-2749576

(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?
28	PORTFOLIO MGMT	206394	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UBS FINANCIAL SERVICES

13-2638166

(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?
20	FINANCIAL ADVISOR	153624	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MERIT RESOURCES, INC.

42-1368750

(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?
25	PLAN SPONSOR	97954	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.	

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

A Name of plan MERIT RESOURCES, INC. 401K SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 MERIT RESOURCES, INC.	D Employer Identification Number (EIN) 42-1368750
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO STABLE VALUE FUND J

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, NA

c EIN-PN 94-3371778-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13432
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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)
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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)
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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)
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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)
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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)
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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)
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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
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 MERIT RESOURCES, INC. 401K SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 MERIT RESOURCES, INC.	D Employer Identification Number (EIN) 42-1368750	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	1464847	723056
	(2) Participant contributions	1b(2)	157890	272571
	(3) Other.....	1b(3)	6190	5925
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)	2179310	2248172
	(9) Value of interest in common/collective trusts.....	1c(9)	13372	13432
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	148568643	153107114
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		695641

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	152390252	157065911

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	121229	68272
k Total liabilities (add all amounts in lines 1g through 1j)	1k	121229	68272

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	152269023	156997639
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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)	5832728	
(B) Participants	2a(1)(B)	12470043	
(C) Others (including rollovers)	2a(1)(C)	2824466	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		21127237
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	92018	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		92018
(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)	4425500	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4425500
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	161
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	-5944772
c Other income	2c	-10469
d Total income. Add all income amounts in column (b) and enter total	2d	19689675

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13963325
(2) To insurance carriers for the provision of benefits	2e(2)	
(3) Other	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	13963325
f Corrective distributions (see instructions)	2f	68272
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)	730874
(3) Investment advisory and management fees	2i(3)	360018
(4) Other	2i(4)	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)	1090892
j Total expenses. Add all expense amounts in column (b) and enter total	2j	15122489

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	4567186
l Transfers of assets:		
(1) To this plan	2l(1)	2945044
(2) From this plan	2l(2)	2783614

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: KIESLING ASSOCIATES LLP

(2) EIN: 39-0906430

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

	Yes	No	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.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X			
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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)
DOEXTRA CORP 401K	39-1904770	001
CHROMATIN, INC. 401(K) PLAN	36-4424178	002
FOCUS ONESOURCE 401(K) RETIREMENT SERVICES LLC.	26-3708222	001
FINANCIAL PLUS CREDIT UNION 401(K) PLAN	42-0802188	002

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

	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				
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				
e Was this plan covered by a fidelity bond?				
4e				
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				
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				
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				
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				
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				
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				
l Has the plan failed to provide any benefit when due under the plan?				
4l				
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				
4m				
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				
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)
SERVIS TECHNOLOGY GROUP, INC. RETIREMENT SAVINGS PLAN	27-3495105	001
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001
PYRAMID, INC. 401(K) PLAN	46-6069350	002
SUMPTER PHARMACY AND WELLNESS 401(K) PLAN	42-1517047	001

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

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

A Name of plan <u>MERIT RESOURCES, INC. 401K SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MERIT RESOURCES, INC.</u>	D Employer Identification Number (EIN) <u>42-1368750</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>65-0708495</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

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

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

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

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

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

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

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

Schedule R (Form 5500) 2015
v. 150123

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
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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

**MERIT RESOURCES, INC.
401(k) SAVINGS PLAN
WEST DES MOINES, IOWA**

**FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION
WITH INDEPENDENT AUDITOR'S REPORT
For the Years Ended December 31, 2015 and 2014**

**MERIT RESOURCES, INC.
401(k) SAVINGS PLAN
WEST DES MOINES, IOWA**

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INDEPENDENT AUDITOR'S REPORT

Trustee and Participants of
Merit Resources, Inc. 401(k) Savings Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Merit Resources, Inc. 401(k) Savings Plan, which comprise the Statements of Net Assets Available for Benefits as of December 31, 2015 and 2014, and the related Statements of Changes in Net Assets Available for Benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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 our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits for the Merit Resources, Inc. 401(k) Savings Plan as of December 31, 2015 and 2014, and the changes in net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

A handwritten signature in dark ink, reading "Kresling Associates LLP". The signature is written in a cursive, flowing style.

West Des Moines, Iowa
October 4, 2016

**MERIT RESOURCES, INC.
401(k) SAVINGS PLAN
WEST DES MOINES, IOWA**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2015 and 2014**

	<u>2015</u>	<u>2014</u>
<u>ASSETS</u>		
Investments at fair value	\$ <u>153,816,187</u>	\$ <u>148,582,015</u>
Receivables:		
Notes receivable - participants	2,248,172	2,179,310
Employer contributions	723,056	1,464,847
Participant contributions	<u>278,496</u>	<u>164,080</u>
Total receivables	<u>3,249,724</u>	<u>3,808,237</u>
Total assets	<u>157,065,911</u>	<u>152,390,252</u>
<u>LIABILITIES</u>		
Excess contributions payable	<u>68,272</u>	<u>121,229</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 156,997,639</u>	<u>\$ 152,269,023</u>

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

**MERIT RESOURCES, INC.
401(k) SAVINGS PLAN
WEST DES MOINES, IOWA**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2015**

	<u>2015</u>	<u>2014</u>
ADDITIONS :		
Investment Income:		
Net appreciation (depreciation) in fair value of investments	\$ (5,955,080)	\$ 3,717,457
Dividends	<u>4,425,500</u>	<u>3,537,975</u>
Net investment income	<u>(1,529,580)</u>	<u>7,255,432</u>
Interest income on notes receivable from participants:	<u>92,018</u>	<u>74,224</u>
Contributions:		
Participants	12,470,043	9,975,945
Employers	5,832,728	4,722,950
Rollovers from other plans	<u>2,824,466</u>	<u>1,512,434</u>
Total contributions	<u>21,127,237</u>	<u>16,211,329</u>
Total Additions	<u>19,689,675</u>	<u>23,540,985</u>
DEDUCTIONS:		
Benefits paid to participants or beneficiaries	14,031,597	8,339,711
Administrative fees	<u>1,090,892</u>	<u>929,103</u>
Total deductions	<u>15,122,489</u>	<u>9,268,814</u>
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	4,567,186	14,272,171
Transfers from participating employers	2,945,044	37,159,111
Transfers to terminating employers	(2,783,614)	(1,598,044)
NET ASSETS - BEGINNING OF YEAR	<u>152,269,023</u>	<u>102,435,785</u>
NET ASSETS - END OF YEAR	<u>\$ 156,997,639</u>	<u>\$ 152,269,023</u>

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

**MERIT RESOURCES, INC.
401(k) SAVINGS PLAN
WEST DES MOINES, IOWA**

**NOTES TO FINANCIAL STATEMENTS
December 31, 2015 and 2014**

NOTE 1. DESCRIPTION OF THE PLAN

The following description of the Merit Resources, Inc. 401(k) Savings Plan (the Plan) provides only general information. Participants should refer to the Plan agreement and summary plan description for a more complete description of the Plan's provisions.

General

The Plan is multiple employer defined contribution plan intended to conform to and qualify under the provisions of Section 401, Section 413(c), and Section 501 of the Internal Revenue Code (IRC) of 1986, as amended.

Merit Resources, Inc. (Merit), in its capacity as the sponsoring employer, and certain other participating Companies (hereinafter referred to as the Companies), together form a co-employer arrangement with respect to the employees of the Companies. The Plan covers all eligible employees of participating Companies. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Eligibility

Participating Companies elect specific eligibility requirements for Plan entrance for their employees.

Contributions

Eligible employees may contribute up to 100% of their pre-tax annual compensation, as defined by the Plan, subject to a limit of \$24,000 and \$23,000 for 2015 and 2014, respectively, including catch-up contributions (\$6,000 and \$5,500 in 2015 and 2014, respectively). Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. The Companies may provide a matching contribution at their election. The participant contributions and the Companies' matching contributions are allocated to Plan investment options as directed by the participant. Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions.

Investment Provisions

In accordance with Plan provisions, participants may direct their contributions and corresponding employer contributions into one or more of the available investment alternatives. Participants may change their investment options daily.

Participants' Accounts

Each participant's account is credited with the participant's elective contributions, allocations of employer's matching contributions, and investment income (loss), and charged with withdrawals and an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**MERIT RESOURCES, INC.
401(k) SAVINGS PLAN
WEST DES MOINES, IOWA**

**NOTES TO FINANCIAL STATEMENTS
December 31, 2015 and 2014**

NOTE 1. DESCRIPTION OF THE PLAN (Continued)

Vesting

Employee contributions and earnings (losses) thereon vest immediately. Participating Companies establish a vesting schedule for their employees relative to employer contributions.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to the lesser of \$50,000 or 50% of their account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at rates that range from 3.25% to 6.25%, which are commensurate with local prevailing rates as determined quarterly by the Plan Administrator. Principal and interest are repaid ratably through monthly payroll deductions.

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan agreement.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant (or participant's beneficiary in the event of death) may elect to receive either a lump-sum distribution equal to the value of the participant's vested interest in his or her account or minimum distribution amounts described in the Plan agreement. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. In addition, hardship distributions are permitted if certain criteria are met.

Forfeitures

At December 31, 2015 and 2014, forfeited non-vested accounts were \$53,824 and \$57,281, respectively. Forfeited participant balances are retained by the Plan and are used to offset future employer matching contributions. During the years ended December 31, 2015 and 2014, \$56,936 and \$43,219, respectively, were used to offset the Companies' contributions.

Plan Termination

Although they have not expressed any intent to do so, the Companies have the right, under the Plan, to discontinue their contributions and withdraw from the Plan at any time. The Trustees may terminate the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

**MERIT RESOURCES, INC.
401(k) SAVINGS PLAN
WEST DES MOINES, IOWA**

**NOTES TO FINANCIAL STATEMENTS
December 31, 2015 and 2014**

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis and present the net assets available for benefits and changes in those assets in accordance with accounting principles generally accepted in the United States of America. Management has evaluated subsequent events through October 4, 2016, the date the financial statements were available for issue.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned on the accrual basis. Dividend income is 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.

Payment of Benefits

Benefits are recorded when paid. Upon termination of service, a participant may elect to have his or her account balance paid in a lump sum or in various annuity options.

Administrative Expenses

Administrative expenses, primarily contract administration, recordkeeping fees, and audit fees, are paid by the Plan.

Reclassifications

Certain amounts in the 2014 financial statements have been reclassified to conform to the 2015 presentation, with no effect on the net assets available for benefits.

**MERIT RESOURCES, INC.
401(k) SAVINGS PLAN
WEST DES MOINES, IOWA**

**NOTES TO FINANCIAL STATEMENTS
December 31, 2015 and 2014**

NOTE 3. PLAN MERGER

On December 31, 2014, Merit Resources, Inc. 401(k) Savings Plan merged with the Iowa Network Services, Inc. Retirement Savings Plan and approved an amendment to terminate the Iowa Network Services, Inc. Retirement Savings Plan effective December 31, 2014. All participants in the Iowa Network Services, Inc. Retirement Savings Plan vested in the Merit Resources, Inc. 401(k) Savings Plan in accordance with the vesting schedule set forth in the Iowa Network Services, Inc. Retirement Savings Plan upon termination. An aggregate of \$28,513,820 was transferred to Merit Resources, Inc. 401(k) Savings Plan during the year ended December 31, 2014, and is included in transfers from participating employers on the statement of changes in net assets available for benefits.

NOTE 4. INCOME TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Trustees, by a letter dated April 17, 2008, that the prototype plan, as amended, is designed in accordance with applicable sections of the IRC and, therefore, is acceptable for use by employers for the benefit of their employees. 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 and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2012.

NOTE 5. INVESTMENTS

The investments of the Plan are maintained by the Plan's custodian, Fidelity Investments. The following presents investments that represent 5% or more of the Plan's net assets at December 31.

	<u>2015</u>	<u>2014</u>
American Funds Euro Pacific Growth Class R6	\$ 7,765,004	\$ 7,451,968
Vanguard Funds Money Market Prime	14,309,850	14,359,184
Vanguard Funds Short-Term Federal Admiral	16,822,226	15,120,243
Vanguard Funds Total Stock Market Index Admiral	33,700,937	32,798,584

**MERIT RESOURCES, INC.
401(k) SAVINGS PLAN
WEST DES MOINES, IOWA**

**NOTES TO FINANCIAL STATEMENTS
December 31, 2015 and 2014**

NOTE 5. INVESTMENTS (Continued)

The Plan's investments, including gains and losses on investments bought and sold, as well as held during the year, appreciated in value as follows:

	<u>2015</u>	<u>2014</u>
Mutual Funds	\$ (5,944,772)	\$ 3,717,188
Collective Trust	161	269
Self-directed brokerage	<u>(10,469)</u>	<u>-</u>
	<u>\$ (5,955,080)</u>	<u>\$ 3,717,457</u>

NOTE 6. FAIR VALUE MEASUREMENT

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;

Level 2 Inputs other than quoted prices that are observable for the asset or liability;

Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

**MERIT RESOURCES, INC.
401(k) SAVINGS PLAN
WEST DES MOINES, IOWA**

**NOTES TO FINANCIAL STATEMENTS
December 31, 2015 and 2014**

NOTE 6. FAIR VALUE MEASUREMENTS (Continued)

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2015, and 2014.

Mutual Funds: Valued at the quoted net asset value (NAV) of shares held by the Plan at year-end. The NAV is quoted in an active market.

Collective Trust: Valued based on the underlying securities within the fund, which represent the NAV of shares held by the Plan at year-end.

The following table show assets measured at fair value as of December 31, 2015 and 2014 on the Plan's statements of net assets available for benefits and the input categories associated with those assets:

Investment Assets at Fair Value Measurements as of December 31, 2015

<u>Description</u>	<u>Level 1 Inputs</u>	<u>Level 2 Inputs</u>	<u>Level 3 Inputs</u>	<u>Total</u>
Investments:				
Mutual funds				
Specialty Investment Funds	\$ 6,250,132	\$ -	\$ -	\$ 6,250,132
Foreign/Global Stock Funds	15,780,103	-	-	15,780,103
Bonds/Money Market Funds	36,981,288	-	-	36,981,288
Small/Med. Domestic Stock Funds	20,967,748	-	-	20,967,748
Large Domestic Stock Funds	57,438,533	-	-	57,438,533
Target Date/Asset Allocation	15,689,310	-	-	15,689,310
Collective trust	-	13,432	-	13,432
Self-directed brokerage	695,641	-	-	695,641
Total	<u>\$ 153,802,755</u>	<u>\$ 13,432</u>	<u>\$ -</u>	<u>\$ 153,816,187</u>

Fair Value Measurements at December 31, 2014

<u>Description</u>	<u>Level 1 Inputs</u>	<u>Level 2 Inputs</u>	<u>Level 3 Inputs</u>	<u>Total</u>
Investments:				
Mutual funds				
Specialty Investment Funds	\$ 6,932,450	\$ -	\$ -	\$ 6,932,450
Foreign/Global Stock Funds	15,391,710	-	-	15,391,710
Bonds/Money Market Funds	35,823,050	-	-	35,823,050
Small/Med. Domestic Stock Funds	20,860,202	-	-	20,860,202
Large Domestic Stock Funds	55,987,097	-	-	55,987,097
Target Date/Asset Allocation	13,574,134	-	-	13,574,134
Collective trust	-	13,372	-	13,372
Total	<u>\$ 148,568,643</u>	<u>\$ 13,372</u>	<u>\$ -</u>	<u>\$ 148,582,015</u>

**MERIT RESOURCES, INC.
401(k) SAVINGS PLAN
WEST DES MOINES, IOWA**

**NOTES TO FINANCIAL STATEMENTS
December 31, 2015 and 2014**

NOTE 7. PARTY-IN-INTEREST TRANSACTIONS

Plan investments include shares of mutual funds managed by Fidelity Investments, the custodian of the Plan. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund. The Plan also contains participant loans. Certain employees and officers of the Companies, who are also participants in the Plan, perform administrative services to the Plan. The Plan reimbursed the Company \$98,239 and \$88,239 for these services during the years ended December 31, 2015 and 2014, respectively. These investments and transactions qualify as party-in-interest transactions which are exempt from the prohibited transaction rules under ERISA.

NOTE 8. RISKS AND UNCERTAINTIES

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

SUPPLEMENTARY INFORMATION

**MERIT RESOURCES, INC.
401(k) SAVINGS PLAN
WEST DES MOINES, IOWA**

**EMPLOYER I.D. NUMBER 42-1368750
PLAN NUMBER 001**

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2015**

(a)	(b)	(c)	(d)	(e)
	Description of investment including maturity date, rate of interest, collateral, par or maturity value.	Cost	Current Value	
Identity of issuer, borrower, lessor or similar party				
<u>Registered Investment Companies</u>				
	Common/ Collective Fund	**	\$	13,432
Wells Fargo Stable Value	Mutual Fund	**		5,563,499
Delaware Value	Mutual Fund	**		2,318,291
DFA Emerging Markets Core Equity	Mutual Fund	**		856,202
DFA Int'l Small Company	Mutual Fund	**		1,987,476
Hotchkis & Wiley Midcap Value CL A	Mutual Fund	**		425,436
Ivy High Income Class I	Mutual Fund	**		3,215,932
John Hancock Bond I	Mutual Fund	**		3,927,529
JPMorgan Mid Cap Growth R5	Mutual Fund	**		4,502,467
JPMorgan Discipline Equity	Mutual Fund	**		1,851,905
MFS Utilities A	Mutual Fund	**		2,890,223
MFS Total Return	Mutual Fund	**		339,526
Neuberger Berman Socially Responsible	Mutual Fund	**		931,131
Nationwide Ziegler NYSE Arca Tech 100 In	Mutual Fund	**		2,043,127
T. Rowe Price Int'l Equity Index	Mutual Fund	**		7,226,916
T. Rowe Price New American Growth	Mutual Fund	**		7,765,004
American Funds EuroPacific R6	Mutual Fund	**		2,797,479
American Funds Capital World G & I R6	Mutual Fund	**		3,214,965
SSgA S&P Index 500	Mutual Fund	**		778,616
Vanguard Inflation Protected Securities	Mutual Fund	**		1,429,228
Vanguard Intermediate-Term Bond Index Ad	Mutual Fund	**		211,239
Vanguard Target Retirement 2055	Mutual Fund	**		1,041,310
Vanguard Target Retirement 2050	Mutual Fund	**		2,152,056
Vanguard Target Retirement 2040	Mutual Fund	**		1,140,931
Vanguard Energy Admiral	Mutual Fund	**		2,326,165
Vanguard REIT Index Admiral	Mutual Fund	**		4,385,985
Vanguard Mid Cap Index Admiral	Mutual Fund	**		2,789,931
Vanguard Industrial Index Admiral	Mutual Fund	**		14,309,850
Vanguard Money Market Prime	Mutual Fund	**		3,968,882
Vanguard Small Cap Growth Index Adm	Mutual Fund	**		16,822,226
Vanguard Short-Term Federal Admiral	Mutual Fund	**		2,982,693
Vanguard Small Cap Index Admiral	Mutual Fund	**		955
Vanguard Target Retirement 2010	Mutual Fund	**		3,232,510
Vanguard Target Retirement 2030	Mutual Fund	**		66,306
Vanguard Target Retirement Income	Mutual Fund	**		1,184,655
Vanguard Target Retirement 2045	Mutual Fund	**		33,700,937
Vanguard Total Stock Market Index Admira	Mutual Fund	**		2,893,781
Vanguard Target Retirement 2035	Mutual Fund	**		252,433
Vanguard Target Retirement 2060	Mutual Fund	**		2,392,109
Vanguard Target Retirement 2025	Mutual Fund	**		1,684,063
Vanguard Target Retirement 2020	Mutual Fund	**		577,893
Vanguard Target Retirement 2015	Mutual Fund	**		925,252
Vanguard Small Cap Value Index Adm	Mutual Fund	**		695,641
* Fidelity self-directed brokerage	Other	**		
	Interest rates varying from			
* Participant Loans	3.25% - 6.25%	\$0		2,248,172
			\$	<u>156,064,359</u>

* Party-in-interest

** Cost of participant directed investments is not required.

See Independent Auditors Report

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR).

MERIT RESOURCES 401K SAVINGS PLAN

PLAN#001

EIN #: 42-1368750

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date rate of interest, collateral, par, or maturity value	(d) cost	(e) Current value
	American Funds	RERGX - American Funds EuroPacific R6		7,765,004
	American Funds	RWIGX - American Funds Capital World G & I R6		2,797,479
	Columbia	LACAX - Columbia Acorn		-
	Delaware	DDVIX - Delaware Value		5,563,499
	DFA	DFCEX - DFA Emerging Markets Core Equity		2,318,291
	DFA	DFISX - DFA Int'l Small Company		856,202
	Fidelity	FISDB - Fidelity SDB		695,641
	Franklin/Templeton	FVADX - Franklin Small Cap Value		-
	Gabelli Funds/SSga	SVSPX - SSgA S&P Index 500		3,214,965
	Hotchkiss & Wiley	HWMAX - Hotchkis & Wiley Midcap Value CL A		1,987,476
	Hotchkiss & Wiley	JMGFX - JPMorgan Mid Cap Growth R5		3,927,529
	Ivy	IVHIX - Ivy High Income Class I		425,436
	John Hancock	JHBIX - John Hancock Bond I		3,215,932
	JPMorgan	JPIEX - JPMorgan Discipline Equity		4,502,467
	MFS	MMUFX - MFS Utilities A		1,851,905
	MFS	MSFRX - MFS Total Return		2,890,223
	Nationwide	NWJCX - Nationwide Ziegler NYSE Arca Tech 100 In		931,131
	Neuberger & Berman	NBSRX - Neuberger Berman Socially Responsible		339,526
	Neuberger & Berman	NRSRX - Neuberger Berman Socially Respnsible R6		-
	T Rowe Price	PIEQX - T_ Rowe Price Int'l Equity Index		2,043,127
	T Rowe Price	PRFDX - T_ Rowe Price Equity-Income		-
	T Rowe Price	PRNEX - T_ Rowe Price New Era		-
	T Rowe Price	PRWAX - T_ Rowe Price New American Growth		7,226,916
	Vanguard	VAIPX - Vanguard Inflation Protected Securities		778,616
	Vanguard	VBILX - Vanguard Intermediate-Term Bond Index Ad		1,429,228
	Vanguard	VFFVX - Vanguard Target Retirement 2055		211,239
	Vanguard	VFIFX - Vanguard Target Retirement 2050		1,041,310
	Vanguard	VFORX - Vanguard Target Retirement 2040		2,152,056
	Vanguard	VGELX - Vanguard Energy Admiral		1,140,931
	Vanguard	VGEXX - Vanguard Energy		-
	Vanguard	VGSLX - Vanguard REIT Index Admiral		2,326,165
	Vanguard	VIMAX - Vanguard Mid Cap Index Admiral		4,385,985
	Vanguard	VINAX - Vanguard Industrial Index Admiral		2,789,931
	Vanguard	VIPSX - Vanguard Inflation Protected Secs		-
	Vanguard	VMMXX - Vanguard Money Market Prime		14,309,850
	Vanguard	VSGAX - Vanguard Small Cap Growth Index Adm		3,968,882
	Vanguard	VSGBX - Vanguard Short-Term Fed		-
	Vanguard	VSGDX - Vanguard Short-Term Federal Admiral		16,822,226
	Vanguard	VSIAX - Vanguard Small Cap Value Index Adm		925,252
	Vanguard	VSMAX - Vanguard Small Cap Index Admiral		2,982,693
	Vanguard	VTENX - Vanguard Target Retirement 2010		955

(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
	Vanguard	VTHRX - Vanguard Target Retirement 2030		3,232,510
	Vanguard	VTINX - Vanguard Target Retirement Income		66,306
	Vanguard	VTIVX - Vanguard Target Retirement 2045		1,184,655
	Vanguard	VTSEX - Vanguard Total Stock Market Index Admira		33,700,937
	Vanguard	VTTHX - Vanguard Target Retirement 2035		2,893,781
	Vanguard	VTTSX - Vanguard Target Retirement 2060		252,433
	Vanguard	VTTVX - Vanguard Target Retirement 2025		2,392,109
	Vanguard	VTWVX - Vanguard Target Retirement 2020		1,684,063
	Vanguard	VTXVX - Vanguard Target Retirement 2015		577,893
	Wells Fargo	QWNWQ - Wells Fargo Stable Value		13,432
	Participant Loan	3.25% to 6.09%		2,248,172

Multiple-Employer Plan Participating Employer Information

MERIT RESOURCES 401K SAVINGS PLAN		PLAN#001	EIN #: 42-1368750
(a) Name of participating employer	(b) EIN ending with	(c) Percent of Total Contributions	
Actr	8173	0.02%	
ASIS	1507	0.16%	
AJC E	2670	0.12%	
Allan	5727	4.68%	
ATSC	9821	6.14%	
AMG	5856	0.00%	
AFI	4034	0.02%	
AP #70	6359	0.23%	
Anim	0427	0.06%	
ASL	5271	0.83%	
AI	1944	0.63%	
Certin	4673	0.28%	
AurHR	8750	2.69%	
Aur	5512	12.66%	
Avail	2851	1.58%	
BBE #128	7768	0.20%	
QBC	3479	0.97%	
BLC	0903	0.02%	
BEI	4616	0.06%	
BHCG	3166	0.11%	
BPM	1211	0.30%	
BSN	7343	1.12%	
BRC	9420	0.06%	
Midg	7350	1.67%	
BIA	2407	0.17%	
Ham	7872	0.93%	
CHH	7999	0.02%	
Marta	0243	0.78%	
A # 350	1875	0.03%	
CRA	3542	0.18%	
Valley	0296	0.20%	
Assc	5386	0.85%	
RJF	1142	0.17%	
Tin	4178	0.02%	
FNDC	7635	0.11%	
Trol	3934	0.12%	
Resc	8934	0.05%	
CFG	9033	1.13%	
CFN	0414	0.36%	
CFR	2716	0.36%	
C5	0284	0.85%	
CHL	3816	0.30%	
CVS	1848	0.06%	
Health	8530	0.75%	
CCC	9149	0.07%	
Stone	8209	0.13%	
CCI	4307	0.01%	

(a) Name of participating employer	(b) EIN ending with	(c) Percent of Total Contributions
CP	8995	0.06%
CPI	8038	0.59%
Cedar	9918	0.01%
D #29	6479	0.02%
DCC	6040	0.01%
DHI	8110	0.18%
Dcomm	0442	0.20%
Naples	3515	0.19%
Focus	0207	0.01%
SLS	1988	2.05%
EWN	8256	0.28%
ETM	6811	2.04%
Edge	3004	0.36%
EFC	2075	0.04%
ERG	8031	0.38%
ESL	1127	0.04%
ECI	7396	0.35%
FPU	2188	0.16%
FFC	5127	0.01%
F #292	7354	0.22%
FPC	8504	0.19%
EOI	2525	0.03%
Eco	0576	0.01%
GCI	7818	1.43%
GRP	0901	0.07%
GVL	4408	0.28%
GLC	8447	0.45%
GBG	0765	0.29%
GIC	4060	2.35%
GMS	1713	0.37%
GHL	7195	2.11%
GHII	4345	0.19%
CHN	3783	0.07%
H #225	0588	0.04%
HJA	6340	0.89%
HFH	5007	0.81%
HPI	1741	0.14%
Youth	5219	0.02%
Search	9586	0.52%
Sci	7454	0.02%
Hom	1497	0.05%
ISL	3696	0.15%
IDS	6914	0.02%
ICH	4818	0.11%
ISG	4846	0.30%
ITU	4025	0.08%
IAI	4925	1.21%
Vey	8325	0.67%
IAL	2416	0.23%
AOC	8676	0.22%

(a) Name of participating employer	(b) EIN ending with	(c) Percent of Total Contributions
Ind	2900	0.41%
IBI	1773	0.16%
Iass	4739	0.13%
Comm	2454	0.20%
Iasg	6072	0.17%
HCA	7903	0.82%
HIS	0642	0.07%
IPA	3593	0.67%
STL	6382	0.76%
Txp	6050	0.05%
Sft	7375	0.07%
IWL	2668	0.09%
JLC	2751	0.37%
Kin	1997	0.35%
K #7	4276	0.18%
Surg	6120	1.63%
FCL	8314	0.36%
LKO	3924	0.22%
LFL	0011	0.09%
VRC	6413	0.30%
LCI	1127	0.02%
ILA	5539	0.25%
LSI	1458	0.05%
LIT	7818	0.90%
NSS	9282	0.01%
Lut	2864	0.03%
MRL	8492	0.01%
VCP	7399	0.02%
Mp #282	2421	0.19%
LLM	7962	0.11%
CAM	8975	0.19%
M #109	4106	0.24%
MIL	6511	0.21%
ECU	7485	0.01%
CMM	0075	0.12%
GAM	8305	0.22%
TIC	6951	0.31%
CAN	8283	0.09%
MER	1278	2.39%
Wel	6430	0.05%
OSU	8092	1.51%
O #289	7234	0.23%
PPCL	5203	0.10%
PGI	6420	0.35%
GMP	0364	0.04%
HDP	2897	0.90%
AMH	0717	1.00%
PCU	4396	0.01%
IPP	0006	0.19%
PRI	1028	0.09%

(a) Name of participating employer	(b) EIN ending with	(c) Percent of Total Contributions
PYI	9350	0.02%
RML	5708	1.33%
RDV	9107	0.12%
Terr	4803	0.02%
BCI	8511	0.50%
S #217	3612	0.10%
Nah	7986	0.10%
HHS	8829	0.93%
HMS	2998	0.37%
TGS	5105	0.27%
ISS	1901	0.17%
CVC	7840	0.09%
APS	7416	0.02%
ASI	7014	0.49%
LCC	0662	0.08%
Tics	7996	0.47%
Tur	4690	0.28%
SPW	7047	0.17%
COP	8531	0.05%
SLL	4935	0.02%
CIH	8746	0.05%
IAT	8574	0.05%
Inc	7785	0.05%
TII	2246	0.29%
TBC	6596	2.45%
TDP	6415	0.17%
THC	3167	0.09%
TDI	2322	0.44%
CAL	8951	0.00%
WDF	3716	0.33%
VRI	6487	2.60%
VIT	5139	0.58%
WVI	3763	4.08%
CHV	4485	0.09%
MVG	5879	0.59%
IDW	8238	0.19%
WKS	0307	0.29%
WCH	5820	0.03%
GHW	3286	0.03%
BCW	0909	0.07%
WCI	5025	0.40%
FCW	7513	0.77%
ESY	2304	1.04%