

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold;">2015</div> 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 ☒ 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: ☒ 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>MAGNOLIA RIVER 401K PLAN</u>	1b Three-digit plan number (PN) ▶	<div style="border: 1px solid black; padding: 2px; font-weight: bold;">001</div>	
	1c Effective date of plan <u>01/01/2006</u>		
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>MAGNOLIA RIVER</u> <u>711 NANCE FORD ROAD</u> <u>HARTSELLE, AL 35640</u>	2b Employer Identification Number (EIN) <u>04-3831576</u>	2c Plan Sponsor's telephone number <u>256-382-1637</u>	2d Business code (see instructions) <u>221210</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.	10/17/2016	LINDA J. HAFT
	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 <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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	5 174
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) 126
a(2) Total number of active participants at the end of the plan year	6a(2) 186
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 52
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 238
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 238
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 224
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 12
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	
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 MAGNOLIA RIVER 401K PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MAGNOLIA RIVER	D Employer Identification Number (EIN) 04-3831576	

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	
ALLIANCEBERNSTEIN L.P.	
13-4064930	

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation	
ALLIANZ GLOBAL INVESTORS DISTRIBUTO	1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
AMERICAN CENTURY INVESTMENT SERVICE	
44-0640487	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
EAGLE FUND DISTRIBUTORS, INC.	
59-2385219	

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

FRANKLIN TEMPLETON DISTRIBUTORS, IN

100 FOUNTAIN PARKWAY
ST. PETERSBURG, FL 33716

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

FRED ALGER & COMPANY, INCORPORATED

13-2510833

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

GOLDMAN SACHS

71 SOUTH WACKER DRIVE
SUITE 500
CHICAGO, IL 60606

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

INVESCO DISTRIBUTORS, INC.

74-1894784

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

J.P. MORGAN INVESTMENT MANAGEMENT I

13-3200244

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

MFS FUND DISTRIBUTORS, INC.

04-2747644

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

NEUBERGER BERMAN

605 THIRD AVENUE
3RD FLOOR
NEW YORK, NY 10158

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

NUVEEN INVESTMENTS

333 W. WACKER DR
CHICAGO, IL 60606

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

NYLIFE DISTRIBUTORS, LLC

169 LACKAWANNA AVENUE
PARSIPPANY, NJ 07054

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

OPPENHEIMER FUNDS INC.

13-2527171

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

PRUDENTIAL INVESTMENTS LLC

22-3468527

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

PUTNAM RETAIL MANAGEMENT

ONE POST OFFICE SQUARE
BOSTON, MA 02109

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

VICTORY CAPITAL MANAGEMENT

13-2700161

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

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

(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)

ADP, LLC

13-3036745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 50 15 64	RECORD KEEPER	2025	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

STATE STREET CORPORATION

04-1867445

(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?
21 99	DIRECTED TRUSTEE/CUSTODIA	0	Yes ☒ No ☐	Yes ☒ No ☐	500	Yes ☐ No ☒

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

ADP BROKER-DEALER

22-3319984

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
60 59 63 49 99	RECORD KEEPER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

BLUE CREEK SECURITIES, LLC

100 CHURCH STREET
SUITE 500
HUNTSVILLE, AL 35801

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 99	ADVISOR	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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
BLUE CREEK SECURITIES, LLC	99	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ADP BROKER-DEALER 22-3319984	0.0025 BASIS POINTS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ALLIANCEBERNSTEIN L.P. 13-4064930	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ALLIANZ GLOBAL INVESTORS DISTRIBUTO 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00200 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00200 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN CENTURY INVESTMENT SERVICE 44-0640487	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00350 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00350 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
EAGLE FUND DISTRIBUTORS, INC. 59-2385219	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FRANKLIN TEMPLETON DISTRIBUTORS, IN 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FRED ALGER & COMPANY, INCORPORATED 13-2510833	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GOLDMAN SACHS 71 SOUTH WACKER DRIVE SUITE 500 CHICAGO, IL 60606	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVESCO DISTRIBUTORS, INC. 74-1894784	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
J.P. MORGAN INVESTMENT MANAGEMENT I 13-3200244	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MFS FUND DISTRIBUTORS, INC. 04-2747644	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NEUBERGER BERMAN 605 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10158	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NUVEEN INVESTMENTS	333 W. WACKER DR CHICAGO, IL 60606	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NYLIFE DISTRIBUTORS, LLC	169 LACKAWANNA AVENUE PARSIPPANY, NJ 07054	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OPPENHEIMER FUNDS INC.	13-2527171	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</p> <p>PRUDENTIAL INVESTMENTS LLC</p> <p>22-3468527</p> </div> <div style="width: 40%;"> <p style="text-align: center;">(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p style="text-align: center;">(a) Enter service provider name as it appears on line 2</p> <p>ADP BROKER-DEALER</p> </div> <div style="width: 20%;"> <p style="text-align: center;">(b) Service Codes (see instructions)</p> <p>63 60 59</p> </div> <div style="width: 20%;"> <p style="text-align: center;">(c) Enter amount of indirect compensation</p> <p style="text-align: right;">0</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</p> <p>PUTNAM RETAIL MANAGEMENT ONE POST OFFICE SQUARE BOSTON, MA 02109</p> </div> <div style="width: 40%;"> <p style="text-align: center;">(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p style="text-align: center;">(a) Enter service provider name as it appears on line 2</p> <p>ADP BROKER-DEALER</p> </div> <div style="width: 20%;"> <p style="text-align: center;">(b) Service Codes (see instructions)</p> <p>99</p> </div> <div style="width: 20%;"> <p style="text-align: center;">(c) Enter amount of indirect compensation</p> <p style="text-align: right;">0</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</p> <p>STATE STREET CORPORATION</p> <p>04-1867445</p> </div> <div style="width: 40%;"> <p style="text-align: center;">(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>ANNUAL RATE 0.00630 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00670 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00870 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00750 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00028 OF AVERAGE DAILY ASSETS</p> </div> </div>		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VICTORY CAPITAL MANAGEMENT 13-2700161	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <u>MAGNOLIA RIVER 401K PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MAGNOLIA RIVER</u>	D Employer Identification Number (EIN) <u>04-3831576</u>	

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: <u>STATE ST INTL IDX SECLND VIII</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST CO</u>		
c EIN-PN <u>90-0337987-336</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>965</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE ST RUSS SC IDX VIII</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST CO</u>		
c EIN-PN <u>90-0337987-340</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1261</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE ST S&P 500 IDX IX</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST CO</u>		
c EIN-PN <u>90-0337987-344</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2296</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE ST S&P MD CP IDX NL J</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST CO</u>		
c EIN-PN <u>90-0337987-347</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4779</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE ST US BD IDX SL VIII</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST CO</u>		
c EIN-PN <u>90-0337987-362</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE ST CASH SERIES US GOVT L</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST CO</u>		
c EIN-PN <u>90-0337987-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>63707</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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 MAGNOLIA RIVER 401K PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 MAGNOLIA RIVER	D Employer Identification Number (EIN) 04-3831576	

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)			
(2) Participant contributions	1b(2)			
(3) Other.....	1b(3)			
c General investments:				
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	58782		63707
(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)	14170		51274
(9) Value of interest in common/collective trusts.....	1c(9)	3856		9318
(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)	3044674		3637994
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)			
(15) Other	1c(15)			

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	3121482	3762293

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3121482	3762293
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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)	354033	
(B) Participants	2a(1)(B)	658274	
(C) Others (including rollovers)	2a(1)(C)	168653	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1180960
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)	2947	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2947
(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)	252311	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		252311
(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)		-403
(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)		-337038
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1098777

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	449351	
(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)		449351
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		6590
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	2025	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2025
j Total expenses. Add all expense amounts in column (b) and enter total	2j		457966

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		640811
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ 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: WEAR HOWELL STRICKLAND QUINN & LAW

(2) EIN: 63-0510739

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.)		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.)		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.)		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			313000
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.				
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)

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>MAGNOLIA RIVER 401K 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>MAGNOLIA RIVER</u>	D Employer Identification Number (EIN) <u>04-3831576</u>

Part I	Distributions
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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	<u>0</u>
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>57-1198022</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)
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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

FINANCIAL STATEMENTS
With Supplementary Information
MAGNOLIA RIVER 401K PLAN
DECATUR, ALABAMA
Years ended December 31, 2015 and 2014

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**WEAR, HOWELL, STRICKLAND,
QUINN & LAW, LLC**
Certified Public Accountants & Financial Advisors

MEMBERS OF
- AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
- ALABAMA SOCIETY OF
CERTIFIED PUBLIC ACCOUNTANTS

Independent Auditor's Report

Administrator
Magnolia River 401K Plan
711 Nance Ford Road SW, Suite E
Hartselle, Alabama

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Magnolia River 401K 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, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note N, which was certified by State Street Bank and Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2015 and 2014, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplementary information, as listed in the accompanying table of contents, as of and for the year ended December 31, 2015 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplementary information 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 supplementary information, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.


CERTIFIED PUBLIC ACCOUNTANTS
Decatur, Alabama
October 11, 2016

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
MAGNOLIA RIVER 401K PLAN
DECEMBER 31, 2015 AND 2014

	<u>2015</u>	<u>2014</u>
<u>ASSETS</u>		
Investments		
Mutual funds	\$ 3,637,994	\$ 3,044,674
Common collective trust	<u>73,024</u>	<u>62,638</u>
TOTAL INVESTMENTS	3,711,018	3,107,312
Notes receivable from participants	<u>84,809</u>	<u>41,115</u>
TOTAL ASSETS	3,795,827	3,148,427
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 3,795,827</u></u>	<u><u>\$ 3,148,427</u></u>

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

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
MAGNOLIA RIVER 401K PLAN
YEAR ENDED DECEMBER 31, 2015

	<u>2015</u>
ADDITIONS	
Additions to net assets attributed to:	
Investment income:	
Interest income	\$ 252,347
Net depreciation in fair value of investments	<u>(337,478)</u>
TOTAL INVESTMENT INCOME	(85,131)
 Interest income on notes receivable from participants	 2,947
 Contributions:	
Participant	658,274
Employer	354,033
Rollover	<u>168,653</u>
TOTAL CONTRIBUTIONS	1,180,960
TOTAL ADDITIONS	<u>1,098,776</u>
 DEDUCTIONS	
Deductions from net assets attributed to:	
Benefits paid to participants	449,351
Administrative expenses	<u>2,025</u>
TOTAL DEDUCTIONS	451,376
 NET INCREASE	 <u>647,400</u>
 Net assets available for benefits, beginning of year	 <u>3,148,427</u>
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	 <u><u>\$ 3,795,827</u></u>

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

NOTES TO FINANCIAL STATEMENTS
MAGNOLIA RIVER 401K PLAN
DECEMBER 31, 2015 AND 2014

NOTE A – DESCRIPTION OF PLAN

The following description of the Magnolia River 401K Plan (Plan) provides only general information. Participants should refer to the Plan agreements for a more complete description of the Plan's provisions.

1. General – The Plan is a defined contribution plan covering all employees who have obtained age 21 and at least two months of continuous service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan sponsor is Magnolia River Services, Inc. (Company).
2. Contributions – Each year, participants may contribute up to 50% of pretax annual compensation, as defined in the plan, up to the amount allowed by the Internal Revenue Service. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan offers forty three mutual fund and common collective trust options as investments for participants. The Company matching contributions are non-discretionary. The Company contributed 100% of the first 3 % of compensation that a participant contributes to the Plan plus 50% of the next 3% to 5% of compensation that a participant contributes to the Plan.
3. Participant Accounts – Each participant's account is credited with the participant's contribution and allocations of (a) the Company's matching contribution and (b) Plan earnings, and may be charged with 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.
4. Vesting - Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching contributions and earnings thereon is based on years of continuous service. A participant is 100% vested after two years of credited service. Vesting in the Company's non-elective contribution (if any) and earnings thereon is also based on years of continuous service. A participant is 100% vested after three years of credited service. A year of service requires 1000 hours of service per year calculated by the equivalency method. Hours of service using the equivalency method is calculated by participants credited with 190 hours of service for each month in which an hour of service is credited.
5. Participant Loans – Participants may borrow from their fund accounts up to one half of their vested account balance up to a maximum of \$50,000 and minimum of \$500. The loans are secured by the balance in the participant's account and bear a interest rate of prime plus 2%, determined during the month the loan is effective. Principal and interest is paid ratably through payroll deductions.
6. Payment of Benefits – On termination of service due to death, disability or retirement (including early retirement), a participant is eligible to receive his or her account balance. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account.

NOTES TO FINANCIAL STATEMENTS
MAGNOLIA RIVER 401K PLAN
DECEMBER 31, 2015 AND 2014

NOTE A – DESCRIPTION OF PLAN, CONTINUED

7. Forfeited Accounts – At December 31, 2015 and 2014, there was \$497 and \$497 of forfeited nonvested accounts, respectively. Forfeited nonvested accounts can be used to pay plan administrative expenses or reduce future employer contributions. In 2015, \$5,679 of forfeited nonvested accounts were used to reduce employer contributions.

NOTE B – SUMMARY OF ACCOUNTING POLICIES

1. Basis of Accounting – The financial statements of the Plan are prepared on the accrual method of accounting.
2. Use of Estimates – The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.
2. Notes Receivable from Participants – Notes receivable from participants are measured at their principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document. Interest income on notes receivable from participants is recorded when earned. Loan fees are expensed when incurred.
3. 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 D for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest is recorded on the accrual basis. Dividends are recorded when received by the trustee. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year. Unrealized appreciation and depreciation are reflected in the financial statements when applicable.

4. Payment of Benefits - Benefits are recorded when paid.
5. Operating Expenses – All expenses of maintaining the Plan are paid by the Company or from forfeited nonvested accounts.

NOTES TO FINANCIAL STATEMENTS
MAGNOLIA RIVER 401K PLAN
DECEMBER 31, 2015 AND 2014

NOTE C – FAIR VALUE MEASUREMENTS

FASB Accounting Standards Codification 820, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The three levels of the fair value hierarchy under FASB Accounting Standards Codification 820 are described as follows:

- Level 1 Inputs are quoted prices for assets or liabilities in active markets.
- Level 2 Inputs are quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in inactive markets or inputs derived principally from or corroborated by observable market data by correlation or other means.
- Level 3 Inputs that are unobservable but significant to the fair value measurement. These inputs often require significant judgment or estimation.

The following is a description of the inputs used for the investments measured at fair value:

Money market: Valued at the net asset value held by the Plan at year end.

Common Collective Trust: Valued at the net asset value of units of a bank collective trust at year end.

The Plan's assets at fair value, as of December 31, by level of inputs are as follows:

2015

<u>Asset Type</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 3,637,994	\$ -	\$ -	\$ 3,637,994
Common collective trust	73,024	-	-	73,024
TOTAL	<u>\$ 3,711,018</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 3,711,018</u>

2014

<u>Asset Type</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 3,044,674	\$ -	\$ -	\$ 3,044,674
Common collective trust	62,638	-	-	62,638
TOTAL	<u>\$ 3,107,312</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 3,107,312</u>

NOTE D – NET DEPRECIATION IN FAIR VALUE

The Plan's investments depreciated in value by \$337,478 during 2015 as follows:

Mutual funds	\$ (337,074)
Common collective trust	(404)
	<u>\$ (337,478)</u>

NOTES TO FINANCIAL STATEMENTS
MAGNOLIA RIVER 401K PLAN
DECEMBER 31, 2015 AND 2014

NOTE E – PARTIES-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by State Street Global Advisors, a trustee related company and therefore, these transactions qualify as party-in-interest transactions. These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

NOTE F – ADMINISTRATIVE SERVICES AGREEMENTS

The Plan was under an administrative services agreement with State Street Bank and Trust Company in which ADP serves as the contractual record-keeper.

NOTE G – 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 would become 100% vested in their employer contributions.

NOTE H – ALLOCATIONS TO PERSONS WITHDRAWING FROM PLAN

All persons electing to withdraw from the plan at December 31, 2015 were paid.

NOTE I – EXCESS CONTRIBUTIONS

At December 31, 2015 and 2014, there were no contributions allocated to participants in excess of required compliance limits.

NOTE J – TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated March 27, 2012, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. The Plan's Form 5500 is subject to examination by the Internal Revenue Service and Department of Labor for years after 2011.

NOTE K – RISK AND UNCERTAINTIES

The Plan invests in mutual fund 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 mutual fund investment securities, it is at least reasonably possible that changes in the values of mutual fund 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.

NOTES TO FINANCIAL STATEMENTS
MAGNOLIA RIVER 401K PLAN
DECEMBER 31, 2015 AND 2014

NOTE L – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

	<u>2015</u>	<u>2014</u>
Net assets available for benefits per the financial statements	\$ 3,795,827	\$ 3,148,427
Deemed loan distributions	<u>(33,534)</u>	<u>(26,946)</u>
Net assets available for benefits per the Schedule H of Form 5500	<u>\$ 3,762,293</u>	<u>\$ 3,121,481</u>

The following is a reconciliation of total deductions per the financial statements to total expenses per the Schedule H of Form 5500.

	<u>2015</u>
Total deductions per the financial statements	\$ 451,376
Deemed distributions	<u>6,590</u>
Total expenses per Schedule H of Form 5500	<u>\$ 457,966</u>

NOTE M – SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 11, 2016, the date which the financial statements were available to be issued. The Plan had the following subsequent events that required disclosure:

- In July 2016, the Plan changed service providers to BlueStar Retirement Services, Inc.

NOTES TO FINANCIAL STATEMENTS
MAGNOLIA RIVER 401K PLAN
DECEMBER 31, 2015 AND 2014

NOTE N – INVESTMENTS – INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified as complete and accurate by the trustee, State Street Bank and Trust Company.

<u>Description</u>	<u>2015</u>	<u>2014</u>
Mutual Funds:		
Goldman Sachs Growth Opportunities Fund	\$ 286,142	\$ 298,287
Goldman Sachs Short Duration Government Fund	1,274	971
Franklin Strategic Income Fund	2,813	6,458
Alger Capital Appreciation Institutional Fund	7,799	10,016
American Century Strategic Allocation Fund	834	1,728
Invesco Small Cap Equity Fund	1,298	824
Oppenheimer Developing Markets Fund	4,963	5,669
JP Morgan U.S. Equity Fund	6,238	2,371
Invesco Comstock Fund	2,403	11,703
Neuberger Berman Real Estate Fund	1,338	4,908
AB Small Cap Growth Portfolio Fund	31,765	20,634
AB Discovery Value Fund	74,270	33,188
Invesco Developing Markets Fund	12,372	31,303
Prudential Jennison Natural Resources Fund	12,662	25,613
JP Morgan Small Cap Growth Fund	42,814	13,255
PIMCO Real Return Fund	13,524	16,928
PIMCO Investment Grade Corporate Bond Fund	26,975	39,786
Eagle Small Cap Growth Fund	38,987	11,074
PIMCO Total Return Fund	3,168	3,350
Victory Sycamore Small Co Opportunity Fund	194,574	178,944
Goldman Sach Small Cap Value Fund	83,385	37,180
Putnam International Capital Opportunities Fund	134,881	161,116
Nuveen Real Estate Securities Fund	39,829	23,379
Putnam Equity Income Fund	220,962	341,532
Mainstay Large Cap Growth Fund	198,703	176,469
Prudential High Yield Fund	87,001	132,533
MFS Research International Fund	1,072	1,303

NOTES TO FINANCIAL STATEMENTS
MAGNOLIA RIVER 401K PLAN
DECEMBER 31, 2015 AND 2014

NOTE N – INVESTMENTS – INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE,
CONTINUED

<u>Description</u>	<u>12/31/2015</u>	<u>2014</u>
Mutual Funds, continued:		
American Century One Choice 2015 Fund	-	78,457
American Century One Choice 2020 Fund	89,580	28,725
American Century One Choice 2025 Fund	627,514	469,625
American Century One Choice 2030 Fund	71,002	36,932
American Century One Choice 2035 Fund	437,811	285,223
American Century One Choice 2040 Fund	64,338	39,308
American Century One Choice 2045 Fund	447,472	402,006
American Century One Choice 2050 Fund	74,928	26,889
American Century One Choice 2055 Fund	89,711	26,507
American Century One Choice Retirement Fund	203,592	60,480
TOTAL MUTUAL FUNDS	3,637,994	3,044,674
Common collective trust:		
SSGA Russell Small Cap Index Securities Lending Fd	1,261	1,072
SSGA S&P Mid Cap Index Non-Lending Fund	4,779	1,272
SSGA U.S. Bond Index Securities Lending Fund	16	19
SSGA International Index Securities Lending Fund	965	363
SSGA Cash Series U.S. Government Fund	63,707	58,782
SSGA S&P 500 Index Securities Lending Fund	2,296	1,130
TOTAL COMMON COLLECTIVE TRUST	73,024	62,638
TOTAL INVESTMENTS	<u>\$ 3,711,018</u>	<u>\$ 3,107,312</u>

SUPPLEMENTARY INFORMATION

Magnolia River 401K Plan**FEIN: 04-3831576****Plan Number: 001****Schedule H, Line 4i - Schedule of Assets (Held at End of Year)****December 31, 2015**

(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
	Goldman Sachs Growth Opp Fund	Mutual Fund		\$ 286,142
	Goldman Sachs Short Duration Govt Fd	Mutual Fund		1,274
	Franklin Strategic Income Fund	Mutual Fund		2,813
	Alger Capital Appreciation Inst Fund	Mutual Fund		7,800
	American Century Strategic Alloc Fund	Mutual Fund		834
	Invesco Small Cap Equity Fund	Mutual Fund		1,298
	Oppenheimer Developing Markets Fd	Mutual Fund		4,963
	JP Morgan U.S. Equity Fund	Mutual Fund		6,238
	Invesco Comstock Fund	Mutual Fund		2,403
	Neuberger Berman Real Estate Fund	Mutual Fund		1,338
	AB Small Cap Growth Portfolio Fund	Mutual Fund		31,765
	AB Discovery Value Fund	Mutual Fund		74,270
	Invesco Developing Markets Fund	Mutual Fund		12,372
	Prudential Jennison Natural Res Fund	Mutual Fund		12,662
	JP Morgan Small Cap Growth Fund	Mutual Fund		42,814
	PIMCO Real Return Fund	Mutual Fund		13,525
	PIMCO Inv Grade Corporate Bond Fd	Mutual Fund		26,975
	Eagle Small Cap Growth Fund	Mutual Fund		38,987
	PIMCO Total Return Fund	Mutual Fund		3,168
	Victory Sycamore Small Co Opp Fund	Mutual Fund		194,574
	Goldman Sach Small Cap Value Fund	Mutual Fund		83,385
	Putnam International Capital Opp Fund	Mutual Fund		134,881
	Nuveen Real Estate Securities Fund	Mutual Fund		39,829
	Putnam Equity Income Fund	Mutual Fund		220,962
	Mainstay Large Cap Growth Fund	Mutual Fund		198,703
	Prudential High Yield Fund	Mutual Fund		87,001
	MFS Research International Fund	Mutual Fund		1,072
	American Century One Choice 2020 Fd	Mutual Fund		89,580
	American Century One Choice 2025 Fd	Mutual Fund		627,514
	American Century One Choice 2030 Fd	Mutual Fund		71,002
	American Century One Choice 2035 Fd	Mutual Fund		437,811
	American Century One Choice 2040 Fd	Mutual Fund		64,338
	American Century One Choice 2045 Fd	Mutual Fund		447,472
	American Century One Choice 2050 Fd	Mutual Fund		74,928

Magnolia River 401K Plan

FEIN: 04-3831576

Plan Number: 001

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

December 31, 2015

(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 Century One Choice 2055 Fd	Mutual Fund		89,711
	American Century One Choice Ret Fd	Mutual Fund		203,592
*	SSGA Russell Sm Cap Index Sec Lend	Common Collective Trust		1,261
*	SSGA S&P Mid Cap Index Non-Lend	Common Collective Trust		4,779
*	SSGA U.S. Bond Index Sec Lending	Common Collective Trust		16
*	SSGA Intl Index Securities Lending	Common Collective Trust		965
*	SSGA Cash Series U.S. Government	Common Collective Trust		63,707
*	SSGA S&P 500 Index Sec Lending	Common Collective Trust		2,296
	Note Receivable from participant	Participant Loan, 5.25%		51,274

Magnolia River 401K Plan**FEIN: 04-3831576****Plan Number: 001****Schedule H, Line 4i - Schedule of Assets (Held at End of Year)****December 31, 2014**

(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
	Goldman Sachs Growth Opp Fund	Mutual Fund		\$ 298,287
	Goldman Sachs Short Duration Govt Fd	Mutual Fund		971
	Franklin Strategic Income Fund	Mutual Fund		6,458
	Alger Capital Appreciation Inst Fund	Mutual Fund		10,016
	American Century Strategic Alloc Fund	Mutual Fund		1,728
	Invesco Small Cap Equity Fund	Mutual Fund		824
	Oppenheimer Developing Markets Fd	Mutual Fund		5,669
	JP Morgan U.S. Equity Fund	Mutual Fund		2,371
	Invesco Comstock Fund	Mutual Fund		11,703
	Neuberger Berman Real Estate Fund	Mutual Fund		4,908
	AB Small Cap Growth Portfolio Fund	Mutual Fund		20,634
	AB Discovery Value Fund	Mutual Fund		33,188
	Invesco Developing Markets Fund	Mutual Fund		31,303
	Prudential Jennison Natural Res Fund	Mutual Fund		25,613
	JP Morgan Small Cap Growth Fund	Mutual Fund		13,255
	PIMCO Real Return Fund	Mutual Fund		16,928
	PIMCO Inv Grade Corporate Bond Fd	Mutual Fund		39,786
	Eagle Small Cap Growth Fund	Mutual Fund		11,074
	PIMCO Total Return Fund	Mutual Fund		3,350
	Victory Sycamore Small Co Opp Fund	Mutual Fund		178,944
	Goldman Sach Small Cap Value Fund	Mutual Fund		37,180
	Putnam International Capital Opp Fund	Mutual Fund		161,116
	Nuveen Real Estate Securities Fund	Mutual Fund		23,379
	Putnam Equity Income Fund	Mutual Fund		341,532
	Mainstay Large Cap Growth Fund	Mutual Fund		176,469
	Prudential High Yield Fund	Mutual Fund		132,533
	MFS Research International Fund	Mutual Fund		1,303
	American Century One Choice 2015 Fd	Mutual Fund		78,457
	American Century One Choice 2020 Fd	Mutual Fund		28,725
	American Century One Choice 2025 Fd	Mutual Fund		469,625
	American Century One Choice 2030 Fd	Mutual Fund		36,932
	American Century One Choice 2035 Fd	Mutual Fund		285,223
	American Century One Choice 2040 Fd	Mutual Fund		39,308
	American Century One Choice 2045 Fd	Mutual Fund		402,006

Magnolia River 401K Plan**FEIN: 04-3831576****Plan Number: 001****Schedule H, Line 4i - Schedule of Assets (Held at End of Year)****December 31, 2014**

(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 Century One Choice 2050 Fd	Mutual Fund		26,889
	American Century One Choice 2055 Fd	Mutual Fund		26,507
	American Century One Choice Ret Fd	Mutual Fund		60,480
*	SSGA Russell Sm Cap Index Sec Lend	Common Collective Trust		1,072
*	SSGA S&P Mid Cap Index Non-Lend	Common Collective Trust		1,272
*	SSGA U.S. Bond Index Sec Lending	Common Collective Trust		19
*	SSGA Intl Index Securities Lending	Common Collective Trust		363
*	SSGA Cash Series U.S. Government	Common Collective Trust		58,782
*	SSGA S&P 500 Index Sec Lending	Common Collective Trust		1,130
	Note Receivable from participant	Participant Loan, 5.25%		41,115

Schedule C, Line 2(h) Formula Description

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

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

FINANCIAL STATEMENTS
With Supplementary Information
MAGNOLIA RIVER 401K PLAN
DECATUR, ALABAMA
Years ended December 31, 2015 and 2014

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**WEAR, HOWELL, STRICKLAND,
QUINN & LAW, LLC**
Certified Public Accountants & Financial Advisors

MEMBERS OF
- AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
- ALABAMA SOCIETY OF
CERTIFIED PUBLIC ACCOUNTANTS

Independent Auditor's Report

Administrator
Magnolia River 401K Plan
711 Nance Ford Road SW, Suite E
Hartselle, Alabama

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Magnolia River 401K 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, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note N, which was certified by State Street Bank and Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2015 and 2014, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplementary information, as listed in the accompanying table of contents, as of and for the year ended December 31, 2015 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplementary information 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 supplementary information, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.


CERTIFIED PUBLIC ACCOUNTANTS
Decatur, Alabama
October 11, 2016

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
MAGNOLIA RIVER 401K PLAN
DECEMBER 31, 2015 AND 2014

	<u>2015</u>	<u>2014</u>
<u>ASSETS</u>		
Investments		
Mutual funds	\$ 3,637,994	\$ 3,044,674
Common collective trust	<u>73,024</u>	<u>62,638</u>
TOTAL INVESTMENTS	3,711,018	3,107,312
Notes receivable from participants	<u>84,809</u>	<u>41,115</u>
TOTAL ASSETS	3,795,827	3,148,427
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 3,795,827</u></u>	<u><u>\$ 3,148,427</u></u>

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

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
MAGNOLIA RIVER 401K PLAN
YEAR ENDED DECEMBER 31, 2015

	<u>2015</u>
ADDITIONS	
Additions to net assets attributed to:	
Investment income:	
Interest income	\$ 252,347
Net depreciation in fair value of investments	<u>(337,478)</u>
TOTAL INVESTMENT INCOME	(85,131)
 Interest income on notes receivable from participants	 2,947
 Contributions:	
Participant	658,274
Employer	354,033
Rollover	<u>168,653</u>
TOTAL CONTRIBUTIONS	1,180,960
TOTAL ADDITIONS	<u>1,098,776</u>
 DEDUCTIONS	
Deductions from net assets attributed to:	
Benefits paid to participants	449,351
Administrative expenses	<u>2,025</u>
TOTAL DEDUCTIONS	451,376
 NET INCREASE	 <u>647,400</u>
 Net assets available for benefits, beginning of year	 <u>3,148,427</u>
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	 <u><u>\$ 3,795,827</u></u>

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

NOTES TO FINANCIAL STATEMENTS
MAGNOLIA RIVER 401K PLAN
DECEMBER 31, 2015 AND 2014

NOTE A – DESCRIPTION OF PLAN

The following description of the Magnolia River 401K Plan (Plan) provides only general information. Participants should refer to the Plan agreements for a more complete description of the Plan's provisions.

1. General – The Plan is a defined contribution plan covering all employees who have obtained age 21 and at least two months of continuous service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan sponsor is Magnolia River Services, Inc. (Company).
2. Contributions – Each year, participants may contribute up to 50% of pretax annual compensation, as defined in the plan, up to the amount allowed by the Internal Revenue Service. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan offers forty three mutual fund and common collective trust options as investments for participants. The Company matching contributions are non-discretionary. The Company contributed 100% of the first 3 % of compensation that a participant contributes to the Plan plus 50% of the next 3% to 5% of compensation that a participant contributes to the Plan.
3. Participant Accounts – Each participant's account is credited with the participant's contribution and allocations of (a) the Company's matching contribution and (b) Plan earnings, and may be charged with 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.
4. Vesting - Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching contributions and earnings thereon is based on years of continuous service. A participant is 100% vested after two years of credited service. Vesting in the Company's non-elective contribution (if any) and earnings thereon is also based on years of continuous service. A participant is 100% vested after three years of credited service. A year of service requires 1000 hours of service per year calculated by the equivalency method. Hours of service using the equivalency method is calculated by participants credited with 190 hours of service for each month in which an hour of service is credited.
5. Participant Loans – Participants may borrow from their fund accounts up to one half of their vested account balance up to a maximum of \$50,000 and minimum of \$500. The loans are secured by the balance in the participant's account and bear a interest rate of prime plus 2%, determined during the month the loan is effective. Principal and interest is paid ratably through payroll deductions.
6. Payment of Benefits – On termination of service due to death, disability or retirement (including early retirement), a participant is eligible to receive his or her account balance. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account.

NOTES TO FINANCIAL STATEMENTS
MAGNOLIA RIVER 401K PLAN
DECEMBER 31, 2015 AND 2014

NOTE A – DESCRIPTION OF PLAN, CONTINUED

7. Forfeited Accounts – At December 31, 2015 and 2014, there was \$497 and \$497 of forfeited nonvested accounts, respectively. Forfeited nonvested accounts can be used to pay plan administrative expenses or reduce future employer contributions. In 2015, \$5,679 of forfeited nonvested accounts were used to reduce employer contributions.

NOTE B – SUMMARY OF ACCOUNTING POLICIES

1. Basis of Accounting – The financial statements of the Plan are prepared on the accrual method of accounting.
2. Use of Estimates – The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.
2. Notes Receivable from Participants – Notes receivable from participants are measured at their principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document. Interest income on notes receivable from participants is recorded when earned. Loan fees are expensed when incurred.
3. 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 D for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest is recorded on the accrual basis. Dividends are recorded when received by the trustee. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year. Unrealized appreciation and depreciation are reflected in the financial statements when applicable.

4. Payment of Benefits - Benefits are recorded when paid.
5. Operating Expenses – All expenses of maintaining the Plan are paid by the Company or from forfeited nonvested accounts.

NOTES TO FINANCIAL STATEMENTS
MAGNOLIA RIVER 401K PLAN
DECEMBER 31, 2015 AND 2014

NOTE C – FAIR VALUE MEASUREMENTS

FASB Accounting Standards Codification 820, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The three levels of the fair value hierarchy under FASB Accounting Standards Codification 820 are described as follows:

- Level 1 Inputs are quoted prices for assets or liabilities in active markets.
- Level 2 Inputs are quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in inactive markets or inputs derived principally from or corroborated by observable market data by correlation or other means.
- Level 3 Inputs that are unobservable but significant to the fair value measurement. These inputs often require significant judgment or estimation.

The following is a description of the inputs used for the investments measured at fair value:

Money market: Valued at the net asset value held by the Plan at year end.

Common Collective Trust: Valued at the net asset value of units of a bank collective trust at year end.

The Plan's assets at fair value, as of December 31, by level of inputs are as follows:

2015

<u>Asset Type</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 3,637,994	\$ -	\$ -	\$ 3,637,994
Common collective trust	73,024	-	-	73,024
TOTAL	<u>\$ 3,711,018</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 3,711,018</u>

2014

<u>Asset Type</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 3,044,674	\$ -	\$ -	\$ 3,044,674
Common collective trust	62,638	-	-	62,638
TOTAL	<u>\$ 3,107,312</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 3,107,312</u>

NOTE D – NET DEPRECIATION IN FAIR VALUE

The Plan's investments depreciated in value by \$337,478 during 2015 as follows:

Mutual funds	\$ (337,074)
Common collective trust	(404)
	<u>\$ (337,478)</u>

NOTES TO FINANCIAL STATEMENTS
MAGNOLIA RIVER 401K PLAN
DECEMBER 31, 2015 AND 2014

NOTE E – PARTIES-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by State Street Global Advisors, a trustee related company and therefore, these transactions qualify as party-in-interest transactions. These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

NOTE F – ADMINISTRATIVE SERVICES AGREEMENTS

The Plan was under an administrative services agreement with State Street Bank and Trust Company in which ADP serves as the contractual record-keeper.

NOTE G – 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 would become 100% vested in their employer contributions.

NOTE H – ALLOCATIONS TO PERSONS WITHDRAWING FROM PLAN

All persons electing to withdraw from the plan at December 31, 2015 were paid.

NOTE I – EXCESS CONTRIBUTIONS

At December 31, 2015 and 2014, there were no contributions allocated to participants in excess of required compliance limits.

NOTE J – TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated March 27, 2012, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. The Plan's Form 5500 is subject to examination by the Internal Revenue Service and Department of Labor for years after 2011.

NOTE K – RISK AND UNCERTAINTIES

The Plan invests in mutual fund 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 mutual fund investment securities, it is at least reasonably possible that changes in the values of mutual fund 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.

NOTES TO FINANCIAL STATEMENTS
MAGNOLIA RIVER 401K PLAN
DECEMBER 31, 2015 AND 2014

NOTE L – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

	<u>2015</u>	<u>2014</u>
Net assets available for benefits per the financial statements	\$ 3,795,827	\$ 3,148,427
Deemed loan distributions	<u>(33,534)</u>	<u>(26,946)</u>
Net assets available for benefits per the Schedule H of Form 5500	<u>\$ 3,762,293</u>	<u>\$ 3,121,481</u>

The following is a reconciliation of total deductions per the financial statements to total expenses per the Schedule H of Form 5500.

	<u>2015</u>
Total deductions per the financial statements	\$ 451,376
Deemed distributions	<u>6,590</u>
Total expenses per Schedule H of Form 5500	<u>\$ 457,966</u>

NOTE M – SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 11, 2016, the date which the financial statements were available to be issued. The Plan had the following subsequent events that required disclosure:

- In July 2016, the Plan changed service providers to BlueStar Retirement Services, Inc.

NOTES TO FINANCIAL STATEMENTS
MAGNOLIA RIVER 401K PLAN
DECEMBER 31, 2015 AND 2014

NOTE N – INVESTMENTS – INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified as complete and accurate by the trustee, State Street Bank and Trust Company.

<u>Description</u>	<u>2015</u>	<u>2014</u>
Mutual Funds:		
Goldman Sachs Growth Opportunities Fund	\$ 286,142	\$ 298,287
Goldman Sachs Short Duration Government Fund	1,274	971
Franklin Strategic Income Fund	2,813	6,458
Alger Capital Appreciation Institutional Fund	7,799	10,016
American Century Strategic Allocation Fund	834	1,728
Invesco Small Cap Equity Fund	1,298	824
Oppenheimer Developing Markets Fund	4,963	5,669
JP Morgan U.S. Equity Fund	6,238	2,371
Invesco Comstock Fund	2,403	11,703
Neuberger Berman Real Estate Fund	1,338	4,908
AB Small Cap Growth Portfolio Fund	31,765	20,634
AB Discovery Value Fund	74,270	33,188
Invesco Developing Markets Fund	12,372	31,303
Prudential Jennison Natural Resources Fund	12,662	25,613
JP Morgan Small Cap Growth Fund	42,814	13,255
PIMCO Real Return Fund	13,524	16,928
PIMCO Investment Grade Corporate Bond Fund	26,975	39,786
Eagle Small Cap Growth Fund	38,987	11,074
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Mainstay Large Cap Growth Fund	198,703	176,469
Prudential High Yield Fund	87,001	132,533
MFS Research International Fund	1,072	1,303

NOTES TO FINANCIAL STATEMENTS
MAGNOLIA RIVER 401K PLAN
DECEMBER 31, 2015 AND 2014

NOTE N – INVESTMENTS – INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE,
CONTINUED

<u>Description</u>	<u>12/31/2015</u>	<u>2014</u>
Mutual Funds, continued:		
American Century One Choice 2015 Fund	-	78,457
American Century One Choice 2020 Fund	89,580	28,725
American Century One Choice 2025 Fund	627,514	469,625
American Century One Choice 2030 Fund	71,002	36,932
American Century One Choice 2035 Fund	437,811	285,223
American Century One Choice 2040 Fund	64,338	39,308
American Century One Choice 2045 Fund	447,472	402,006
American Century One Choice 2050 Fund	74,928	26,889
American Century One Choice 2055 Fund	89,711	26,507
American Century One Choice Retirement Fund	203,592	60,480
TOTAL MUTUAL FUNDS	3,637,994	3,044,674
Common collective trust:		
SSGA Russell Small Cap Index Securities Lending Fd	1,261	1,072
SSGA S&P Mid Cap Index Non-Lending Fund	4,779	1,272
SSGA U.S. Bond Index Securities Lending Fund	16	19
SSGA International Index Securities Lending Fund	965	363
SSGA Cash Series U.S. Government Fund	63,707	58,782
SSGA S&P 500 Index Securities Lending Fund	2,296	1,130
TOTAL COMMON COLLECTIVE TRUST	73,024	62,638
TOTAL INVESTMENTS	<u>\$ 3,711,018</u>	<u>\$ 3,107,312</u>

SUPPLEMENTARY INFORMATION

Magnolia River 401K Plan**FEIN: 04-3831576****Plan Number: 001****Schedule H, Line 4i - Schedule of Assets (Held at End of Year)****December 31, 2015**

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	Mainstay Large Cap Growth Fund	Mutual Fund		198,703
	Prudential High Yield Fund	Mutual Fund		87,001
	MFS Research International Fund	Mutual Fund		1,072
	American Century One Choice 2020 Fd	Mutual Fund		89,580
	American Century One Choice 2025 Fd	Mutual Fund		627,514
	American Century One Choice 2030 Fd	Mutual Fund		71,002
	American Century One Choice 2035 Fd	Mutual Fund		437,811
	American Century One Choice 2040 Fd	Mutual Fund		64,338
	American Century One Choice 2045 Fd	Mutual Fund		447,472
	American Century One Choice 2050 Fd	Mutual Fund		74,928

Magnolia River 401K Plan

FEIN: 04-3831576

Plan Number: 001

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

December 31, 2015

(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 Century One Choice 2055 Fd	Mutual Fund		89,711
	American Century One Choice Ret Fd	Mutual Fund		203,592
*	SSGA Russell Sm Cap Index Sec Lend	Common Collective Trust		1,261
*	SSGA S&P Mid Cap Index Non-Lend	Common Collective Trust		4,779
*	SSGA U.S. Bond Index Sec Lending	Common Collective Trust		16
*	SSGA Intl Index Securities Lending	Common Collective Trust		965
*	SSGA Cash Series U.S. Government	Common Collective Trust		63,707
*	SSGA S&P 500 Index Sec Lending	Common Collective Trust		2,296
	Note Receivable from participant	Participant Loan, 5.25%		51,274

Magnolia River 401K Plan**FEIN: 04-3831576****Plan Number: 001****Schedule H, Line 4i - Schedule of Assets (Held at End of Year)****December 31, 2014**

(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
	Goldman Sachs Growth Opp Fund	Mutual Fund		\$ 298,287
	Goldman Sachs Short Duration Govt Fd	Mutual Fund		971
	Franklin Strategic Income Fund	Mutual Fund		6,458
	Alger Capital Appreciation Inst Fund	Mutual Fund		10,016
	American Century Strategic Alloc Fund	Mutual Fund		1,728
	Invesco Small Cap Equity Fund	Mutual Fund		824
	Oppenheimer Developing Markets Fd	Mutual Fund		5,669
	JP Morgan U.S. Equity Fund	Mutual Fund		2,371
	Invesco Comstock Fund	Mutual Fund		11,703
	Neuberger Berman Real Estate Fund	Mutual Fund		4,908
	AB Small Cap Growth Portfolio Fund	Mutual Fund		20,634
	AB Discovery Value Fund	Mutual Fund		33,188
	Invesco Developing Markets Fund	Mutual Fund		31,303
	Prudential Jennison Natural Res Fund	Mutual Fund		25,613
	JP Morgan Small Cap Growth Fund	Mutual Fund		13,255
	PIMCO Real Return Fund	Mutual Fund		16,928
	PIMCO Inv Grade Corporate Bond Fd	Mutual Fund		39,786
	Eagle Small Cap Growth Fund	Mutual Fund		11,074
	PIMCO Total Return Fund	Mutual Fund		3,350
	Victory Sycamore Small Co Opp Fund	Mutual Fund		178,944
	Goldman Sach Small Cap Value Fund	Mutual Fund		37,180
	Putnam International Capital Opp Fund	Mutual Fund		161,116
	Nuveen Real Estate Securities Fund	Mutual Fund		23,379
	Putnam Equity Income Fund	Mutual Fund		341,532
	Mainstay Large Cap Growth Fund	Mutual Fund		176,469
	Prudential High Yield Fund	Mutual Fund		132,533
	MFS Research International Fund	Mutual Fund		1,303
	American Century One Choice 2015 Fd	Mutual Fund		78,457
	American Century One Choice 2020 Fd	Mutual Fund		28,725
	American Century One Choice 2025 Fd	Mutual Fund		469,625
	American Century One Choice 2030 Fd	Mutual Fund		36,932
	American Century One Choice 2035 Fd	Mutual Fund		285,223
	American Century One Choice 2040 Fd	Mutual Fund		39,308
	American Century One Choice 2045 Fd	Mutual Fund		402,006

Magnolia River 401K Plan**FEIN: 04-3831576****Plan Number: 001****Schedule H, Line 4i - Schedule of Assets (Held at End of Year)****December 31, 2014**

(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 Century One Choice 2050 Fd	Mutual Fund		26,889
	American Century One Choice 2055 Fd	Mutual Fund		26,507
	American Century One Choice Ret Fd	Mutual Fund		60,480
*	SSGA Russell Sm Cap Index Sec Lend	Common Collective Trust		1,072
*	SSGA S&P Mid Cap Index Non-Lend	Common Collective Trust		1,272
*	SSGA U.S. Bond Index Sec Lending	Common Collective Trust		19
*	SSGA Intl Index Securities Lending	Common Collective Trust		363
*	SSGA Cash Series U.S. Government	Common Collective Trust		58,782
*	SSGA S&P 500 Index Sec Lending	Common Collective Trust		1,130
	Note Receivable from participant	Participant Loan, 5.25%		41,115

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2015 This Form is Open to Public Inspection				
For calendar plan year 2015 or fiscal plan year beginning _____ and ending _____						
A Name of plan	<table style="width: 100%;"> <tr> <td style="width: 80%;">B Three-digit plan number (PN) ►</td> <td style="width: 20%;"></td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>		B Three-digit plan number (PN) ►			
B Three-digit plan number (PN) ►						
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)					

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

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		

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 through 1j).....	1k		

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l		
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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)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(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)		
(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		

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(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)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		
j Total expenses. Add all expense amounts in column (b) and enter total	2j		

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		
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) ☐ 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:

(2) EIN:

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				
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				

	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)

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

Attachment to 2015 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name MAGNOLIA RIVER 401K PLAN

EIN: 04-3831576

Plan Sponsor's Name MAGNOLIA RIVER

PN: 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
	GS GROWTH OPPORTUNITIES-A	REGISTERED INVESTMENT COMPANY		286,142
	GS SHORT DURATION GOVT FUND- A	REGISTERED INVESTMENT COMPANY		1,274
	FRANKLIN STRAT INCOME FD - A	REGISTERED INVESTMENT COMPANY		2,813
	ALGER CAPITAL APPR INSTIT - I	REGISTERED INVESTMENT COMPANY		7,800
	AC STRAT ALLOC MOD FUND - A	REGISTERED INVESTMENT COMPANY		834
	INVESCO SMALL CAP EQUITY - A	REGISTERED INVESTMENT COMPANY		1,298
	OPPENHEIMER DEVELOP MARKETS-A	REGISTERED INVESTMENT COMPANY		4,963

Attachment to 2015 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name MAGNOLIA RIVER 401K PLAN

EIN: 04-3831576

Plan Sponsor's Name MAGNOLIA RIVER

PN: 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
	AMERCENT ONE CHOICE 2055 A	REGISTERED INVESTMENT COMPANY		89,711
	JPMORGAN US EQUITY - A	REGISTERED INVESTMENT COMPANY		6,238
	INVESCO COMSTOCK A	REGISTERED INVESTMENT COMPANY		2,403
	AMERCENT ONE CHOICE 2020 A	REGISTERED INVESTMENT COMPANY		89,580
	AMERCENT ONE CHOICE 2050 A	REGISTERED INVESTMENT COMPANY		74,928
	AMERCENT ONE CHOICE 2040 A	REGISTERED INVESTMENT COMPANY		64,338
	NEUBERGER BERMAN REAL EST A	REGISTERED INVESTMENT COMPANY		1,338

Attachment to 2015 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name MAGNOLIA RIVER 401K PLAN

EIN: 04-3831576

Plan Sponsor's Name MAGNOLIA RIVER

PN: 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
	AB SMALL CAP GROWTH A	REGISTERED INVESTMENT COMPANY		31,765
	AB DISCOVERY VALUE A	REGISTERED INVESTMENT COMPANY		74,270
	INVESCO DEVELOPING MARKETS A	REGISTERED INVESTMENT COMPANY		12,372
	JENNISON NATURAL RESOURCES - A	REGISTERED INVESTMENT COMPANY		12,662
	JPMORGAN SMALL CAP GROWTH - A	REGISTERED INVESTMENT COMPANY		42,814
	PIMCO REAL RETURN FUND - A	REGISTERED INVESTMENT COMPANY		13,525
	PIMCO INV GRADE CORP BOND - A	REGISTERED INVESTMENT COMPANY		26,975

Attachment to 2015 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name MAGNOLIA RIVER 401K PLAN

EIN: 04-3831576

Plan Sponsor's Name MAGNOLIA RIVER

PN: 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
	EAGLE SMALL CAP GROWTH - A	REGISTERED INVESTMENT COMPANY		38,987
	PIMCO TOTAL RETURN FUND - A	REGISTERED INVESTMENT COMPANY		3,168
	VICTORY SMALL CO OPPORTUNITY A	REGISTERED INVESTMENT COMPANY		194,574
	GS SMALL CAP VALUE FUND - A	REGISTERED INVESTMENT COMPANY		83,385
	PUTNAM INT CAPITAL OPP -A	REGISTERED INVESTMENT COMPANY		134,881
	AMERCENT ONE CHOICE 2025 A	REGISTERED INVESTMENT COMPANY		627,514
	AMERCENT ONE CHOICE 2035 A	REGISTERED INVESTMENT COMPANY		437,811

Attachment to 2015 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name MAGNOLIA RIVER 401K PLAN

EIN: 04-3831576

Plan Sponsor's Name MAGNOLIA RIVER

PN: 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
	AMERCENT ONE CHOICE 2045 A	REGISTERED INVESTMENT COMPANY		447,472
	AMERCENT ONE CHOICE RETIRE A	REGISTERED INVESTMENT COMPANY		203,592
	NUVEEN REAL EST SECURITIES A	REGISTERED INVESTMENT COMPANY		39,829
	AMERCENT ONE CHOICE 2030 A	REGISTERED INVESTMENT COMPANY		71,002
	PUTNAM EQUITY INC - A	REGISTERED INVESTMENT COMPANY		220,962
	MAINSTAY LG CP GRTH - R2	REGISTERED INVESTMENT COMPANY		198,703
	PRUDENTIAL HIGH YIELD - A	REGISTERED INVESTMENT COMPANY		87,001

Attachment to 2015 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name MAGNOLIA RIVER 401K PLAN

EIN: 04-3831576

Plan Sponsor's Name MAGNOLIA RIVER

PN: 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
	MFS RESEARCH INTL - R2	REGISTERED INVESTMENT COMPANY		1,072
	PARTICIPANT LOANS	INTEREST RATES (5.25% TO 5.25%)		51,274
	STATE ST INTL IDX SECLEND VIII	COMMON/COLLECTIVE TRUST		965
	STATE ST RUSS SC IDX VIII	COMMON/COLLECTIVE TRUST		1,261
	STATE ST S&P 500 IDX IX	COMMON/COLLECTIVE TRUST		2,296
	STATE ST S&P MD CP IDX NL J	COMMON/COLLECTIVE TRUST		4,779
	STATE ST US BD IDX SL VIII	COMMON/COLLECTIVE TRUST		16

Plan Name MAGNOLIA RIVER 401K PLAN
Plan Sponsor's Name MAGNOLIA RIVER

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