

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 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2016 This Form is Open to Public Inspection
---	--	---

Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</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.) ☒ 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>TRUITT OILFIELD MAINTENANCE CORP. 401(K) PLAN</u>	1b	Three-digit plan number (PN) ► <u>001</u>
		1c	Effective date of plan <u>06/01/2006</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>TRUITT OILFIELD MAINTENANCE CORPORATION</u> <u>1051 JAMES ROAD</u> <u>BAKERSFIELD, CA 93308</u>	2b	Employer Identification Number (EIN) <u>95-3558915</u>
		2c	Plan Sponsor's telephone number <u>661-399-5021</u>
		2d	Business code (see instructions) <u>213110</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.	10/11/2017	GREGORY GUTIERREZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2017	GREGORY GUTIERREZ
	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	5 196
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..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 144 6a(2) 75 6b 0 6c 33 6d 108 6e 1 6f 109 6g 73 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (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) ☒ <u>1</u> 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)

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 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2016 <hr/> This Form is Open to Public Inspection
--	---	---

For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

A Name of plan TRUITT OILFIELD MAINTENANCE CORP. 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUITT OILFIELD MAINTENANCE CORPORATION	D Employer Identification Number (EIN) 95-3558915	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
---------------	---

1 Coverage Information:

(a) Name of insurance carrier

GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	336540-01	5	01/01/2016	12/31/2016

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

(a) Total amount of commissions paid <div style="text-align: right;">128</div>	(b) Total amount of fees paid <div style="text-align: right;">0</div>
--	---

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

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

BRADLEY BARNES

MORGAN STANLEY SMITH BARNEY LLC
 9100 MING AVE STE 205
 BAKERSFIELD, CA 93311

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
128			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 24075**5** Current value of plan's interest under this contract in separate accounts at year end..... **5** 0**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT**b** Balance at the end of the previous year **7b** 8563**c** Additions: (1) Contributions deposited during the year **7c(1)** 2282(2) Dividends and credits..... **7c(2)** 0(3) Interest credited during the year..... **7c(3)** 156(4) Transferred from separate account..... **7c(4)** 1576(5) Other (specify below)..... **7c(5)** 20150

▶ FORFEITURES (4,352) FEE CREDITS (15,798)

(6) Total additions **7c(6)** 24164**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 32727**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 2915(2) Administration charge made by carrier..... **7e(2)** 9(3) Transferred to separate account..... **7e(3)** 5728(4) Other (specify below)..... **7e(4)** 0(5) Total deductions **7e(5)** 8652**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 24075

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) 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
		2016
		This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

A Name of plan TRUITT OILFIELD MAINTENANCE CORP. 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUITT OILFIELD MAINTENANCE CORPORATION	D Employer Identification Number (EIN) 95-3558915

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ 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 GREAT-WEST LIFE & ANNUITY INSUR CO.

84-0467907

(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

(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

(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

(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)

GREAT-WEST LIFE & ANNUITY INSUR CO.

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 64	N/A	31801	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

MORGAN STANLEY SMITH BARNEY LLC

ANNUITY AND INSURANCE OPERATIONS
ONE NEW YORK PLAZA, 12TH FL
NEW YORK, NY 10004

(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?
22 55	N/A	0	Yes ☒ No ☐	Yes ☐ No ☒	12032	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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY LLC	22 55	12032
(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.	
GREAT-WEST LIFE & ANNUITY INSUR CO. 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	OTHER COMMISSIONS	
(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 H (Form 5500) <small>Internal Revenue Service</small> <small>Department of Labor</small> <small>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> 2016 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>		
A Name of plan <u>TRUITT OILFIELD MAINTENANCE CORP. 401(K) 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>TRUITT OILFIELD MAINTENANCE CORPORATION</u>	D Employer Identification Number (EIN) <u>95-3558915</u>	

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	148480	148480
(2) Participant contributions	1b(2)	7	276
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans.....	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	2784954	2274305
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	8563	24075
(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	2942004	2447136

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
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	2942004	2447136
---	-----------	---------	---------

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)	0	
(B) Participants	2a(1)(B)	119895	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	119895
(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)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	156	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		156
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	62211	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		62211
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		114807
c Other income.....	2c		15798
d Total income. Add all income amounts in column (b) and enter total.....	2d		312867

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

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	773530	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		773530
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	1750	
(2) Contract administrator fees.....	2i(2)	0	
(3) Investment advisory and management fees.....	2i(3)	655	
(4) Other	2i(4)	31800	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		34205
j Total expenses. Add all expense amounts in column (b) and enter total	2j		807735

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-494868
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: BROWN ARMSTRONG ACCOUNTANCY CORP.

(2) EIN: 95-3109182

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:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		350000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

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

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2016</div> <div>This Form is Open to Public Inspection.</div>
---	--	---

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

<div>A Name of plan TRUITT OILFIELD MAINTENANCE CORP. 401(K) PLAN</div>	<div>B Three-digit plan number (PN) ► 001</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 TRUITT OILFIELD MAINTENANCE CORPORATION</div>	<div>D Employer Identification Number (EIN) 95-3558915</div>

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

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

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 84-0467907		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.			
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2016
v. 160205

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
----------------	---

18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment	☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)	
	a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%	
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more	
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____	

Part VII	IRS Compliance Questions
-----------------	---------------------------------

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number .	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / / .	

**TRUITT OILFIELD MAINTENANCE INC.
401(k) PLAN**

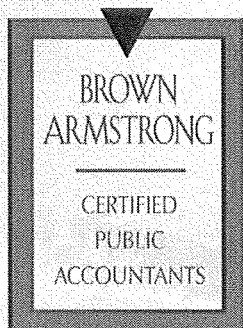
**FINANCIAL STATEMENTS
WITH
INDEPENDENT AUDITOR'S REPORT**

DECEMBER 31, 2016 AND 2015

**TRUITT OILFIELD MAINTENANCE INC. 401(k) PLAN
DECEMBER 31, 2016 AND 2015**

TABLE OF CONTENTS

	<u>Page</u>
Independent Auditor's Report	1
 <u>Financial Statements</u>	
Statements of Net Assets Available for Plan Benefits	3
Statements of Changes in Net Assets Available for Plan Benefits	4
Notes to the Financial Statements	5
 <u>Supplemental Information</u>	
Schedule H, Line 4i	
Schedule of Assets Held at End of Year December 31, 2016	14



BROWN ARMSTRONG

Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

To the Administrators and Trustee
Truitt Oilfield Maintenance Inc. 401(k) Plan
Bakersfield, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Truitt Oilfield Maintenance Inc. 401(k) Plan (the Plan), which comprise the statements of net assets available for plan benefits as of December 31, 2016 and 2015, the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 Code of Federal Regulations (CFR) 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrators instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3 which was certified by Empower Retirement, a division of Great West Life & Annuity Insurance 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 administrators that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrators have obtained a certification from the trustee as of and for the years ended December 31, 2016 and 2015, that the information provided to the Plan administrators by the trustee is complete and accurate.

BAKERSFIELD OFFICE (MAIN OFFICE)

4200 TRUXTUN AVENUE
SUITE 300

BAKERSFIELD, CA 93309

TEL 661.324.4971

FAX 661.324.4997

EMAIL info@bacpas.com

FRESNO OFFICE

7673 N. INGRAM AVENUE

SUITE 101

FRESNO, CA 93711

TEL 559.476.3592

FAX 559.476.3593

LAGUNA HILLS OFFICE

23272 MILL CREEK DRIVE

SUITE 255

LAGUNA HILLS, CA 92563

TEL 949.652.5122

STOCKTON OFFICE

5250 CLAREMONT AVENUE

SUITE 150

STOCKTON, CA 95207

TEL 209.451.4833

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.

Emphasis of Matter

As discussed in Note 2 to the financial statements, in 2016 and 2015 the Plan adopted a new accounting guidance, Accounting Standards Update No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965); (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient (Consensuses of the FASB Emerging Issues Task Force)*. Our opinion is not modified with respect to this matter.

Other Matter

The supplemental Schedule H, Line 4i-Schedule of Assets Held at End of Year as of and for the year ended December 31, 2016, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is 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 supplemental schedule referred to above.

Report on Form and Content in Compliance with the DOL's Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, has 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

BROWN ARMSTRONG
ACCOUNTANCY CORPORATION

Brown Armstrong
Accountancy Corporation

Bakersfield, California
October 6, 2017

**TRUITT OILFIELD MAINTENANCE INC. 401(k) PLAN
STATEMENTS OF NET ASSETS
AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2016 AND 2015**

	<u>2016</u>	<u>2015</u>
ASSETS		
Receivables		
Employer Contributions	\$ 148,480	\$ 148,480
Participant Contributions	276	7
Investments at Fair Value		
Mutual Funds	2,274,305	2,784,954
Group Fixed Deferred Annuity Contract	<u>24,075</u>	<u>8,563</u>
Total Assets	<u>2,447,136</u>	<u>2,942,004</u>
NET ASSETS		
NET ASSETS AVAILABLE FOR PLAN BENEFITS	<u><u>\$ 2,447,136</u></u>	<u><u>\$ 2,942,004</u></u>

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

**TRUITT OILFIELD MAINTENANCE INC. 401(k) PLAN
STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR PLAN BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2016 AND 2015**

	<u>2016</u>	<u>2015</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Contributions		
Employers	\$ -	\$ 127,568
Participants	119,895	189,453
Net Appreciation (Depreciation) in Fair Value of Investments	114,807	(133,273)
Dividend/Interest	62,367	112,550
Other Income	15,798	11,057
	<u>312,867</u>	<u>307,355</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Distributions Paid (Including Rollovers)	773,530	802,733
Administrative Expenses	34,205	54,794
	<u>807,735</u>	<u>857,527</u>
Total Deductions from Net Assets	<u>807,735</u>	<u>857,527</u>
Net Decrease	(494,868)	(550,172)
NET ASSETS AVAILABLE FOR PLAN BENEFITS:		
Beginning of Year	<u>2,942,004</u>	<u>3,492,176</u>
End of Year	<u>\$ 2,447,136</u>	<u>\$ 2,942,004</u>

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

TRUITT OILFIELD MAINTENANCE INC. 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2016 AND 2015

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the Truitt Oilfield Maintenance Inc. (the Company) 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all non-excluded employees who are at least eighteen years or older and have completed six months of service with the Company. Excluded employees are defined as union employees who are part of a collective bargaining unit recognized as such by the Company, and for whom retirement benefits have been the subject of good faith bargaining, leased employees or certain nonresident aliens who have not earned income from sources within the United States. The Plan accepts rollover contributions and permits participant direction of investments. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective Date

The Plan became effective June 1, 2006, and was subsequently amended on June 1, 2011, and January 1, 2015, to bring the Plan into compliance with the Pension Protection Act of 2006 (PPA) and other legislative and regulatory changes. All non-excluded employees of eighteen years or older employed on the effective date of the Plan who had completed six months of service were eligible to participate immediately.

Plan Year

The Plan year is the twelve consecutive month period beginning January 1 and ending December 31. Plan records are maintained on this basis.

Contributions

Participants may contribute at their discretion amounts to the Plan on a tax-deferred basis up to the maximum allowable by Federal and State laws. In 2016 and 2015, participants could contribute a maximum contribution of \$18,000, and a maximum catch-up additional deferral of \$6,000 if age 50 or older, not to exceed 100% of their eligible compensation, respectively.

The Company can elect on an annual basis to make a discretionary matching contribution. Prior to January 1, 2016, if applicable, the contribution would be equal to 50% of the participants' elective salary deferrals, limited for amounts in excess of the first 5% of compensation as elective contributions. Effective January 1, 2016, the Company has the option to apply the discretionary matching contribution by disregarding the salary deferrals made each year that exceed a certain dollar amount or a certain percentage of compensation for the year.

In 2006, effective through December 31, 2015, the Company had adopted a safe harbor matching contribution of up to 3% of each eligible employee's contribution, plus 50% of the employee's contribution that exceeds 3%, but not 5%, of the participant's compensation. In order to participate in the employer profit sharing contribution, participants had to be employed on the last day of the Plan year and have completed at least 1,000 hours of service during the year. Effective January 1, 2016, the Company ceased making safe harbor contributions to the Plan.

In 2016 and 2015, the Company's matching contribution totaled \$0 and \$127,568, respectively.

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Participant Accounts

Each participant's account is credited with the participant's contribution and allocation of (a) the Company's matching contribution (through December 31, 2015) and, (b) Plan earnings (losses), forfeitures, and charged with an allocation of any administrative expenses paid by the Plan. 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 account.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon and in the Company safe harbor matching contributions when made (through December 31, 2015). Vesting in their discretionary matching non-elective accounts is based on years of continuous service. A participant is vested in their discretionary contributions as follows:

<u>Discretionary Contributions</u>	
<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

If an employee is terminated and rehired, the employee is subject to the Plan's break in service rules, in which the employee can lose credit for prior service if they terminate employment and had five one year breaks in service.

Payment of Benefits

Upon termination of service due to death, disability, or retirement, a participant will receive a cash distribution in the form of a lump-sum amount equal to the value of the participant's vested interest in his or her account.

Forfeited Accounts

At December 31, 2016 and 2015, forfeited nonvested accounts totaled \$20,957 and \$697, respectively. These accounts will be used to reduce administrative expenses and future Company contributions. Company contributions were reduced by forfeited nonvested accounts by \$20,957 and \$697 at December 31, 2016 and 2015, respectively.

Termination

Although it has not expressed any intent to do so, the Company has the right, under the Plan, to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts. After payment of any expenses properly chargeable against the Plan, the value of the accounts credited to each participant as of the date of such termination will be distributed to such participants in cash.

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Plan Amendments

Effective January 1, 2016, the trustee amended the Plan document to make the following changes to the Plan:

The Company ceased making safe harbor contributions to the Plan. The Company has the option to apply the discretionary matching contribution by disregarding the salary deferrals made each year that exceed a certain dollar amount or a certain percentage of compensation for the year.

For vested account balances that do not exceed \$5,000, the participant's vested account balance may only be distributed to the participant in a single lump-sum payment. For account balances exceeding \$5,000, the participant must consent to any distribution before it may be made.

If the employment terminates for reasons other than normal retirement, the participant will be entitled to receive only the "vested percentage" of their account balance.

The Plan permits Roth elective deferrals.

Investment Options

Upon enrollment in the Plan, a participant may direct contributions to various investment options which include both mutual funds and a group fixed deferred annuity contract.

Mutual Funds

Mutual funds are offered to provide investment options for participants in select name-brand mutual funds and can invest in stocks, bonds, cash, and other types of investments. The trustee reports the change in fair value from year to year.

Group Fixed Deferred Annuity Contract

A general account product offered through a group annuity contract, participant principal and interest are fully guaranteed by the entire general account assets of Empower Retirement, a division of Great West Life & Annuity Insurance Company. Stability of principal is the primary objective of this investment option. The fixed account guarantees a minimum rate of interest for the life of an annuity contract, but may credit a higher interest rate from time to time. Interest is credited to the principal and the investment increases through compound interest to create a book value amount to the participant. Amounts allocated to the fixed account are held in funds offered through an insurance company's general account or separate account.

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrators to make estimates and assumptions that affect certain reported amounts and disclosures; accordingly, actual results may differ from those estimates.

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition

Investments are reported 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. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to measure the fair value of certain financial instruments could result in a different fair value at the reporting date. The Plan administrators determine the Plan's valuation policies. See Note 7 for discussion of fair value measurements.

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

Invested Income

Invested income is retained and reinvested in the Plan for the benefit of the participants.

Payment of Benefits

Benefits are recorded when paid.

Expenses

All operating expenses of the Plan are paid by the Company and are therefore excluded from these financial statements.

Implementation of New Accounting Pronouncements

In July 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965); (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient (Consensuses of the FASB Emerging Issues Task Force)*. In the current fiscal year, the Plan was required to implement and implemented the provisions of ASU No. 2015-12. Part I eliminates the requirement to measure the fair value of fully benefit-responsive investment contracts and provides certain disclosures. Contract value is the only required measure for fully benefit-responsive investment contracts. Part II eliminates the requirement to disclose individual investments that represent 5% or more of assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics, and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Part III is not applicable to the Plan. ASU No. 2015-12 is effective for fiscal years beginning after December 15, 2015. Parts I and II were applied retrospectively.

NOTE 3 – INVESTMENTS

Plan investments are held by Empower Financial. The following is a summary of information regarding the Plan, included in the Plan's financial statements, that was prepared by the trustee of the Plan and furnished to the Plan administrators. The Plan administrators have also obtained a certification from the trustee that such information is complete and accurate.

Fair Value of Investments at December 31, 2016:

	<u>2016</u>
Mutual Funds	
DFA Int Small Cap Value I	\$ 14,630
Doubleline Core Fixed Income I	4,878
Fidelity Advisor Government Income I	1,382
Firsthand Technology Opportunities	8,576
Great West Loomis Sayles Bond Fund	759
Great West T.Rowe Price Midcapp	4,152
Ivy Energy I	11,396
MassMutual Select Mid Cap	115
MFS Emerging Markets Debt R4	773
MFS International Diversification R4	33,356
MFS Mid Cap Value	22,326
MFS New Discovery R4	756
Oppenheimer Global Fund A	9,896
T Rowe Price Balanced Fund	2,065
T Rowe Price Equity Income	6,209
T Rowe Price Equity Index 500	37,192
T Rowe Price New Income	1,963
Vanguard Small Cap Index	15,326
Vanguard Target Ret 2015 Inv	240,124
Vanguard Target Ret 2025 Inv	1,076,059
Vanguard Target Ret 2030 Inv	60,040
Vanguard Target Ret 2035 Inv	301,461
Vanguard Target Ret 2045 Inv	299,575
Vanguard Target Ret 2055 Inv	<u>121,296</u>
Total Mutual Funds	2,274,305
Group Fixed Deferred Annuity Contract	
Key Guaranteed Portfolio Fund	<u>24,075</u>
Total Guaranteed Funds	<u>24,075</u>
Total Investments	<u><u>\$ 2,298,380</u></u>

NOTE 3 – INVESTMENTS (Continued)Fair Value of Investments at December 31, 2015:

	<u>2015</u>
Mutual Funds	
DFA Int Small Cap Value I	\$ 7,325
Doubleline Core Fixed Income I	2,759
Doubleline Total Return Bond I	27
Fidelity Advisor Government Income I	732
Fidelity Advisor Consumer Discret I	37
Fidelity Advisor Industrials I	37
Firsthand Technology Opportunities	1,449
Great West Loomis Sayles Bond Fund	681
Invesco Equally WTD S&P 500	51
Ivy Energy I	313
MassMutual Select Mid Cap	34
MFS Emerging Markets Debt R4	705
MFS International Diversification R4	31,359
MFS Mid Cap Value	22,671
MFS New Discovery R4	694
Oppenheimer Global Fund A	6,394
T Rowe Price Balanced Fund	11,315
T Rowe Price Equity Income	1,948
T Rowe Price Equity Index 500	31,509
T Rowe Price New Income	10,529
Vanguard Small Cap Index	14,266
Vanguard Target Ret 2015 Inv	227,953
Vanguard Target Ret 2025 Inv	1,379,919
Vanguard Target Ret 2035 Inv	280,634
Vanguard Target Ret 2045 Inv	530,461
Vanguard Target Ret 2050 Inv	1,204
Vanguard Target Ret 2055 Inv	<u>219,948</u>
Total Mutual Funds	2,784,954
Group Fixed Deferred Annuity Contract	
Key Guaranteed Portfolio Fund	<u>8,563</u>
Total Investments	<u><u>\$ 2,793,517</u></u>

During the years ended December 31, 2016 and 2015, the Plan's investments (including gains and losses) bought and sold as well as held during the reporting period appreciated (depreciated) in value by \$144,807 and \$(133,273), respectively.

NOTE 4 – CERTIFIED INFORMATION

The financial statements and the financial information presented in Note 3 are prepared from information supplied by the trustee. Specifically, investments and contributions received as of and for the years ended December 31, 2016 and 2015, were supplied by the trustee. Such information has been certified by the trustee as being correct.

NOTE 5 – ADMINISTRATION OF PLAN ASSETS

The Plan's assets are held by Empower Retirement. As a trustee of the Plan, Empower Retirement also provides record keeping and investment services to the Plan.

The Company contributions are managed by the trustee, which invests cash received, interest, and dividend income and makes distributions to participants.

Administrative functions are jointly performed by National Retirement Services, Inc. (NRS), and by officers or employees of the Company. The Plan also contracts with Morgan Stanley Insurance Services Inc., for investment advisory services. No officer or employee receives compensation from the Plan. The trustee's financial investment fees are absorbed by the Plan and allocated among the participants' accounts. The independent auditor's fees are paid directly by the Company.

Administrative expenses consist of contract administrator fees, investment advisory and management fees, and other administrative expenses for a total of \$34,205 and \$54,794 as of December 31, 2016 and 2015, respectively.

NOTE 6 – TAX STATUS

Management believes the Plan is qualified under Section 401(a) of the Internal Revenue Service Code and, therefore, the Plan is exempt from taxation under Section 501(a). The trustee has provided the Company with a prototype document dated March 31, 2008, from the Internal Revenue Service wherein the Plan was deemed acceptable under Section 401(a). Generally, contributions to a qualified plan are deductible by the Company when made, earnings of the trust are tax-exempt, and participants are not taxed on their benefit until withdrawn from the Plan.

The Plan has been amended since receiving this determination letter. However, the Plan administrators believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Management is unaware of any variations in the operation of the Plan from the terms of the Plan documents, as amended. Management believes the Plan is qualified under the applicable sections of the Internal Revenue Code and ERISA.

Uncertain Tax Positions

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that, more likely than not, would not be sustained upon examination by the Internal Revenue Service. The Plan administrators have analyzed the tax positions taken by the Plan, and have concluded that as of December 31, 2016 and 2015, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 7 – FAIR VALUE MEASUREMENTS

The Company follows Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurements and Disclosures*, which provides a framework for measuring fair value, and further defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. The Company determines the fair values of its financial instruments based on the fair value hierarchy established in ASC Topic 820, which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value.

NOTE 7 – FAIR VALUE MEASUREMENTS (Continued)

This framework describes three levels of inputs that may be used to measure fair value:

- Level 1 Quoted prices in active markets for identical assets or liabilities that the Company has the ability to access at the measurement date.
- Level 2 Inputs other than quoted prices included within Level 1 that are observable for assets or liabilities, either directly or indirectly, through corroboration with observable market data. Level 2 inputs include (a) quoted prices for similar assets or liabilities in active markets, (b) quoted prices for identical or similar assets or liabilities in markets that are not active, (c) inputs other than quoted prices that are observable for the asset or liability (for example, interest rates and yield curves observable at commonly quoted intervals, volatilities, prepayment speeds, loss severities, credit risks, and default rates), and (d) inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- Level 3 Unobservable inputs used to measure fair value to the extent that observable market based inputs are not available and that are supported by little or no market activity for the asset or liability. These unobservable inputs reflect the Company's own estimates about the assumptions that market participants would use in pricing the asset or liability.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares as reported by the fund. The mutual funds held by the Plan are open-end mutual funds registered with the U.S. Securities and Exchange Commission. The funds must publish their daily net asset value and transact at that price. The mutual funds held by the Plan are considered to be actively traded. The fair values of common stock are based on the closing price reported on the active market where the individual securities are traded.

Level 2 Fair Value Measurements

The group fixed deferred annuity contract is a general account product. The methodology for calculating the interest crediting rate is based on the earnings of the underlying assets in the entire medium-long term new portfolio compared to the minimum interest crediting rate, as stated in the contract, and prevailing market conditions. Interest crediting rate is reset quarterly.

Level 3 Fair Value Measurements

There are no plan assets requiring the use of Level 3 inputs for the periods presented.

Description	December 31, 2016	Fair Value at Reporting Date Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual Funds	\$ 2,274,305	\$ 2,274,305	\$ -	\$ -
Group Fixed Deferred Annuity Contract	24,075	-	24,075	-
Total Investments at Fair Value	<u>\$ 2,298,380</u>	<u>\$ 2,274,305</u>	<u>\$ 24,075</u>	<u>\$ -</u>

Description	December 31, 2015	Fair Value at Reporting Date Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual Funds	\$ 2,784,954	\$ 2,784,954	\$ -	\$ -
Group Fixed Deferred Annuity Contract	8,563	-	8,563	-
Total Investments at Fair Value	<u>\$ 2,793,517</u>	<u>\$ 2,784,954</u>	<u>\$ 8,563</u>	<u>\$ -</u>

NOTE 7 – FAIR VALUE MEASUREMENTS (Continued)

Gains and losses (realized and unrealized) included in the Statements of Changes in Net Assets Available for Plan Benefits for the years ended December 31, 2016 and 2015, are reported in net appreciation (depreciation) in fair value of investments.

The Plan's policy is to recognize transfers between Levels 1 and 2 and into and out of Level 3 as of the date of the event or change in the circumstances that caused the transfer. For the years ended December 31, 2016 and 2015, there were no significant transfers between Levels 1 and 2 and no transfers into or out of Level 3.

NOTE 8 – RISK AND UNCERTAINTIES

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

NOTE 9 – RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds and a key guaranteed portfolio fund managed by Empower Retirement. Empower Retirement is the trustee of the Plan, therefore these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management services amounted to \$32,455 and \$40,186 for the years ended December 31, 2016 and 2015, respectively.

NOTE 10 – SUBSEQUENT EVENTS

Subsequent events were evaluated through October 6, 2017, which is the date the financial statements were available to be issued.

NOTE 11 – RECENTLY ISSUED PRONOUNCEMENTS APPLICABLE TO FUTURE YEARS

- ASU No. 2015-07, *Fair Value Measurement (Topic 820) Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*. The amendments in this update remove the requirements to make certain disclosures for all investments that are eligible to be measured at fair value using the net asset value per share practical expedient. Rather, those disclosures are limited to investments for which the entity has elected to measure the fair value using that practical expedient. The statement was issued in May 2015 and is effective for public business entities for fiscal years beginning after December 15, 2015, and interim periods within those fiscal years. For all other entities, the amendments in this update are effective for fiscal years beginning after December 15, 2016, and interim periods within those fiscal years. The Plan has not fully judged the impact the implementation this update will have on the Plan.
- ASU No. 2017-06, *Plan Accounting: Defined Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965), Employee Benefit Plan Master Trust Reporting*. This update was issued in February 2017 and relates primarily to the reporting by an employee benefit plan for its interest in a master trust. The amendments in this update are effective for fiscal years beginning after December 15, 2018. Early adoption is permitted. The Plan currently does not have any investments in master trusts, as such, this update does not affect the Plan.

TRUITT OILFIELD MAINTENANCE INC.401(k) PLAN
EIN: 95-3558915
THREE DIGIT PLAN NUMBER: 001
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2016

(A)	(B) Identity of Issuer, Borrower, Lessor, or Similar Party	(C) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(D) Cost	(E) Current Value
	DFA Int Small Cap Value I	Mutual Fund	\$ 14,362	\$ 14,630
	Doubleline Core Fixed Income I	Mutual Fund	4,889	4,878
	Fidelity Advisor Government Income I	Mutual Fund	1,426	1,382
	Firsthand Technology Opportunities	Mutual Fund	9,147	8,576
*	Great West Loomis Sayles Bond Fund	Mutual Fund	775	759
*	Great West T.Rowe Price Midcapp	Mutual Fund	4,051	4,152
	Ivy Energy I	Mutual Fund	7,935	11,396
	MassMutual Select Mid Cap	Mutual Fund	122	115
	MFS Emerging Markets Debt R4	Mutual Fund	781	773
	MFS International Diversification R4	Mutual Fund	34,340	33,356
	MFS Mid Cap Value	Mutual Fund	20,623	22,326
	MFS New Discovery R4	Mutual Fund	754	756
	Oppenheimer Global Fund A	Mutual Fund	9,518	9,896
	T Rowe Price Balanced Fund	Mutual Fund	2,073	2,065
	T Rowe Price Equity Income	Mutual Fund	6,157	6,209
	T Rowe Price Equity Index 500	Mutual Fund	33,589	37,192
	T Rowe Price New Income	Mutual Fund	2,033	1,963
	Vanguard Small Cap Index	Mutual Fund	13,536	15,326
	Vanguard Target Ret 2015 Inv	Mutual Fund	246,694	240,124
	Vanguard Target Ret 2025 Inv	Mutual Fund	1,044,930	1,076,059
	Vanguard Target Ret 2030 Inv	Mutual Fund	55,096	60,040
	Vanguard Target Ret 2035 Inv	Mutual Fund	290,293	301,461
	Vanguard Target Ret 2045 Inv	Mutual Fund	284,106	299,575
	Vanguard Target Ret 2055 Inv	Mutual Fund	114,474	121,296
*	Key Guaranteed Portfolio Fund	Fixed Annuities	2,944	24,075
Total Assets Held for Investment Purposes				<u>\$ 2,298,380</u>

* Indicates a party-in-interest to the Plan.

TRUITT OILFIELD MAINTENANCE CORP.				
401(K) PLAN				
EIN 95-3558915				
PLAN NUMBER 001				
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)				
PLAN YEAR ENDED DECEMBER 31, 2016				
(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment	Cost	Current Value
-----	-----	-----	-----	-----
	DFA INTERNATIONAL SMALL CAP VALUE I	MUTUAL FUND	N/A	14,630
	DOUBLELINE CORE FIXED INCOME I	MUTUAL FUND	N/A	4,878
	FIDELITY ADVISOR GOVERNMENT INCOME I	MUTUAL FUND	N/A	1,382
	FIRSTHAND TECHNOLOGY OPPORTUNITIES	MUTUAL FUND	N/A	8,576
*	GREAT-WEST LOOMIS SAYLES BOND FUND I	MUTUAL FUND	N/A	759
*	GREAT-WEST T. ROWE PRICE MIDCAP GR FUND I	MUTUAL FUND	N/A	4,152
	IVY ENERGY I	MUTUAL FUND	N/A	11,396
	MASSMUTUAL SELECT MID CAP GR EQ II Z	MUTUAL FUND	N/A	115
	MFS EMERGING MARKETS DEBT R4	MUTUAL FUND	N/A	773
	MFS INTERNATIONAL DIVERSIFICATION R4	MUTUAL FUND	N/A	33,356
	MFS MID CAP VALUE R4	MUTUAL FUND	N/A	22,326
	MFS NEW DISCOVERY R4	MUTUAL FUND	N/A	756
	OPPENHEIMER GLOBAL FUND A	MUTUAL FUND	N/A	9,896
	T. ROWE PRICE BALANCED FUND	MUTUAL FUND	N/A	2,065
	T. ROWE PRICE EQUITY INCOME FUND	MUTUAL FUND	N/A	6,209
	T. ROWE PRICE EQUITY INDEX 500	MUTUAL FUND	N/A	37,192
	T. ROWE PRICE NEW INCOME	MUTUAL FUND	N/A	1,963
	VANGUARD SMALL CAP INDEX ADM	MUTUAL FUND	N/A	15,326
	VANGUARD TARGET RETIREMENT 2015 INV	MUTUAL FUND	N/A	240,124
	VANGUARD TARGET RETIREMENT 2025 INV	MUTUAL FUND	N/A	1,076,059
	VANGUARD TARGET RETIREMENT 2030 INV	MUTUAL FUND	N/A	60,040
	VANGUARD TARGET RETIREMENT 2035 INV	MUTUAL FUND	N/A	301,461
	VANGUARD TARGET RETIREMENT 2045 INV	MUTUAL FUND	N/A	299,575
	VANGUARD TARGET RETIREMENT 2055 INV	MUTUAL FUND	N/A	121,296
*	KEY GUARANTEED PORTFOLIO FUND	FIXED ANNUITIES	N/A	24,075

	TOTAL			2,298,380
				=====
	NOTE: ASTERIK INDICATES A PARTY-IN-INTEREST TO THE PLAN.			
	NOTE: ASSETS ARE NOT REQUIRED TO BE MAINTAINED ON A HISTORICAL COST BASIS AS ALL ACCOUNTS ARE PARTICIPANT DIRECTED.			