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 01/01/2016 and ending 12/31/2016

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
MEYER, LYTTON, ALLEN, WHITAKER, INC. MEYER, LYTTON, ALLEN, WHITAKER, INC./MLA LA

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1992

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)
MEYER, LYTTON, ALLEN, WHITAKER, INC

2804 LONGHORN BOULEVARD
AUSTIN, TX 78758

2b Employer Identification Number (EIN) 74-1669714

2c Plan Sponsor's telephone number 512-835-7000

2d Business code (see instructions) 541330

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.	10/16/2017	JENNIFER LEAL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2017	JENNIFER LEAL
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	

5 Total number of participants at the beginning of the plan year	**5**	171
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)**	132
a(2) Total number of active participants at the end of the plan year	**6a(2)**	125
b Retired or separated participants receiving benefits	**6b**	7
c Other retired or separated participants entitled to future benefits	**6c**	46
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	178
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	178
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	167
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	17
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 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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

(1) [X] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [ ] ___ **A** (Insurance Information)

(4) [X] **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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
MEYER, LYTTON, ALLEN, WHITAKER, INC. MEYER, LYTTON, ALLEN, WHITAKER, INC./MLA LA

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MEYER, LYTTON, ALLEN, WHITAKER, INC

D Employer Identification Number (EIN)
74-1669714

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions). . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(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 19 64	RECORDKEEPER/ CUSTODIAN	34890	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

WELLS FARGO ADVISORS, LLC

401 S TRYON STREET, 19TH FLOOR
CHARLOTTE, NC 28288

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

(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
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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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)

Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
MEYER, LYTTON, ALLEN, WHITAKER, INC. MEYER, LYTTON, ALLEN, WHITAKER, INC./MLA LA

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MEYER, LYTTON, ALLEN, WHITAKER, INC

D Employer Identification Number (EIN)
74-1669714

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	10551	19239
(2) Participant contributions	1b(2)	1897	7402
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	288023	0
(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)	185636	254348
(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)	3175505	3910383
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	3661612	4191372
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3661612	4191372

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)	267671	
	(B) Participants	2a(1)(B)	323475	
	(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)		591146
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)	6382	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6382
	(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)		0
	(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)		
(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)		260972
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		858500
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	274662	
(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)		274662
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		9050
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	34890	
(4) Other	2i(4)	10138	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		45028
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		328740
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		529760
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: ATCHLEY AND ASSOCIATES, LLP **(2)** EIN: 74-2920819

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	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

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

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 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).

▶ **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
MEYER, LYTTON, ALLEN, WHITAKER, INC. MEYER, LYTTON, ALLEN, WHITAKER, INC./MLA LA

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MEYER, LYTTON, ALLEN, WHITAKER, INC

D Employer Identification Number (EIN)
74-1669714

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): 31-1592130

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

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

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? 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 _____/_____/_____.

MEYER, LYTTON, ALLEN, WHITAKER, INC /
MLA LABS 401(K) PROFIT SHARING PLAN
FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES
DECEMBER 31, 2016 AND 2015

MEYER, LYTTON, ALLEN, WHITAKER, INC / MLA LABS 401(K)
PROFIT SHARING PLAN

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ATCHLEY & ASSOCIATES LLP
CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS ADVISORS

Independent Auditors' Report

To the Plan Administrator and Participants of the
Meyer, Lytton, Allen, Whitaker, Inc/MLA
Labs 401(k) Profit Sharing Plan
Austin, Texas

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Meyer, Lytton, Allen, Whitaker, Inc/MLA Labs 401(k) Profit Sharing Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' 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 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 C, which was certified by Nationwide Financial Services, Inc., the custodian of the Plan, except for comparing this information with the related information included in the financial statements. The Plan Administrator has obtained certifications from the custodian as of and for the years ended December 31, 2016 and 2015, that the information provided to the Plan Administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matters

The supplemental Schedule of Assets Held at End of Year as of December 31, 2016, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and is not a required part of the financial statements. The supplemental schedule are the responsibility of the Plan’s management. 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.

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

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



Austin, Texas
October 16, 2017

MEYER, LYTTON, ALLEN, WHITAKER, INC / MLA LABS 401(K)
PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2016 AND 2015

	2016	2015
ASSETS		
Investments, at fair value:		
Money market funds	$ -	$ 288,023
Mutual funds	3,910,383	3,175,505
Total	3,910,383	3,463,528
Participant notes receivable	254,348	185,636
Employer receivables	6,070	1,218
Employer corrective receivables	13,169	9,333
Participant receivables	7,402	1,897
	26,641	12,448
Total assets	4,191,372	3,661,612
LIABILITIES		
Total liabilities	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 4,191,372	$ 3,661,612

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

MEYER, LYTTON, ALLEN, WHITAKER, INC / MLA LABS 401(K)
PROFIT SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2016 AND 2015

	2016	2015
ADDITIONS		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	$ 260,972	$ (140,607)
Interest on participant notes receivable	6,382	5,890
Total investment income (loss)	267,354	(134,717)
Contributions:		
Participant	323,475	242,745
Employer	256,502	227,277
Employer corrective	11,169	4,496
Rollover	-	2,053
Total contributions	591,146	476,571
DEDUCTIONS		
Benefits paid to participants	283,712	87,809
Administrative expenses	45,028	9,674
Total deductions	328,740	97,483
Net increase	529,760	244,371
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	3,661,612	3,417,241
End of year	$ 4,191,372	$ 3,661,612

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

MEYER, LYTTON, ALLEN, WHITAKER, INC / MLA LABS 401(K)
PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2016 AND 2015

NOTE A - DESCRIPTION OF PLAN

The Meyer, Lytton, Allen, Whitaker, Inc/MLA Labs 401(k) Profit Sharing Plan (the Plan) became effective January 1, 1992. The following description of the Plan provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions. The Plan was most recently amended effective January 1, 2015.

General

The Plan is a defined contribution plan, which covers all eligible employees of Meyer, Lytton, Allen, Whitaker, Inc, MLA Labs Inc, MLAW Forensics, Inc, Geostructural Tool Kit, and MLAW Forensics (together the Organization). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Nationwide Financial Services, Inc. is the Plan's custodian and record keeper and the Plan is administered by the Organization.

Eligibility

All Employees with 6 months of service are eligible to participate in the Plan. Employees eligible to participate in the Plan may enroll on the first day of the following plan year quarter after meeting the eligibility criteria.

Participant Investment Options

Participants are allowed to invest in a variety of investment choices as more fully described in the Plan's literature.

Contributions

As defined by the Plan, participating employees are allowed to contribute a percentage of their pretax earnings up to $18,000 in 2016 and 2015. Investments are selected by the participant. Participants who are age 50 or older may elect to defer additional amounts (called catch-up contributions) to the Plan. The maximum catch-up contribution allowed is $6,000 in 2016 and 2015.

Distributions to participants from other qualified trusts, retirement accounts or bonds may be applied as rollover contributions.

The Organization makes discretionary matching contributions to participants equal to 1/10th of the participant deferrals up to 6% of the participant’s deferral for each pay period. The Organization also makes a 3% safe-harbor non-elective contribution for each participant based on their eligible plan compensation.

NOTE A - DESCRIPTION OF PLAN - CONTINUED

Participant Accounts

Each participant's account is credited with the participant's contribution, the Organization's matching contribution, and any earnings on their individual selected investments. Earnings, gains, and losses are allocated to each participant's account, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Loans to Participants

Participants may borrow from their accounts up to a maximum equal to the lesser of $50,000 or 50% of their account balance. Loans must be repaid over a period of up to five years unless the loan is used for the purchase of a participant's primary residence in which the repayment period is extended to within a reasonable time commensurate with the repayment period permitted by commercial lenders for similar loans. Loans are secured by a portion of the participant's vested account in the interest accumulation account not to exceed 50% and bear interest at a reasonable rate of interest that may not exceed the legal limit. Loan repayments must be made at least quarterly and repayment schedules must result in substantially level amortization of the loan over the applicable term. Participants may have three loans outstanding at any time.

At December 31, 2016 and 2015, the Plan had loans outstanding to plan participants totaling $254,348 and $185,636, respectively. Interest rates on loans range from 3.25% to 5.00%, and maturity periods range from 1 to 14 years.

Vesting

Participants are fully vested in their contributions plus earnings thereon. Vesting in the Organization's profit sharing and matching contributions and related earnings is based on years of continuous service, with 20% vested beginning after two years of credited service and 100% vested after six years of credited service. That portion, if any, of a terminated participant's matching contribution account which is not vested in the employer contribution account will be forfeited. The Organization's contributions made under the Safe Harbor provision are 100% vested at the time of contribution.

Payment of Benefits

Under the terms of the Plan, participants are eligible for benefit payments upon actual retirement on or after the participant's normal retirement date. Participants may receive in-service withdrawals once they obtain the age of 59 1/2. The Plan also provides for distributions to participants, or their beneficiaries, upon death, disability, and termination of employment.

NOTE A - DESCRIPTION OF PLAN - CONTINUED

Forfeited Accounts

Forfeited non-vested accounts may be used to add to employer discretionary contributions for the Plan year. During the year ended December 31, 2016 and 2015, $5,561 and $1,336 were applied to employer discretionary contributions, respectively. There was $2,564 and $6,934 available at December 31, 2016 and 2015, respectively, to add to future employer discretionary contributions.

Administrative Expenses

With the exception of certain professional services contracted for by the Organization, the Plan's administrative expenses are paid out of Plan assets as provided by the plan document.

Plan Termination

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

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Valuation of Investments

Investments are stated at fair value in accordance with the Financial Accounting Standards Board (FASB) Accounting Standard Codification (ASC) 820. Fair values of all plan investments are based on prices quoted in an active market. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Investments are directed by participants.

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

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

Level 2 Inputs to the valuation methodology include:

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Valuation of Investments - Continued

Quoted prices for similar assets or liabilities in active markets;

Quoted prices for identical or similar assets or liabilities in inactive markets;

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

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value:

Mutual Funds - Valued using net asset values (NAV) that are calculated daily.

Money Market Funds - Valued at the market price of shares held at year end.

Plan investments at the end of the year, which are valued using NAV, are excluded from the fair value hierarchy schedule in Note D.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Tax Status

The Plan adopted a volume submitter 401(k) profit sharing plan that has received an opinion letter from the Internal Revenue Service as to the volume submitter plan's qualified status. The volume submitter plan opinion letter has been relied upon by the Plan. The Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the Internal Revenue Code.

The Plan has adopted FASB ASC 740-10, *Accounting for Uncertainty in Income Tax*. That standard prescribes a minimum recognition threshold and measurement methodology that a tax position taken or expected to be taken in a tax return is required to meet before being recognized in financial statements. It also provides guidance for de-recognition, classification, interest and penalties, accounting in interim periods, disclosure, and transition. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2013.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from these estimates.

Subsequent Events

Management of the Plan has evaluated subsequent events for disclosure through the date of the Independent Auditors' Report, the date the financial statements were available to be issued.

NOTE C - CERTIFIED FINANCIAL INFORMATION (UNAUDITED)

As permitted by the rules and regulations of the Department of Labor with respect to reporting and disclosure under ERISA, Nationwide Financial Services, Inc. has certified to the Plan Administrator that the investments (stated at fair value) and participant notes receivable, together with all other transactions which affect those assets are complete and accurate. The Plan's assets and related transactions certified by the custodian as of and for the years ended December 31, 2016 and 2015, are summarized as follows:

NOTE C - CERTIFIED FINANCIAL INFORMATION (UNAUDITED) - CONTINUED

	2016	2015
Investments, at fair value:		
Money market funds	$ -	$ 288,023
Mutual funds	3,910,383	3,175,505
	3,910,383	3,463,528
Participant notes receivable	254,348	185,636
	$4,164,731	$3,649,164

	2016	2015
Investment Income:		
Interest on participant loans	$ 6,382	$ 5,890
Net appreciation (depreciation) of investments	260,972	(140,607)
	$ 267,354	$ (134,717)

NOTE D - FAIR VALUE MEASUREMENT

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016 and 2015:

	2016	2015
Assets valued at Level 1		
Money market funds	$ -	$ 288,023
Assets valued at NAV		
Mutual funds	3,910,383	3,175,505
Total assets at fair value	$3,910,383	$ 3,463,528

NOTE E - PARTY-IN-INTEREST TRANSACTIONS

During the years ended December 31, 2016 and 2015, the Plan paid various service providers administrative, accounting and consulting fees of $45,028 and $9,674, respectively.

SUPPLEMENTAL SCHEDULE

MEYER, LYTTON, ALLEN, WHITAKER, INC / MLA LABS 401(K)
PROFIT SHARING PLAN
EMPLOYER ID#74-1669714, PLAN #002
FORM 5500, 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
*	Nationwide Life Insurance	AmCent Infl Adj Bd A	**	$ 95,384
*	Nationwide Life Insurance	AmFds Cap Inc Bldr R6	**	222,847
*	Nationwide Life Insurance	AmFds New Prspct R6	**	222,576
*	Nationwide Life Insurance	DFA Global Real Estate Sec Inst	**	141,344
*	Nationwide Life Insurance	DFA US Cor Eq I	**	183,766
*	Nationwide Life Insurance	Natixis Loomis Strat Inc A	**	227,881
*	Nationwide Life Insurance	FidAdv Free 2020 A	**	196,026
*	Nationwide Life Insurance	FidAdv Free 2030 A	**	292,085
*	Nationwide Life Insurance	FidAdv Free 2040 A	**	476,006
*	Nationwide Life Insurance	Harbor Intl Inv	**	276,191
*	Nationwide Life Insurance	Heartland Val Pls Inv	**	136,307
*	Nationwide Life Insurance	Invsco Eq Inc RS	**	83,648
*	Nationwide Life Insurance	JPM SmartRet 2015 Inst	**	65
*	Nationwide Life Insurance	JPM SmartRet 2020 Inst	**	65
*	Nationwide Life Insurance	JPM SmartRet 2025 Inst	**	3,809
*	Nationwide Life Insurance	JPM SmartRet 2030 Inst	**	66
*	Nationwide Life Insurance	JPM SmartRet 2035 Inst	**	14,322
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*	Nationwide Life Insurance	JPM SmartRet 2045 Inst	**	15,307
*	Nationwide Life Insurance	JPM SmartRet 2050 Inst	**	367
*	Nationwide Life Insurance	JPM SmartRet 2055 Inst	**	17,507
*	Nationwide Life Insurance	JPM SmartRet Inc Inst	**	65
*	Nationwide Life Insurance	JNS Bal I	**	66
*	Nationwide Life Insurance	Jns Glbl Lf Scnc I	**	7,513
*	Nationwide Life Insurance	LeggM ClrBrdg Aggr Gr 1	**	400,152
*	Nationwide Life Insurance	NW Zieg NYS ArcTch 100 I	**	56
*	Nationwide Life Insurance	JNS Flex	**	12,467
*	Nationwide Life Insurance	Opp Stlpth MLP Alpha Y	**	2,611
*	Nationwide Life Insurance	Ptnm Cap Spctrm Y	**	7,446
*	Nationwide Life Insurance	Ptnm Eq Spctrm Y	**	440,938
*	Nationwide Life Insurance	Thrnbrg Invmt Inc Bldr RS	**	67
*	Nationwide Life Insurance	Vngrd GNMA Inv	**	529
*	Nationwide Life Insurance	Vngrd Strat SmCap Eq Inv	**	18,629
*	Nationwide Life Insurance	WR Ivy Asst Strat	**	62
*	Nationwide Life Insurance	WR Ivy H1 Inc I	**	39,543
*	Nationwide Life Insurance	Opp Intl SmMD	**	21,362
*	Nationwide Life Insurance	Prudential Jnisn	**	387

MEYER, LYTTON, ALLEN, WHITAKER, INC / MLA LABS 401(K)
PROFIT SHARING PLAN
EMPLOYER ID#74-1669714, PLAN #002
FORM 5500, 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
*	Nationwide Life Insurance	DFA Emrg Mkt	**	15,775
*	Nationwide Life Insurance	JPM Eq Inc I	**	40,315
*	Nationwide Life Insurance	Royce Val Pls	**	670
*	Nationwide Life Insurance	Fed Gov Oligations	**	287,767
				3,910,383
*	Participant Loans	Interest rates ranging from 3.25% to 5.00%, secured by participant accounts	**	254,348
		Total		$ 4,164,731

* This information was derived from data certified by Nationwide Financial Services, Inc.

** Column (d) "Cost" has been omitted as permitted for participant directed accounts.

MEYER, LYTTON, ALLEN, WHITAKER, INC /
MLA LABS 401(K) PROFIT SHARING PLAN
FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES
DECEMBER 31, 2016 AND 2015

MEYER, LYTTON, ALLEN, WHITAKER, INC / MLA LABS 401(K)
PROFIT SHARING PLAN

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ATCHLEY & ASSOCIATES LLP
CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS ADVISORS

Independent Auditors' Report

To the Plan Administrator and Participants of the
Meyer, Lytton, Allen, Whitaker, Inc/MLA
Labs 401(k) Profit Sharing Plan
Austin, Texas

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Meyer, Lytton, Allen, Whitaker, Inc/MLA Labs 401(k) Profit Sharing Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' 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 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 C, which was certified by Nationwide Financial Services, Inc., the custodian of the Plan, except for comparing this information with the related information included in the financial statements. The Plan Administrator has obtained certifications from the custodian as of and for the years ended December 31, 2016 and 2015, that the information provided to the Plan Administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matters

The supplemental Schedule of Assets Held at End of Year as of December 31, 2016, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and is not a required part of the financial statements. The supplemental schedule are the responsibility of the Plan’s management. 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.

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

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



Austin, Texas
October 16, 2017

MEYER, LYTTON, ALLEN, WHITAKER, INC / MLA LABS 401(K)
PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2016 AND 2015

	2016	2015
ASSETS		
Investments, at fair value:		
Money market funds	$ -	$ 288,023
Mutual funds	3,910,383	3,175,505
Total	3,910,383	3,463,528
Participant notes receivable	254,348	185,636
Employer receivables	6,070	1,218
Employer corrective receivables	13,169	9,333
Participant receivables	7,402	1,897
	26,641	12,448
Total assets	4,191,372	3,661,612
LIABILITIES		
Total liabilities	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 4,191,372	$ 3,661,612

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

MEYER, LYTTON, ALLEN, WHITAKER, INC / MLA LABS 401(K)
PROFIT SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2016 AND 2015

	2016	2015
ADDITIONS		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	$ 260,972	$ (140,607)
Interest on participant notes receivable	6,382	5,890
Total investment income (loss)	267,354	(134,717)
Contributions:		
Participant	323,475	242,745
Employer	256,502	227,277
Employer corrective	11,169	4,496
Rollover	-	2,053
Total contributions	591,146	476,571
DEDUCTIONS		
Benefits paid to participants	283,712	87,809
Administrative expenses	45,028	9,674
Total deductions	328,740	97,483
Net increase	529,760	244,371
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	3,661,612	3,417,241
End of year	$ 4,191,372	$ 3,661,612

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

MEYER, LYTTON, ALLEN, WHITAKER, INC / MLA LABS 401(K)
PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2016 AND 2015

NOTE A - DESCRIPTION OF PLAN

The Meyer, Lytton, Allen, Whitaker, Inc/MLA Labs 401(k) Profit Sharing Plan (the Plan) became effective January 1, 1992. The following description of the Plan provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions. The Plan was most recently amended effective January 1, 2015.

General

The Plan is a defined contribution plan, which covers all eligible employees of Meyer, Lytton, Allen, Whitaker, Inc, MLA Labs Inc, MLAW Forensics, Inc, Geostructural Tool Kit, and MLAW Forensics (together the Organization). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Nationwide Financial Services, Inc. is the Plan's custodian and record keeper and the Plan is administered by the Organization.

Eligibility

All Employees with 6 months of service are eligible to participate in the Plan. Employees eligible to participate in the Plan may enroll on the first day of the following plan year quarter after meeting the eligibility criteria.

Participant Investment Options

Participants are allowed to invest in a variety of investment choices as more fully described in the Plan's literature.

Contributions

As defined by the Plan, participating employees are allowed to contribute a percentage of their pretax earnings up to $18,000 in 2016 and 2015. Investments are selected by the participant. Participants who are age 50 or older may elect to defer additional amounts (called catch-up contributions) to the Plan. The maximum catch-up contribution allowed is $6,000 in 2016 and 2015.

Distributions to participants from other qualified trusts, retirement accounts or bonds may be applied as rollover contributions.

The Organization makes discretionary matching contributions to participants equal to 1/10th of the participant deferrals up to 6% of the participant’s deferral for each pay period. The Organization also makes a 3% safe-harbor non-elective contribution for each participant based on their eligible plan compensation.

NOTE A - DESCRIPTION OF PLAN - CONTINUED

Participant Accounts

Each participant's account is credited with the participant's contribution, the Organization's matching contribution, and any earnings on their individual selected investments. Earnings, gains, and losses are allocated to each participant's account, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Loans to Participants

Participants may borrow from their accounts up to a maximum equal to the lesser of $50,000 or 50% of their account balance. Loans must be repaid over a period of up to five years unless the loan is used for the purchase of a participant's primary residence in which the repayment period is extended to within a reasonable time commensurate with the repayment period permitted by commercial lenders for similar loans. Loans are secured by a portion of the participant's vested account in the interest accumulation account not to exceed 50% and bear interest at a reasonable rate of interest that may not exceed the legal limit. Loan repayments must be made at least quarterly and repayment schedules must result in substantially level amortization of the loan over the applicable term. Participants may have three loans outstanding at any time.

At December 31, 2016 and 2015, the Plan had loans outstanding to plan participants totaling $254,348 and $185,636, respectively. Interest rates on loans range from 3.25% to 5.00%, and maturity periods range from 1 to 14 years.

Vesting

Participants are fully vested in their contributions plus earnings thereon. Vesting in the Organization's profit sharing and matching contributions and related earnings is based on years of continuous service, with 20% vested beginning after two years of credited service and 100% vested after six years of credited service. That portion, if any, of a terminated participant's matching contribution account which is not vested in the employer contribution account will be forfeited. The Organization's contributions made under the Safe Harbor provision are 100% vested at the time of contribution.

Payment of Benefits

Under the terms of the Plan, participants are eligible for benefit payments upon actual retirement on or after the participant's normal retirement date. Participants may receive in-service withdrawals once they obtain the age of 59 1/2. The Plan also provides for distributions to participants, or their beneficiaries, upon death, disability, and termination of employment.

NOTE A - DESCRIPTION OF PLAN - CONTINUED

Forfeited Accounts

Forfeited non-vested accounts may be used to add to employer discretionary contributions for the Plan year. During the year ended December 31, 2016 and 2015, $5,561 and $1,336 were applied to employer discretionary contributions, respectively. There was $2,564 and $6,934 available at December 31, 2016 and 2015, respectively, to add to future employer discretionary contributions.

Administrative Expenses

With the exception of certain professional services contracted for by the Organization, the Plan's administrative expenses are paid out of Plan assets as provided by the plan document.

Plan Termination

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

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Valuation of Investments

Investments are stated at fair value in accordance with the Financial Accounting Standards Board (FASB) Accounting Standard Codification (ASC) 820. Fair values of all plan investments are based on prices quoted in an active market. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Investments are directed by participants.

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

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

Level 2 Inputs to the valuation methodology include:

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Valuation of Investments - Continued

Quoted prices for similar assets or liabilities in active markets;

Quoted prices for identical or similar assets or liabilities in inactive markets;

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

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value:

Mutual Funds - Valued using net asset values (NAV) that are calculated daily.

Money Market Funds - Valued at the market price of shares held at year end.

Plan investments at the end of the year, which are valued using NAV, are excluded from the fair value hierarchy schedule in Note D.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Tax Status

The Plan adopted a volume submitter 401(k) profit sharing plan that has received an opinion letter from the Internal Revenue Service as to the volume submitter plan's qualified status. The volume submitter plan opinion letter has been relied upon by the Plan. The Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the Internal Revenue Code.

The Plan has adopted FASB ASC 740-10, *Accounting for Uncertainty in Income Tax*. That standard prescribes a minimum recognition threshold and measurement methodology that a tax position taken or expected to be taken in a tax return is required to meet before being recognized in financial statements. It also provides guidance for de-recognition, classification, interest and penalties, accounting in interim periods, disclosure, and transition. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2013.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from these estimates.

Subsequent Events

Management of the Plan has evaluated subsequent events for disclosure through the date of the Independent Auditors' Report, the date the financial statements were available to be issued.

NOTE C - CERTIFIED FINANCIAL INFORMATION (UNAUDITED)

As permitted by the rules and regulations of the Department of Labor with respect to reporting and disclosure under ERISA, Nationwide Financial Services, Inc. has certified to the Plan Administrator that the investments (stated at fair value) and participant notes receivable, together with all other transactions which affect those assets are complete and accurate. The Plan's assets and related transactions certified by the custodian as of and for the years ended December 31, 2016 and 2015, are summarized as follows:

NOTE C - CERTIFIED FINANCIAL INFORMATION (UNAUDITED) - CONTINUED

	2016	2015
Investments, at fair value:		
Money market funds	$ -	$ 288,023
Mutual funds	3,910,383	3,175,505
	3,910,383	3,463,528
Participant notes receivable	254,348	185,636
	$4,164,731	$3,649,164

	2016	2015
Investment Income:		
Interest on participant loans	$ 6,382	$ 5,890
Net appreciation (depreciation) of investments	260,972	(140,607)
	$ 267,354	$ (134,717)

NOTE D - FAIR VALUE MEASUREMENT

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016 and 2015:

	2016	2015
Assets valued at Level 1		
Money market funds	$ -	$ 288,023
Assets valued at NAV		
Mutual funds	3,910,383	3,175,505
Total assets at fair value	$3,910,383	$ 3,463,528

NOTE E - PARTY-IN-INTEREST TRANSACTIONS

During the years ended December 31, 2016 and 2015, the Plan paid various service providers administrative, accounting and consulting fees of $45,028 and $9,674, respectively.

SUPPLEMENTAL SCHEDULE

MEYER, LYTTON, ALLEN, WHITAKER, INC / MLA LABS 401(K)
PROFIT SHARING PLAN
EMPLOYER ID#74-1669714, PLAN #002
FORM 5500, 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
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*	Nationwide Life Insurance	JPM SmartRet Inc Inst	**	65
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*	Nationwide Life Insurance	WR Ivy Asst Strat	**	62
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MEYER, LYTTON, ALLEN, WHITAKER, INC / MLA LABS 401(K)
PROFIT SHARING PLAN
EMPLOYER ID#74-1669714, PLAN #002
FORM 5500, SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2016

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*	Nationwide Life Insurance	JPM Eq Inc I	**	40,315
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*	Nationwide Life Insurance	Fed Gov Oligations	**	287,767
				3,910,383
*	Participant Loans	Interest rates ranging from 3.25% to 5.00%, secured by participant accounts	**	254,348
		Total		$ 4,164,731

* This information was derived from data certified by Nationwide Financial Services, Inc.

** Column (d) "Cost" has been omitted as permitted for participant directed accounts.

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2016** **This Form is Open to Public Inspection**

For calendar plan year 2016 or fiscal plan year beginning and ending

A Name of plan	**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.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(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)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f		
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l		

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	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	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	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

Attachment to 2016 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Meyer, Lytton, Allen, Whitaker, Inc. Meyer, Lytton, Allen, Whitaker, **EIN:** 74-1669714
Plan Sponsor's Name Meyer, Lytton, Allen, Whitaker, Inc **PN:** 002

(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
	Participant Loans	Interest Rate 3.25% - 3.50%		254,348
	Nationwide Life Insurance	AmCent Infl Adj Bd Inst		95,384
	Nationwide Life Insurance	AmFds Cap Inc Bldr R6		222,847
	Nationwide Life Insurance	AmFds New Prspct R6		222,576
	Nationwide Life Insurance	DFA Glbl RealEst Sec Inst		141,344
	Nationwide Life Insurance	DFA US Cor Eq I		183,766
	Nationwide Life Insurance	Natixis Loomis Strat Inc Y		227,881

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

Plan Name Meyer, Lytton, Allen, Whitaker, Inc. Meyer, Lytton, Allen, Whitaker, **EIN:** 74-1669714
Plan Sponsor's Name Meyer, Lytton, Allen, Whitaker, Inc **PN:** 002

(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
	Nationwide Life Insurance	FidAdv Free 2020 Inst		196,026
	Nationwide Life Insurance	FidAdv Free 2030 Inst		292,085
	Nationwide Life Insurance	FidAdv Free 2040 Inst		476,006
	Nationwide Life Insurance	Harbor Intl Inst		276,191
	Nationwide Life Insurance	Heartland Val Pls Inst		136,307
	Nationwide Life Insurance	Invsco Eq Inc R5		83,648
	Nationwide Life Insurance	JPM SmartRet 2015 Inst		65

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

Plan Name Meyer, Lytton, Allen, Whitaker, Inc. Meyer, Lytton, Allen, Whitaker, **EIN:** 741669714
Plan Sponsor's Name Meyer, Lytton, Allen, Whitaker, Inc **PN:** 002

(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
	Nationwide Life Insurance	JPM SmartRet 2020 Inst		65
	Nationwide Life Insurance	JPM SmartRet 2025 Inst		3,809
	Nationwide Life Insurance	JPM SmartRet 2030 Inst		66
	Nationwide Life Insurance	JPM SmartRet 2035 Inst		14,322
	Nationwide Life Insurance	JPM SmartRet 2040 Inst		8,394
	Nationwide Life Insurance	JPM SmartRet 2045 Inst		15,307
	Nationwide Life Insurance	JPM SmartRet 2050 Inst		367

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Plan Name Meyer, Lytton, Allen, Whitaker, Inc. Meyer, Lytton, Allen, Whitaker, **EIN:** 74-1669714
Plan Sponsor's Name Meyer, Lytton, Allen, Whitaker, Inc **PN:** 002

(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
	Nationwide Life Insurance	JPM SmartRet 2055 Inst		17,507
	Nationwide Life Insurance	JPM SmartRet Inc Inst		65
	Nationwide Life Insurance	JnsHndrsn Bal I		66
	Nationwide Life Insurance	JnsHndrsn Glbl Lf Scnc I		7,513
	Nationwide Life Insurance	LeggM ClrBrdg Aggr Gr I		400,152
	Nationwide Life Insurance	NW ZiegNYSArcTch100IdxInst		56
	Nationwide Life Insurance	JnsHndrsn Flex Bd 1		12,467

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

Plan Name Meyer, Lytton, Allen, Whitaker, Inc. Meyer, Lytton, Allen, Whitaker, **EIN:** 74-1669714
Plan Sponsor's Name Meyer, Lytton, Allen, Whitaker, Inc **PN:** 002

(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
	Nationwide Life Insurance	Opp Stlpth MLP Alpha Y		2,611
	Nationwide Life Insurance	Ptnm Cap Spctrm Y		7,446
	Nationwide Life Insurance	Ptnm Eq Spctrm Y		440,938
	Nationwide Life Insurance	Thrnbrg Invmt Inc Bldr R5		67
	Nationwide Life Insurance	Vngrd GNMA Inv		529
	Nationwide Life Insurance	Vngrd Strat SmCap Eq Inv		18,629
	Nationwide Life Insurance	WR Ivy Asst Strat I		62

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

Plan Name Meyer, Lytton, Allen, Whitaker, Inc. Meyer, Lytton, Allen, Whitaker, **EIN:** 74-1669714
Plan Sponsor's Name Meyer, Lytton, Allen, Whitaker, Inc **PN:** 002

(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
	Nationwide Life Insurance	WR Ivy Hi Inc I		39,543
	Nationwide Life Insurance	Opp Intl SmMd Co Y		21,362
	Nationwide Life Insurance	Prudntl Jnisn Util Z		387
	Nationwide Life Insurance	DFA Emrg Mkt Cor Eq Inst		15,776
	Nationwide Life Insurance	JPM Eq Inc I		40,315
	Nationwide Life Insurance	Royce Val Pls Invmt		670
	Nationwide Life Insurance	Fed Gov Oblgtns Prmr		287,767