# 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 04/01/2016 and ending 03/31/2017

**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
MERRICK & COMPANY 401(K) AND ESOP

**1b** Three-digit plan number (PN) ▶ 004

**1c** Effective date of plan 04/01/1983

**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)
MERRICK & COMPANY

5970 GREENWOOD PLAZA BLVD.
GREENWOOD VILLAGE, CO 80111

**2b** Employer Identification Number (EIN) 84-0499702

**2c** Plan Sponsor's telephone number 303-751-0741

**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. | 12/21/2017 | DOUGLAS EISENBRANDT |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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

Preparer's telephone number

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

| | | |
|---|---|---|
| **5** Total number of participants at the beginning of the plan year | **5** | 736 |
| **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)** | 497 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 506 |
| **b** Retired or separated participants receiving benefits | **6b** | 11 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 292 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 809 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 3 |
| **f** Total. Add lines **6d** and **6e**. | **6f** | 812 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 797 |
| **h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 19 |
| **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 2H 2I 2J 2K 2O 2S 2T 3I

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

**9a** Plan funding arrangement (check all that apply)

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

**9b** Plan benefit arrangement (check all that apply)

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

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

**a Pension Schedules**

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

**b General Schedules**

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **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<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2016**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2016 or fiscal plan year beginning 04/01/2016 and ending 03/31/2017

| | |
|---|---|
| **A** Name of plan<br>MERRICK & COMPANY 401(K) AND ESOP | **B** Three-digit plan number (PN) ▶ 004 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500<br>MERRICK & COMPANY | **D** Employer Identification Number (EIN)<br>84-0499702 |

## 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

CHARLES SCHWAB & CO., INC.

94-1733782

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

CHARLES SCHWAB BANK

42-1558009

**(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)

MILLIMAN, INC.

91-0675641

| (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 17 36 38 50 59 64 70 | NONE | 114368 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

COOK STREET CONSULTING

84-0854432

| (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? |
|---|---|---|---|---|---|---|
| 27 50 | NONE | 36320 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

PRAIRIE CAPITAL ADVISORS

36-4072641

| (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? |
|---|---|---|---|---|---|---|
| 34 50 | NONE | 17000 | 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)

EKS&H LLP

46-1497033

| (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? |
|---|---|---|---|---|---|---|
| 10 50 | NONE | 15360 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

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

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

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

## Part I Service Provider Information (continued)

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE 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 04/01/2016 and ending 03/31/2017

**A** Name of plan
MERRICK & COMPANY 401(K) AND ESOP

**B** Three-digit plan number (PN) ▶ 004

**C** Plan sponsor's name as shown on line 2a of Form 5500
MERRICK & COMPANY

**D** Employer Identification Number (EIN)
84-0499702

## 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 | 55172 | 1181 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 1408378 | 1750720 |
| **(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) | 2791291 | 3637840 |
| **(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) | 732873 | 832843 |
| **(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) | 43552025 | 49708073 |
| **(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) | 14322861 | 17042110 |
| | **(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 | 62862600 | 72972767 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | 1300604 |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 1300604 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 62862600 | 71672163 |

## 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) | 1770791 | |
| | **(B)** Participants | 2a(1)(B) | 3675268 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 1280706 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 6726765 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 399 | |
| | **(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) | 39877 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 40276 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | 1418645 | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 1463910 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 2882555 |
| | **(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) | | 4686871 |
| c Other income | 2c | | 3000 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 14339467 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 5346856 | |
| (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) | | 5346856 |
| 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) | 183048 | |
| (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) | | 183048 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 5529904 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 8809563 |
| 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: EKS&H LLLP **(2)** EIN: 46-1497033

**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 | | 1000000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 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 04/01/2016 and ending 03/31/2017

**A** Name of plan
MERRICK & COMPANY 401(K) AND ESOP

**B** Three-digit plan number (PN) ▶ 004

**C** Plan sponsor's name as shown on line 2a of Form 5500
MERRICK & COMPANY

**D** Employer Identification Number (EIN)
84-0499702

## 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): 42-1558009

**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 _____/_____/_____.

# MERRICK & COMPANY 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN

**Financial Statements**
**and**
**Independent Auditors' Report**
**March 31, 2017 and 2016**

EKS&H

**MERRICK & COMPANY 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN**

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EKS&H

1321 Oakridge Drive
Fort Collins, Colorado 80525 -5763
P: 970-282-5400
F: 970-282-5499
www.EKSH.com

EKS&H LLLP

# INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
Merrick & Company 401(k) and Employee Stock Ownership Plan
Greenwood Village, Colorado

## REPORT ON FINANCIAL STATEMENTS

We were engaged to audit the accompanying financial statements of Merrick & Company 401(k) and Employee Stock Ownership Plan (the "Plan"), which are comprised of the statements of net assets available for benefits as of March 31, 2017 and 2016, and the statement of changes in net assets available for benefits for the year ended March 31, 2017, 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 4, which was certified by Charles Schwab Trust Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of March 31, 2017 and 2016, and for the year ended March 31, 2017, that the information provided to the Plan administrator by the custodian is complete and accurate.

**DISCLAIMER OF OPINION**

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

**OTHER MATTER**

Supplemental Schedules

The supplemental schedules as of and for the year ended March 31, 2017, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

**REPORT ON FORM AND CONTENT IN COMPLIANCE WITH THE DEPARTMENT OF LABOR'S RULES AND REGULATIONS**

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

EKS&H LLLP

EKS&H LLLP

October 25, 2017
Fort Collins, Colorado

**MERRICK & COMPANY 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN**

**Statement of Net Assets Available for Benefits**
**As of March 31, 2017**

| | Non-Participant-Directed Funds | | Total ESOP Non-Participant-Directed Funds | Total 401(k) Participant-Directed Funds | Total ESOP and 401(k) Funds (Participant- and Non-Participant-Directed) |
|---|---|---|---|---|---|
| | Schwab U.S. Treasury Money Fund | Merrick & Company Common Stock | | | |
| **Assets** | | | | | |
| Investments, at fair value | | | | | |
| Mutual and money market funds | $ 1,564,687 | $ - | $ 1,564,687 | $ 51,781,226 | $ 53,345,913 |
| Equity securities | - | 17,042,110 | 17,042,110 | - | 17,042,110 |
| Total investments, at fair value | 1,564,687 | 17,042,110 | 18,606,797 | 51,781,226 | 70,388,023 |
| Cash | - | - | - | 1,181 | 1,181 |
| Receivables | | | | | |
| Employer matching contributions | 644,516 | - | 644,516 | 644,516 | 1,289,032 |
| ESOP contributions | 461,688 | - | 461,688 | - | 461,688 |
| Participant loans | - | - | - | 832,843 | 832,843 |
| Total receivables | 1,106,204 | - | 1,106,204 | 1,477,359 | 2,583,563 |
| Total assets | 2,670,891 | 17,042,110 | 19,713,001 | 53,259,766 | 72,972,767 |
| **Liabilities and Net Assets** | | | | | |
| Note payable - related party | - | 1,300,604 | 1,300,604 | - | 1,300,604 |
| Net assets available for benefits | $ 2,670,891 | $ 15,741,506 | $ 18,412,397 | $ 53,259,766 | $ 71,672,163 |

See notes to financial statements.

**MERRICK & COMPANY 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN**

**Statement of Net Assets Available for Benefits**
**As of March 31, 2016**

| | Non-Participant-Directed Funds | | Total ESOP Non-Participant-Directed Funds | Total 401(k) Participant-Directed Funds | Total ESOP and 401(k) Funds (Participant- and Non-Participant-Directed) |
|---|---|---|---|---|---|
| | Schwab U.S. Treasury Money Fund | Merrick & Company Common Stock | | | |
| **Assets** | | | | | |
| Investments, at fair value | | | | | |
| Mutual and money market funds | $ 858,548 | $ - | $ 858,548 | $ 45,484,768 | $ 46,343,316 |
| Equity securities | - | 14,322,861 | 14,322,861 | - | 14,322,861 |
| Total investments, at fair value | 858,548 | 14,322,861 | 15,181,409 | 45,484,768 | 60,666,177 |
| Cash | - | - | - | 55,172 | 55,172 |
| Receivables | | | | | |
| Employer matching contributions | 490,862 | - | 490,862 | 490,862 | 981,724 |
| ESOP contributions | 426,654 | - | 426,654 | - | 426,654 |
| Participant loans | - | - | - | 732,873 | 732,873 |
| Total receivables | 917,516 | - | 917,516 | 1,223,735 | 2,141,251 |
| Net assets available for benefits | $ 1,776,064 | $ 14,322,861 | $ 16,098,925 | $ 46,763,675 | $ 62,862,600 |

See notes to financial statements.

## MERRICK & COMPANY 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN

### Statement of Changes in Net Assets Available for Benefits
### For the Year Ended March 31, 2017

| | Non-Participant-Directed Funds | | | | |
|---|---|---|---|---|---|
| | Schwab U.S. Treasury Money Fund | Merrick & Company Common Stock | Total ESOP Non-Participant-Directed Funds | Total 401(k) Participant-Directed Funds | Total ESOP and 401(k) Funds (Participant- and Non-Participant-Directed) |
| Contributions | | | | | |
| Employer match | $ 648,657 | $ - | $ 648,657 | $ 648,657 | $ 1,297,314 |
| Employee stock ownership plan | 473,477 | - | 473,477 | - | 473,477 |
| Participant | - | - | - | 3,675,268 | 3,675,268 |
| Rollover | - | - | - | 1,280,706 | 1,280,706 |
| Total contributions | 1,122,134 | - | 1,122,134 | 5,604,631 | 6,726,765 |
| Investment income | | | | | |
| Dividends | - | - | - | 1,464,309 | 1,464,309 |
| Other | - | - | - | 3,000 | 3,000 |
| Net appreciation in fair value of mutual and money market funds | 518 | - | 518 | 4,686,353 | 4,686,871 |
| Net appreciation in fair value of Merrick & Company common stock | - | 1,418,645 | 1,418,645 | - | 1,418,645 |
| Total investment income | 518 | 1,418,645 | 1,419,163 | 6,153,662 | 7,572,825 |
| Participant loan interest income | - | - | - | 39,877 | 39,877 |
| Deductions | | | | | |
| Distributions to participants | (39,296) | - | (39,296) | (5,307,560) | (5,346,856) |
| Administrative fees | (2,737) | - | (2,737) | (180,311) | (183,048) |
| Interfund transfers | (185,792) | - | (185,792) | 185,792 | - |
| Total deductions | (227,825) | - | (227,825) | (5,302,079) | (5,529,904) |
| Net increase | 894,827 | 1,418,645 | 2,313,472 | 6,496,091 | 8,809,563 |
| Net assets available for benefits | | | | | |
| Beginning of year | 1,776,064 | 14,322,861 | 16,098,925 | 46,763,675 | 62,862,600 |
| End of year | $ 2,670,891 | $ 15,741,506 | $ 18,412,397 | $ 53,259,766 | $ 71,672,163 |

See notes to financial statements.

## Note 1 - Description of the Plan

The following description of the Merrick & Company 401(k) and Employee Stock Ownership Plan (the "Plan") provides only general information. Participants and all others should refer to the Summary Plan Description and Plan document for a more complete description of the Plan's provisions.

### General

The Plan was established by Merrick & Company (the "Company"), effective April 1, 1983, and has since been amended and restated. The Plan was established for the benefit of its employees and their beneficiaries under Section 401(a) of the Internal Revenue Code ("IRC"). Substantially all Company employees are eligible to participate in the Plan, except for members of a collective bargaining agreement, non-resident aliens, interns, and leased employees. Prior to October 1, 2015, employees were eligible to participate on the first day of the month following their date of hire or the first day of employment if it coincided with the first day of the month. Effective October 1, 2015, employees are eligible to participate on the first day of the month coinciding with or next following one month of continuous employment, or, if earlier, the first day of the month coinciding with or next following one year of credited service; provided, however, that such employees are still employed by the Company as of such date. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Board of Directors of the Company has appointed a Board of Trustees to administer the Plan and act as trustee. Charles Schwab Trust Company ("Schwab") provides custodial and accounting services. Accounting and recordkeeping for participant accounts are performed by Milliman, Inc. ("Milliman"). Cook Street Consulting provides investment consulting services and is a co-fiduciary to the 401(k) portion of the Plan.

As further described in Note 6, effective March 31, 2017, the Plan purchased 56,352 shares of the Company's common stock from a related party for $1,300,604 by issuing a promissory note that was repaid in June 2017. The sale of the shares to the Plan does not constitute a prohibited transaction under the IRC. As of March 31, 2017, these shares remain unallocated and are held in a trust established under the Plan. The unallocated stock will be allocated to participants' accounts upon future declaration of a contribution to the Plan by the Company's Board of Directors.

### ESOP Contributions, Vesting, and Distributions

The Employee Stock Ownership Plan ("ESOP") portion of the Plan is a non-contributory plan that is funded annually by the Company with discretionary contributions of cash, Company common stock, or both. The amount of the contribution is determined annually by the Company's Board of Directors. Contributions of $473,477 were made to the Plan for the year ended March 31, 2017.

**Note 1 - Description of the Plan (continued)**

ESOP Contributions, Vesting, and Distributions (continued)

Allocation of ESOP contributions to participants is determined, at the discretion of the Board of Trustees, either (i) pro rata based on total eligible compensation, as defined in the Plan document or (ii) per capita based on equal dollar amounts. Forfeitures of non-vested ESOP contributions may be added to the Company's ESOP contribution for the Plan year in which the forfeiture occurred. Forfeitures are allocated to the remaining active participants in the same manner as ESOP contributions. The forfeiture balances were $125,503 and $168,965 as of March 31, 2017 and 2016, respectively. The Plan had forfeited amounts of $69,077 allocated to participants during the year ended March 31, 2017. The amount of unvested balances for terminated participants totaled $125,503 and $165,726 as of March 31, 2017 and 2016, respectively. The Plan holds unvested funds for a terminated employee up to five years after his or her termination date. After the five-year period, the funds are forfeited and available for allocation to remaining participants.

Amounts contributed by the Company to the ESOP portion of the Plan, including non-participant-directed discretionary matching contributions, if any, and reallocated forfeitures, if any, vest according to the following schedule:

| Years of Service | Vested Interest |
|---|---|
| Less than 3 | 0% |
| 3 or more | 100% |

ESOP contributions and earnings are paid in cash to terminated employees, subject to certain limitations and restrictions, in accordance with the Plan document, as amended. Terminated employees with vested balances between $1,000 and $5,000 will be required to take full rollover distributions into Individual Retirement Accounts ("IRAs"), unless they elect to receive such distributions in cash. Terminated employees with vested balances less than $1,000 are required to take cash distributions unless a rollover to an IRA or qualified retirement plan is elected. Terminated employees with vested balances greater than $5,000 will elect when to take a distribution, subject to IRS minimum distribution rules. Participants who are at least age 55 and complete 10 years of participation in the Plan also qualify for an in-service diversification distribution option.

401(k) Contributions and Vesting

For the 401(k) portion, participants are automatically enrolled at 4% salary deferral contributions but may elect contributions up to 100% of their eligible compensation, not to exceed the maximum deferral determined by the IRS for the Plan year. Additional catch-up contributions are available to any participant who is age 50 or older and has made the maximum contributions for the year. Deferral contributions and catch-up contributions to the Plan are made through regular payroll deductions and are deposited into the investment options selected by the participants on a bi-weekly basis. Participants may also contribute rollover contributions from other qualified plans or rollover IRAs.

**Note 1 - Description of the Plan (continued)**

401(k) Contributions and Vesting (continued)

The Plan allows participants to elect that some or all of their 401(k) contributions be designated as after-tax Roth 401(k) contributions. A participant's combined before-tax and Roth 401(k) contributions cannot exceed the maximum annual amount allowed by law.

A participant is entitled to share in the allocation of discretionary employer matching contributions, if any, for each Plan year in which he or she elects to make salary deferral contributions (either before or after tax) and is employed on the last day of the Plan year. The end-of-year employment requirement is waived if a participant terminates employment due to death, disability, or after attaining normal retirement age (age 65). Discretionary employer matching contributions, if any, are determined by the Company's Board of Directors and are allocated on an annual basis. Discretionary employer matching contributions, if any, are allocated 50% towards the elective participant-directed investment options and 50% towards the non-participant-directed Schwab U.S. Treasury Money Fund.

For the year ended March 31, 2017, the Company matched 100% of the first 3% of participant deferrals, which totaled $1,289,032. Included in employer matching contributions for the year ended March 31, 2017 are qualified non-elective contributions totaling $8,282. Each participant's account is credited or charged with the participant's contributions; the Company's discretionary matching contribution, if any; Plan earnings or losses; and Plan expenses. Allocations are based upon Plan earnings or losses and account balances, as defined in the Plan document. Participants are 100% vested in their 401(k) contributions, the participant-directed portion of any employer matching contributions, and earnings and losses on both at all times.

401(k) Investment Options

Investments in Plan participants' salary deferral accounts and contributions to the participant-directed discretionary employer matching accounts are held and custodied by Schwab and are invested in one or more various available funds based on election by the participants. If a participant fails to make an investment election, he or she is invested in the Plan's default fund. Investment options offered by the Plan are selected by the Plan's Board of Trustees with input from the Plan's investment consultant, Cook Street Consulting, in accordance with the Plan's investment policy. Investment amounts within each fund are at the discretion of each participant, who may access his or her account and change future investment allocations or reallocate current investments by calling a telephone hotline or logging on to the Plan's website maintained by Milliman.

**Note 1 - Description of the Plan (continued)**

401(k) Loans to Participants

Participants may borrow from certain accounts as stipulated in the Plan document loan policy a minimum of $1,000 and a maximum equal to the lesser of $50,000 or 50% of their vested account balances. Loans are permitted for a term of up to five years, or up to fifteen years if used to acquire, construct, or substantially rehabilitate the participant's principal residence, with a maximum of two active loans allowed. The loans are secured by the vested balance in each participant's account and bear interest at the prime rate plus 1.00%, which is commensurate with local prevailing rates as determined by the Plan administrator at the inception of the loan. Interest rates on loans outstanding as of March 31, 2017 ranged from 4.25% to 9.25%, and maturity dates range from April 2017 through May 2031. Principal and interest are paid ratably through bi-weekly payroll deductions. Loans are recorded in the financial statements at amortized cost plus accrued interest.

401(k) Distributions to Participants

Distributions are available upon attaining normal retirement age, disability, death, attainment of age 59½, or termination of employment. In addition, financial hardship distributions are permitted, subject to certain restrictions. Distributions are payable in lump-sum only and are recorded when paid.

Voting Rights

With respect to any corporate matter that involves the voting of shares held in the Plan's trust at a shareholder meeting and constitutes a merger, consolidation, recapitalization, reclassification, liquidation, dissolution, sale of substantially all assets of a trade or business, or similar transaction specified in regulations under Section 409(e)(3) of the IRC, each participant will be entitled to direct the Board of Trustees with respect to the vote of the shares of Company common stock allocated to his or her account. For all other purposes, all shares of Company common stock held in the Plan's trust shall be voted in a manner determined by the Board of Trustees.

Put Options

Under federal income tax regulations, the Company common stock that is held by the Plan and its participants and is not readily tradable on an established market, or is subject to trading limitations, includes a put option. The put option is a right to demand that the Company buy any shares of its common stock distributed to participants for which there is no market. The put price is representative of the fair market value of the Company common stock. The Company can pay for the purchase with interest over a period of five years. The purpose of the put option is to ensure that the participant has the ability to ultimately obtain cash. The Company is permitted to make ESOP distributions in the form of cash rather than Company common stock subject to a put option in light of the ownership restriction in the Company's Articles of Incorporation and the Company's bylaws limiting ownership of shares of Company common stock primarily to employees and the ESOP.

## Note 1 - Description of the Plan (continued)

Diversification

Diversification is offered to participants close to retirement so that they may have the opportunity to move part of the value of their investments in Company common stock into investments that are more diversified. A participant who is at least age 55 with at least 10 years of participation in the Plan may elect to diversify a portion of his or her account. Diversification is offered to each eligible participant over a six-year period. In each of the first five years, a participant may diversify up to 25% of the number of shares allocated to his or her account. In the sixth year, the percentage changes to 50%. Participants who elect to diversify may transfer the proceeds from their Company common stock into one or more of the investments offered in the Plan.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, all amounts credited to the participants' accounts shall become 100% vested and distributed in accordance with Plan provisions.

Subsequent Events

The Plan has evaluated all subsequent events through the auditors' report date, which is the date the financial statements were available to be issued. There were no material subsequent events that required recognition or disclosure in the financial statements.

## Note 2 - Company Common Stock

The Plan's Company common stock is presented in the following table:

| | March 31, | | | |
|---|---|---|---|---|
| | 2017 | | 2016 | |
| | Allocated | Unallocated | Allocated | Unallocated |
| Number of shares | 682,041 | 56,352 | 682,041 | - |
| Estimated fair value | $ 15,741,506 | $ 1,300,604 | $ 14,322,861 | $ - |
| Cost | $ 4,748,292 | $ 1,300,604 | $ 4,748,292 | $ - |

## Note 3 - Significant Accounting Policies

Basis of Accounting

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

**Note 3 - Significant Accounting Policies (continued)**

Valuation of Investments

The Plan's investments in mutual and money market funds are stated at fair value based on quoted closing market prices. Investment transactions are recorded on a trade-date basis. The net appreciation or depreciation in the fair value of investments includes both realized and unrealized gains and losses. Interest income is recognized on the accrual basis. Dividends are recorded on the ex-dividend date.

The Company common stock held by the Plan is presented at fair value at the financial statement dates as determined by an independent appraiser. This appraisal was based upon a combination of the discounted cash flow method (income valuation technique) and the guideline public company method (market valuation technique), consistent with prior years. The appraiser took into account historical and projected cash flow, earnings before interest, taxes, depreciation and amortization, weighted average cost of capital, terminal multiple, discounts for lack of marketability, and market comparables. The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The valuation process involves Plan management's selection of an independent appraiser with the right to cancel such contract at any time. Plan management accumulates the data for the appraiser from the audited financial statements and internal projections of the Company. The appraiser prepares a preliminary annual report that the Plan's Board of Trustees reviews in detail, discusses, and recommends approval to the Board of Directors for final approval.

The Plan held 738,393 and 682,041 shares of Company common stock at March 31, 2017 and 2016, respectively. The fair value per share presented in the accompanying financial statements was $23.08 and $21.00 at March 31, 2017 and 2016, respectively.

Fair Value Accounting

The Plan follows GAAP guidance related to fair value measurements, which establishes a framework for measuring fair value. The 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

Level 2: Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.

**Note 3 - Significant Accounting Policies (continued)**

Fair Value Accounting (continued)

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

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The following tables set forth by level, within the fair value hierarchy, the Plan's investment assets measured at fair value as of March 31, 2017 and 2016.

Investments measured at fair value on a recurring basis as of March 31, 2017 are as follows:

| Description | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Mutual funds | $ 49,708,073 | $ - | $ - | $ 49,708,073 |
| U.S. government securities | 3,637,840 | - | - | 3,637,840 |
| Merrick & Company common stock | - | - | 17,042,110 | 17,042,110 |
| Total | $ 53,345,913 | $ - | $ 17,042,110 | $ 70,388,023 |

Investments measured at fair value on a recurring basis as of March 31, 2016 are as follows:

| Description | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Mutual funds | $ 43,552,025 | $ - | $ - | $ 43,552,025 |
| U.S. government securities | 2,791,291 | - | - | 2,791,291 |
| Merrick & Company common stock | - | - | 14,322,861 | 14,322,861 |
| Total | $ 46,343,316 | $ - | $ 14,322,861 | $ 60,666,177 |

There were no changes to the valuation techniques used during the year ended March 31, 2017.

**Note 3 - Significant Accounting Policies (continued)**

Fair Value Accounting (continued)

The following is a reconciliation of the beginning and ending balances for assets measured at fair value on a recurring basis using significant unobservable inputs (Level 3) during the year ended March 31, 2017:

| | Merrick & Company Common Stock |
|---|---|
| Beginning balance | $ 14,322,861 |
| Total unrealized appreciation in fair value | 1,418,645 |
| Sale of 56,352 shares of common stock to the Plan by a former employee (see Note 6) | 1,300,604 |
| Ending balance | $ 17,042,110 |

Use of Estimates

The preparation of financial statements in conformity with GAAP requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Risks, Uncertainties, and Concentrations

The Plan provides for various investments that are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Because of the level of risk associated with certain investments, it is reasonably possible that changes in the value of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the accompanying statements of net assets available for benefits.

Additionally, certain investments held by the Plan are invested in the securities of foreign companies, which involve special risks and considerations not typically associated with investing in U.S. companies. These risks include devaluation of currencies, less reliable information about issuers, different securities transaction clearance and settlement practices, and possible adverse political and economic developments. Moreover, securities of many foreign companies and their markets may be less liquid and their prices more volatile than those of securities of comparable U.S. companies.

As of March 31, 2017, the Vanguard Index Fund and Company common stock accounted for approximately 15% and 24%, respectively, of total investments at fair value. As of March 31, 2016, the Vanguard Index Fund and Company common stock accounted for approximately 16% and 24%, respectively, of total investments at fair value.

## Note 3 - Significant Accounting Policies (continued)

Administrative Fees

The Plan provides that the Company may, at its sole discretion, pay any or all administrative fees of the Plan. During the year ended March 31, 2017, all fees customarily allowed by law were paid from Plan assets.

## Note 4 - Information Certified by the Custodian

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's auditors not to perform any auditing procedures with respect to the information certified by the custodian, except for comparing such information to information included in the accompanying financial statements supplemental schedule of assets (held at end of year), and supplemental schedule of reportable transactions.

The Plan administrator has obtained a certification from Schwab as of March 31, 2017 and 2016, and for the year ended March 31, 2017, as to the completeness and accuracy of investments, except for the Company common stock, and certain other assets, including participant loans, along with the income earned or losses incurred thereon, as reflected in the accompanying financial statements, supplemental schedule of assets (held at end of year), and supplemental schedule of reportable transactions. The Company common stock was valued by an independent third party as discussed in Note 3 and was not certified.

## Note 5 - Tax Status

The IRS has determined and informed the Plan by a letter dated October 31, 2013 that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving this determination letter. However, the Plan administrator believes the Plan is still being operated in accordance with the requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of March 31, 2017 and 2016, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions.

## Note 6 - Note Payable - Related Party

Note payable - related party consists of the following:

| | March 31, 2017 | March 31, 2016 |
|---|---|---|
| Note payable to a former employee, non-interest bearing, due in June 2017. The note is collateralized by 56,352 unallocated shares of Company common stock as of March 31, 2017. The note was repaid in full subsequent to year-end. | $ 1,300,604 | $ - |

## Note 7 - Related Party and Party-in-Interest Transactions

Plan investments include a money market fund managed by Schwab. Schwab serves as the custodian; therefore, transactions in this investment qualify as party-in-interest transactions. In addition, Plan investments include shares of the Company's common stock. The Company is the Plan's sponsor; therefore, these transactions qualify as party-in-interest transactions. The Plan also allows for participant loans, which qualify as party-in-interest transactions. These party-in-interest transactions are exempt from the prohibited transaction rules.

# SUPPLEMENTAL SCHEDULES

# MERRICK & COMPANY 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN

## Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
## As of March 31, 2017

Employer Identification Number - 84-0499702
Plan Number - 004

| (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 |
|---|---|---|---|---|
| | Non-participant-directed funds | | | |
| * | Merrick & Company | Common Stock - 738,393 shares | $ 6,048,896 | $ 17,042,110 |
| * | Charles Schwab | U.S. Treasury Money Fund - 1,564,687 shares | 1,564,687 | 1,564,687 |
| | Total non-participant-directed funds | | 7,613,583 | 18,606,797 |
| | Participant-directed funds | | | |
| | Vanguard | Index Fund - 50,676 shares | 7,951,612 | 10,901,815 |
| | Vanguard | Target Retirement 2020 Fund - 178,423 shares | 5,000,621 | 5,249,219 |
| | Vanguard | Mid-Cap Index Fund - 27,171 shares | 3,950,014 | 4,685,725 |
| | Vanguard | Target Retirement 2030 Fund - 123,543 shares | 3,549,735 | 3,791,537 |
| | American Funds | EuroPacific Growth Fund - 75,402 shares | 3,350,910 | 3,713,904 |
| | Metropolitan West | Total Return Bond Fund - 292,205 shares | 3,012,310 | 2,907,453 |
| | American Funds | Growth Fund of America - 54,798 shares | 2,208,171 | 2,492,548 |
| | Vanguard | Target Retirement 2040 Fund - 65,628 shares | 1,897,104 | 2,102,085 |
| * | Charles Schwab | U.S. Treasury Money Fund - 2,073,153 shares | 2,073,153 | 2,073,153 |
| | Vanguard | Explorer Fund - 23,379 shares | 1,869,482 | 1,996,178 |
| | Dodge & Cox | Balanced Fund - 17,058 shares | 1,529,427 | 1,791,962 |
| | Vanguard | Windsor II Fund - 22,476 shares | 1,338,214 | 1,469,161 |
| | Vanguard | Target Retirement 2050 Fund - 37,123 shares | 1,077,769 | 1,197,960 |
| | American Beacon | Small-Cap Value Fund - 35,985 shares | 875,549 | 1,004,711 |
| | Vanguard | Target Retirement 2045 Fund - 48,563 shares | 911,053 | 974,184 |
| | PIMCO | High-Yield Fund - 91,120 shares | 822,396 | 810,973 |
| | Vanguard | Target Retirement 2035 Fund - 42,736 shares | 757,005 | 800,017 |
| | Vanguard | Target Retirement 2025 Fund - 41,973 shares | 668,649 | 717,737 |
| | Vanguard | Target Retirement Income Index - 49,515 shares | 634,503 | 647,657 |
| | Vanguard | Short-Term Bond Index Fund - 57,436 shares | 601,592 | 599,631 |
| | Vanguard | Inflation Protected Securities Fund - 22,546 shares | 596,311 | 581,911 |
| | DFA | Global Real Estate Securities Portfolio - 43,445 shares | 463,724 | 460,700 |
| | Vanguard | Target Retirement 2060 Fund - 10,852 shares | 308,769 | 334,564 |
| | Vanguard | Target Retirement 2015 Fund - 16,966 shares | 256,713 | 254,484 |
| | Vanguard | Target Retirement 2055 Fund - 5,514 shares | 177,061 | 192,648 |
| | Vanguard | Target Retirement 2010 Fund - 1,128 shares | 29,489 | 29,307 |
| * | Charles Schwab | Cash | 1,181 | 1,181 |
| | PIMCO | Total Return Fund - 0 shares | 2 | 2 |
| | Total participant-directed funds | | 45,912,519 | 51,782,407 |
| * | Participant loans | Loans to participants; interest at 4.25% to 9.25%; maturing April 2017 to May 2031; collateralized by participants' vested account balances | 832,843 | 832,843 |
| | | | $ 54,358,945 | $ 71,222,047 |

* Indicates parties-in-interest

**MERRICK & COMPANY 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN**

**Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions**
**For the Year Ended March 31, 2017**

Employer Identification Number - 84-0499702
Plan Number - 004

| (a) Identity of Party Involved | (b) Description of Asset | (c) Purchase Price | (d) Selling Price | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain or (Loss) |
|---|---|---|---|---|---|---|
| (iii) A series of transactions exceeding 5% of Plan assets as of the beginning of the Plan year. | | | | | | |
| Charles Schwab* | U.S. Treasury Money Fund | $ 2,542,867 | $ 1,696,318 | $ 4,239,185 | $ 4,239,185 | $ - |

There were no category (i), (ii), or (iv) reportable transactions for the year ended March 31, 2017.

Columns (e) and (f) have not been presented as this information is not applicable.

* Certain amounts of these transactions were participant-directed transactions.

# MERRICK & COMPANY 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN

## Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
## As of March 31, 2017

Employer Identification Number - 84-0499702
Plan Number - 004

| (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 |
|---|---|---|---|---|
| | Non-participant-directed funds | | | |
| * | Merrick & Company | Common Stock - 738,393 shares | $ 6,048,896 | $ 17,042,110 |
| * | Charles Schwab | U.S. Treasury Money Fund - 1,564,687 shares | 1,564,687 | 1,564,687 |
| | Total non-participant-directed funds | | 7,613,583 | 18,606,797 |
| | Participant-directed funds | | | |
| | Vanguard | Index Fund - 50,676 shares | 7,951,612 | 10,901,815 |
| | Vanguard | Target Retirement 2020 Fund - 178,423 shares | 5,000,621 | 5,249,219 |
| | Vanguard | Mid-Cap Index Fund - 27,171 shares | 3,950,014 | 4,685,725 |
| | Vanguard | Target Retirement 2030 Fund - 123,543 shares | 3,549,735 | 3,791,537 |
| | American Funds | EuroPacific Growth Fund - 75,402 shares | 3,350,910 | 3,713,904 |
| | Metropolitan West | Total Return Bond Fund - 292,205 shares | 3,012,310 | 2,907,453 |
| | American Funds | Growth Fund of America - 54,798 shares | 2,208,171 | 2,492,548 |
| | Vanguard | Target Retirement 2040 Fund - 65,628 shares | 1,897,104 | 2,102,085 |
| * | Charles Schwab | U.S. Treasury Money Fund - 2,073,153 shares | 2,073,153 | 2,073,153 |
| | Vanguard | Explorer Fund - 23,379 shares | 1,869,482 | 1,996,178 |
| | Dodge & Cox | Balanced Fund - 17,058 shares | 1,529,427 | 1,791,962 |
| | Vanguard | Windsor II Fund - 22,476 shares | 1,338,214 | 1,469,161 |
| | Vanguard | Target Retirement 2050 Fund - 37,123 shares | 1,077,769 | 1,197,960 |
| | American Beacon | Small-Cap Value Fund - 35,985 shares | 875,549 | 1,004,711 |
| | Vanguard | Target Retirement 2045 Fund - 48,563 shares | 911,053 | 974,184 |
| | PIMCO | High-Yield Fund - 91,120 shares | 822,396 | 810,973 |
| | Vanguard | Target Retirement 2035 Fund - 42,736 shares | 757,005 | 800,017 |
| | Vanguard | Target Retirement 2025 Fund - 41,973 shares | 668,649 | 717,737 |
| | Vanguard | Target Retirement Income Index - 49,515 shares | 634,503 | 647,657 |
| | Vanguard | Short-Term Bond Index Fund - 57,436 shares | 601,592 | 599,631 |
| | Vanguard | Inflation Protected Securities Fund - 22,546 shares | 596,311 | 581,911 |
| | DFA | Global Real Estate Securities Portfolio - 43,445 shares | 463,724 | 460,700 |
| | Vanguard | Target Retirement 2060 Fund - 10,852 shares | 308,769 | 334,564 |
| | Vanguard | Target Retirement 2015 Fund - 16,966 shares | 256,713 | 254,484 |
| | Vanguard | Target Retirement 2055 Fund - 5,514 shares | 177,061 | 192,648 |
| | Vanguard | Target Retirement 2010 Fund - 1,128 shares | 29,489 | 29,307 |
| * | Charles Schwab | Cash | 1,181 | 1,181 |
| | PIMCO | Total Return Fund - 0 shares | 2 | 2 |
| | Total participant-directed funds | | 45,912,519 | 51,782,407 |
| * | Participant loans | Loans to participants; interest at 4.25% to 9.25%; maturing April 2017 to May 2031; collateralized by participants' vested account balances | 832,843 | 832,843 |
| | | | $ 54,358,945 | $ 71,222,047 |

* Indicates parties-in-interest

**MERRICK & COMPANY 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN**

**Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions**
**For the Year Ended March 31, 2017**

Employer Identification Number - 84-0499702
Plan Number - 004

| (a) Identity of Party Involved | (b) Description of Asset | (c) Purchase Price | (d) Selling Price | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain or (Loss) |
|---|---|---|---|---|---|---|
| (iii) A series of transactions exceeding 5% of Plan assets as of the beginning of the Plan year. | | | | | | |
| Charles Schwab* | U.S. Treasury Money Fund | $ 2,542,867 | $ 1,696,318 | $ 4,239,185 | $ 4,239,185 | $ - |

There were no category (i), (ii), or (iv) reportable transactions for the year ended March 31, 2017.

Columns (e) and (f) have not been presented as this information is not applicable.

* Certain amounts of these transactions were participant-directed transactions.