Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 06/01/2014 and ending 05/31/2015

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [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:
- [ ] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
AGRINOMIX, LLC EMPLOYEE 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/01/2003

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
AGRINOMIX, LLC

300 CREEKSIDE DRIVE
OBERLIN, OH 44074

2b Employer Identification Number (EIN)
34-1754639

2c Plan Sponsor's telephone number
440-774-2981

2d Business code (see instructions)
333100

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.	11/09/2015	ROBERT LANDO
	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) (optional)

Preparer's telephone number (optional)

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**	24
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)**	20
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	22
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	2
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	25
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	25
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	25
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 3D 2J 2K

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)** [X] 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)** [X] 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)** [ ] **H** (Financial Information)
- **(2)** [X] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2014

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For calendar plan year 2014 or fiscal plan year beginning 06/01/2014 and ending 05/31/2015

A Name of plan
AGRINOMIX, LLC EMPLOYEE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AGRINOMIX, LLC

D Employer Identification Number (EIN)
34-1754639

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

1 Coverage Information:

(a) Name of insurance carrier

JOHN HANCOCK LIFE INSURANCE COMPANY USA

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
01-0233346	65838	22560	27	06/01/2014	05/31/2015

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	2775

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

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

ALPHA FINANCIAL SERVICES
4200 ROCKSIDE ROAD
CLEVELAND, OH 44131

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
	2775	FEES	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	1196262

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ SEE ATTACHED

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☒ other (specify) ▶ GUARANTEED INTEREST

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE I (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information—Small Plan

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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 06/01/2014 and ending 05/31/2015

A Name of plan
AGRINOMIX, LLC EMPLOYEE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AGRINOMIX, LLC

D Employer Identification Number (EIN)
34-1754639

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.**

			(a) Beginning of Year	**(b)** End of Year
1	**Plan Assets and Liabilities:**			
a	Total plan assets	1a	1029418	1197011
b	Total plan liabilities	1b	0	237
c	Net plan assets (subtract line 1b from line 1a)	1c	1029418	1196774
2	**Income, Expenses, and Transfers for this Plan Year:**		**(a)** Amount	**(b)** Total
a	Contributions received or receivable:			
	(1) Employers	2a(1)	46651	
	(2) Participants	2a(2)	72172	
	(3) Others (including rollovers)	2a(3)		
b	Noncash contributions	2b		
c	Other income	2c	60592	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		179415
e	Benefits paid (including direct rollovers)	2e	12056	
f	Corrective distributions (see instructions)	2f		
g	Certain deemed distributions of participant loans (see instructions)	2g		
h	Administrative service providers (salaries, fees, and commissions)	2h		
i	Other expenses	2i	3	
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	2j		12059
k	Net income (loss) (subtract line 2j from line 2d)	2k		167356
l	Transfers to (from) the plan (see instructions)	2l		0

3 **Specific Assets:** If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

			Yes	No	Amount
a	Partnership/joint venture interests	3a		X	
b	Employer real property	3b		X	
c	Real estate (other than employer real property)	3c		X	
d	Employer securities	3d		X	
e	Participant loans	3e		X	

		Yes	No	Amount
3f Loans (other than to participants)	3f		X	
g Tangible personal property	3g		X	

Part II Compliance Questions

4 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 plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X	
e Was the plan covered by a fidelity bond?	4e	X		80000
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 at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		X	
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		X	
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	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			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

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

Part III Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 06/01/2014 and ending 05/31/2015

A Name of plan
AGRINOMIX, LLC EMPLOYEE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AGRINOMIX, LLC

D Employer Identification Number (EIN)
34-1754639

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): 34-1754639

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** 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):

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 22560 THE TRUSTEES OF AGRINOMIX, INC. EMPLOYEE
401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2014

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AGRINOMIX, INC. EMPLOYEE 401(K) PLAN Total No of Units	Total Value
JH Thru 2055 Active Strategy	$ 14738407.95	.000000	$ 0.00
JH Thru 2050 Active Strategy	$ 229170260.81	.000000	$ 0.00
JH Thru 2045 Active Strategy	$ 697222309.12	.000000	$ 0.00
JH Thru 2040 Active Strategy	$ 729789254.86	.000000	$ 0.00
JH Thru 2035 Active Strategy	$ 957590616.04	.000000	$ 0.00
JH Thru 2030 Active Strategy	$ 1157157846.16	.000000	$ 0.00
JH Thru 2025 Active Strategy	$ 1302199470.75	.000000	$ 0.00
JH Thru 2020 Active Strategy	$ 1075797234.19	.000000	$ 0.00
JH Thru 2015 Active Strategy	$ 546902170.66	.000000	$ 0.00
JH Thru 2010 Active Strategy	$ 302700010.86	.000000	$ 0.00
JH Thru 2055 Managed Port	$ 1511072.90	.000000	$ 0.00
JH Thru 2050 Managed Port	$ 4717953.84	.000000	$ 0.00
JH Thru 2045 Managed Port	$ 8926999.30	.000000	$ 0.00
JH Thru 2040 Managed Port	$ 9739564.04	.000000	$ 0.00
JH Thru 2035 Managed Port	$ 15621683.33	.000000	$ 0.00
JH Thru 2030 Managed Port	$ 23874188.73	.000000	$ 0.00
JH Thru 2025 Managed Port	$ 24394427.08	.000000	$ 0.00
JH Thru 2020 Managed Port	$ 18326733.32	.000000	$ 0.00
JH Thru 2015 Managed Port	$ 7542619.39	.000000	$ 0.00
JH Thru 2010 Managed Port	$ 7685670.62	.000000	$ 0.00
JH Ret To 2055 Managed Port	$ 18969976.11	.000000	$ 0.00
JH Ret To 2050 Managed Port	$ 362900969.45	.000000	$ 0.00
JH Ret To 2045 Managed Port	$ 491938413.30	.000000	$ 0.00
JH Ret To 2040 Managed Port	$ 658586759.09	.000000	$ 0.00
JH Ret To 2035 Managed Port	$ 920153806.28	.000000	$ 0.00
JH Ret To 2030 Managed Port	$ 1141179627.17	.000000	$ 0.00

*Assets = Liabilities

Note: this report does not reflect transactions processed after December 31, 2014
Cash Basis

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 22560 THE TRUSTEES OF AGRINOMIX, INC. EMPLOYEE
401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2014

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AGRINOMIX, INC. EMPLOYEE 401(K) PLAN Total No of Units	Total Value
JH Ret To 2025 Managed Port	$ 1225984462.57	.000000	$ 0.00
JH Ret To 2020 Managed Port	$ 881270224.94	.000000	$ 0.00
JH Ret To 2015 Managed Port	$ 403841668.73	.000000	$ 0.00
JH Ret To 2010 Managed Port	$ 239928545.30	.000000	$ 0.00
American Century 2055	$ 2212634.99	.000000	$ 0.00
American Century 2050	$ 5925984.67	.000000	$ 0.00
American Century 2045	$ 10760961.90	.000000	$ 0.00
American Century 2040	$ 13094146.91	.000000	$ 0.00
American Century 2035	$ 17682543.02	.000000	$ 0.00
American Century 2030	$ 24584350.56	.000000	$ 0.00
American Century 2025	$ 23073478.89	.000000	$ 0.00
American Century 2020	$ 18962797.62	.000000	$ 0.00
American Century In Retirement	$ 4390557.09	.000000	$ 0.00
American Century 2015	$ 13189780.71	.000000	$ 0.00
T. Rowe Price Retirement 2055	$ 4068344.30	.000000	$ 0.00
T. Rowe Price Retirement 2050	$ 7834532.88	.000000	$ 0.00
T. Rowe Price Retirement 2045	$ 14390429.80	.000000	$ 0.00
T. Rowe Price Retirement 2040	$ 14665368.93	.000000	$ 0.00
T. Rowe Price Retirement 2035	$ 17881733.78	.000000	$ 0.00
T. Rowe Price Retirement 2030	$ 22638528.41	.000000	$ 0.00
T. Rowe Price Retirement 2025	$ 24163857.13	.000000	$ 0.00
T. Rowe Price Retirement 2020	$ 19487624.91	.000000	$ 0.00
T. Rowe Price Retirement 2015	$ 7222748.85	.000000	$ 0.00
T. Rowe Price Retirement 2010	$ 5792591.72	.000000	$ 0.00
JH LS Agg Active Strategy	$ 3815637167.43	908.791607	$ 431507.69
JH LS Grow Active Strategy	$ 11195046851.54	559.906623	$ 253872.27

*Assets = Liabilities

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 22560 THE TRUSTEES OF AGRINOMIX, INC. EMPLOYEE
401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2014

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AGRINOMIX, INC. EMPLOYEE 401(K) PLAN Total No of Units	Total Value
JH LS Bal Active Strategy	$ 11622423003.31	652.601335	$ 201854.55
JH LS Mod Active Strategy	$ 3320282846.02	292.006461	$ 68607.68
JH LS Con Active Strategy	$ 2483853468.69	280.456134	$ 69459.09
JH LS Agg Managed Portfolio	$ 15176667.16	.000000	$ 0.00
JH LS Grow Managed Portfolio	$ 30547859.87	.000000	$ 0.00
JH LS Bal Managed Portfolio	$ 38882872.24	.000000	$ 0.00
JH LS Mod Managed Portfolio	$ 14040600.81	.000000	$ 0.00
JH LS Con Managed Portfolio	$ 7774203.46	.000000	$ 0.00
JH LS Agg Managed Volatility	$ 2203176.70	.000000	$ 0.00
JH LS Grow Managed Volatility	$ 5340657.19	.000000	$ 0.00
JH LS Bal Managed Volatility	$ 4708686.07	.000000	$ 0.00
JH LS Mod Managed Volatility	$ 2614947.06	.000000	$ 0.00
JH LS Con Managed Volatility	$ 4037122.35	.000000	$ 0.00
Russell Equity Growth	$ 37844564.30	.000000	$ 0.00
Russell Growth	$ 101850264.59	.000000	$ 0.00
Russell Balanced	$ 112492496.91	.000000	$ 0.00
Russell Moderate	$ 23319751.60	.000000	$ 0.00
Russell Conservative	$ 12866513.30	.000000	$ 0.00
Tocqueville Gold Fund	$ 61902522.45	.000000	$ 0.00
Natural Resources Fund	$ 85364031.51	.000000	$ 0.00
DFA Emerging Markets Value	$ 187151325.14	.000000	$ 0.00
Royce Opportunity	$ 170745770.67	.000000	$ 0.00
Vanguard Energy Fund	$ 389335574.49	.000000	$ 0.00
iShares Gold Trust ETF	$ 4404184.19	.000000	$ 0.00
Wells Fargo Adv Small Company	$ 0.00	.000000	$ 0.00
Fidelity Adv Leveraged Co Stk	$ 73667369.60	.000000	$ 0.00

*Assets = Liabilities

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 22560 THE TRUSTEES OF AGRINOMIX, INC. EMPLOYEE
401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2014

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AGRINOMIX, INC. EMPLOYEE 401(K) PLAN Total No of Units	Total Value
DFA International Value	$ 82609718.57	.000000	$ 0.00
Northern EM Equity Index Fund	$ 930327.81	.000000	$ 0.00
International Value Fund	$ 215533759.01	4.037317	$ 97.50
PIMCO Commodity Real Return	$ 12509592.04	.000000	$ 0.00
DFA US Targeted Value Fund	$ 105606781.12	.000000	$ 0.00
Keeley Small Cap Value	$ 34209498.78	.000000	$ 0.00
Dodge & Cox International St	$ 65702805.76	.000000	$ 0.00
iShares MSCI EAFE Value ETF	$ 995160.38	.000000	$ 0.00
International Core Fund	$ 35820549.37	.000000	$ 0.00
T. Rowe Price Sci & Tech	$ 409915729.34	.000000	$ 0.00
Aston/Fairpointe Mid Cap Fund	$ 96883806.20	.000000	$ 0.00
Small Cap Opportunities Fund	$ 65675360.67	.000000	$ 0.00
Vanguard Small Cap Grow Index	$ 399409379.63	.000000	$ 0.00
Undiscovered Mgr Behavioral	$ 10877.49	.000000	$ 0.00
Small Cap Growth Fund	$ 108892816.83	.000000	$ 0.00
Intl Equity Index Fund	$ 224720847.12	.000000	$ 0.00
DFA U.S. Small Cap Fund	$ 227084654.01	.000000	$ 0.00
Mid Cap Stock Fund	$ 335554153.43	.000000	$ 0.00
Small Cap Index Fund	$ 255787659.14	23.647512	$ 768.16
Science & Technology Fund	$ 277774104.65	.000000	$ 0.00
Lazard International Equity	$ 0.00	.000000	$ 0.00
iShares MSCI EAFE Growth ETF	$ 1657327.78	.000000	$ 0.00
Harbor Mid Cap Value Fund	$ 138912.15	.000000	$ 0.00
Vanguard Explorer Fund	$ 78711538.56	.000000	$ 0.00
Franklin Small-Mid Growth	$ 184589841.68	173.213962	$ 13323.27
Oppenheimer Global	$ 225783143.84	.000000	$ 0.00

*Assets = Liabilities

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 22560 THE TRUSTEES OF AGRINOMIX, INC. EMPLOYEE
401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2014

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AGRINOMIX, INC. EMPLOYEE 401(K) PLAN Total No of Units	Total Value
Templeton World	$ 163991316.55	.000000	$ 0.00
EuroPacific Growth Fund	$ 726885130.67	11.575401	$ 781.32
Thornburg International Value	$ 0.00	.000000	$ 0.00
Legg Mason ClearBr Agg Growth	$ 273507080.95	.000000	$ 0.00
Royce Pennsylvania Mutual Fund	$ 8600116.02	.000000	$ 0.00
T. Rowe Price Overseas Stock	$ 0.00	.000000	$ 0.00
Oppenheimer Intl Growth Fund	$ 156387649.40	.000000	$ 0.00
Small Company Value Fund	$ 96213334.11	.000000	$ 0.00
Invesco Small Cap Growth	$ 181744252.02	.000000	$ 0.00
SMALLCAP World Fund	$ 51251004.62	.000000	$ 0.00
American Century Heritage	$ 259663433.14	.000000	$ 0.00
Vanguard Mid-Cap Growth ETF	$ 90638466.68	.000000	$ 0.00
New World Fund	$ 61979542.29	.000000	$ 0.00
Real Est. Securities Fund	$ 581493321.64	.000000	$ 0.00
T. Rowe Price Health Sci	$ 1034523871.88	.000000	$ 0.00
Financial Industries Fund	$ 108268016.91	.000000	$ 0.00
Ivy Asset Strategy Fund	$ 207689100.51	.000000	$ 0.00
WisdomTree MC Earnings ETF	$ 2211586.79	.000000	$ 0.00
Vanguard Small Cap Value Index	$ 131247781.26	.000000	$ 0.00
Lord Abbett Value Opps Fund	$ 39905415.99	.000000	$ 0.00
JPMorgan Intrepid Mid Cap	$ 16009.59	.000000	$ 0.00
Aberdeen International Equity	$ 3886884.88	.000000	$ 0.00
Fundamental All Cap Core Fund	$ 154253250.71	.000000	$ 0.00
T. Rowe Price Sml Cap Val	$ 189701200.24	.000000	$ 0.00
John Hancock Intl Growth	$ 14985348.86	.000000	$ 0.00
Mid Cap Index Fund	$ 593237293.27	241.038107	$ 10108.29

*Assets = Liabilities

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 22560 THE TRUSTEES OF AGRINOMIX, INC. EMPLOYEE
401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2014

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AGRINOMIX, INC. EMPLOYEE 401(K) PLAN Total No of Units	Total Value
Northern Small Cap Value Fund	$ 73487.61	.000000	$ 0.00
Diamond Hill Small-Mid Cap	$ 1023.64	.000000	$ 0.00
Dodge & Cox Stock Fund	$ 81156172.70	.000000	$ 0.00
Victory Diversified Stock	$ 13638603.74	.000000	$ 0.00
Small Cap Value Fund	$ 330593975.55	.000000	$ 0.00
Invesco International Growth	$ 51623814.38	.000000	$ 0.00
Vanguard Tot Wld Stk Index ETF	$ 3747977.51	.000000	$ 0.00
BlackRock Basic Value	$ 34991865.66	.000000	$ 0.00
Value Fund	$ 458145234.47	249.950805	$ 15231.58
Capital World Growth & Income	$ 175922563.14	.000000	$ 0.00
All Cap Core Fund	$ 21510107.85	.000000	$ 0.00
John Hancock Disciplined Value	$ 635224716.37	.000000	$ 0.00
Fundamental Value Fund	$ 0.00	.000000	$ 0.00
Blue Chip Growth Fund	$ 856394479.86	184.825381	$ 8614.88
Vanguard Mid-Cap Value ETF	$ 80439549.01	.000000	$ 0.00
New Perspective Fund	$ 125974093.99	.000000	$ 0.00
Capital Appreciation Fund	$ 544646809.00	.000000	$ 0.00
John Hancock Select Growth	$ 2607245.80	.000000	$ 0.00
Mid Value Fund	$ 249877993.07	.000000	$ 0.00
WisdomTree SC Dividend ETF	$ 433781.26	.000000	$ 0.00
Massachusetts Investors Fund	$ 69580717.93	.000000	$ 0.00
The Growth Fund of America	$ 931961960.31	.000000	$ 0.00
Fidelity Adv Diversified Stock	$ 115031.10	.000000	$ 0.00
Fundamental Investors	$ 264556852.36	.000000	$ 0.00
JPMorgan Large Cap Growth	$ 28300214.34	.000000	$ 0.00
Davis New York Venture	$ 501690572.93	.000000	$ 0.00

*Assets = Liabilities

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 22560 THE TRUSTEES OF AGRINOMIX, INC. EMPLOYEE
401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2014

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AGRINOMIX, INC. EMPLOYEE 401(K) PLAN Total No of Units	Total Value
Baird MidCap Fund	$ 9954.72	.000000	$ 0.00
JPMorgan US Equity Fund	$ 0.00	.000000	$ 0.00
Domini Social Equity	$ 76374871.42	.000000	$ 0.00
Vanguard Growth Index Fund	$ 263352970.33	.000000	$ 0.00
Total Stock Market Index Fund	$ 420694148.30	.000000	$ 0.00
WisdomTree MC Dividend ETF	$ 3527711.24	.000000	$ 0.00
Utilities Fund	$ 393842439.92	.000000	$ 0.00
Equity Income Fund	$ 337188765.46	.000000	$ 0.00
Vanguard Value Index Fund	$ 165244328.95	.000000	$ 0.00
T. Rowe Price Equity Inc	$ 549194708.09	1.678606	$ 102.31
500 Index Fund	$ 1720868563.21	3.699054	$ 4651.47
FT Founding Funds Allocation	$ 40270913.87	.000000	$ 0.00
Investment Company of America	$ 308196304.87	.000000	$ 0.00
JPMorgan MidCap Value Fund	$ 369535543.12	285.896714	$ 14780.22
Franklin Mutual Beacon Fund	$ 320346937.30	.000000	$ 0.00
Fidelity ContraFund	$ 550806104.73	.000000	$ 0.00
Fidelity Adv New Insights	$ 100582146.31	.000000	$ 0.00
Mutual Global Discovery	$ 437895226.29	.000000	$ 0.00
Sit Dividend Growth Fund	$ 476120.67	.000000	$ 0.00
Parnassus Core Equity Fund	$ 181100656.24	.000000	$ 0.00
Pax World Balanced Fund	$ 3052872.68	.000000	$ 0.00
Washington Mutual Investors	$ 444089819.73	73.444046	$ 4646.48
BlackRock Global Allocation	$ 435793983.24	.000000	$ 0.00
U.S. Equity Fund	$ 55083239.03	.000000	$ 0.00
T. Rowe Price Cap Appreciation	$ 100752196.00	.000000	$ 0.00
PIMCO All Asset All Authority	$ 14430619.47	.000000	$ 0.00

*Assets = Liabilities

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
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FOR CONTRACT # 22560 THE TRUSTEES OF AGRINOMIX, INC. EMPLOYEE
401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2014

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AGRINOMIX, INC. EMPLOYEE 401(K) PLAN Total No of Units	Total Value
American Balanced Fund	$ 691040428.68	127.270587	$ 4654.38
Capital Income Builder	$ 79969209.30	.000000	$ 0.00
Income Fund of America	$ 92284829.50	.000000	$ 0.00
PIMCO All Asset	$ 159161076.52	.000000	$ 0.00
Fundamental Large Cap Value	$ 251276389.86	.000000	$ 0.00
Alternative Asset Allocation	$ 12565392.55	.000000	$ 0.00
Templeton Global Bond Fund	$ 141033509.50	.000000	$ 0.00
Oppenheimer Intl Bond	$ 76578271.08	.000000	$ 0.00
MFS Emerging Markets Debt	$ 8708047.51	.000000	$ 0.00
High Yield Fund	$ 415736544.46	.000000	$ 0.00
Strategic Income Opp Fund	$ 334314713.17	.000000	$ 0.00
PIMCO Global Bond	$ 126955778.68	.000000	$ 0.00
Global Bond Fund	$ 58830328.11	.000000	$ 0.00
Federated High Yield Bond	$ 61795164.39	.000000	$ 0.00
Real Return Bond Fund	$ 88645799.49	.000000	$ 0.00
PIMCO Real Return	$ 196752936.90	.000000	$ 0.00
DFA Inflation-Protected Sec	$ 31880200.77	.000000	$ 0.00
Capital World Bond Fund	$ 18794237.04	.000000	$ 0.00
U.S. High Yield Bond Fund	$ 85258977.13	.000000	$ 0.00
T. Rowe Price Spectrum Inc	$ 208118950.61	.000000	$ 0.00
Floating Rate Income Fund	$ 26422099.38	.000000	$ 0.00
PIMCO Total Return	$ 991782597.41	.000000	$ 0.00
Investment Qual Bond Fund	$ 58002680.20	.000000	$ 0.00
Total Return Fund	$ 267765632.68	.000000	$ 0.00
Fidelity Advisor Total Bond	$ 0.00	.000000	$ 0.00
Active Bond Fund	$ 145615181.64	.000000	$ 0.00

*Assets = Liabilities

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
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FOR CONTRACT # 22560 THE TRUSTEES OF AGRINOMIX, INC. EMPLOYEE
401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2014

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF AGRINOMIX, INC. EMPLOYEE 401(K) PLAN Total No of Units	Total Value
Payden/Kravitz Cash Balance	$ 25743822.49	.000000	$ 0.00
JPMorgan Core Bond Fund	$ 0.00	.000000	$ 0.00
Core Bond Fund	$ 109963714.70	.000000	$ 0.00
Total Bond Market Fund	$ 125709902.57	.000000	$ 0.00
US Government Securities	$ 55267549.39	.000000	$ 0.00
Vanguard Short-Term Federal	$ 329396893.22	.000000	$ 0.00
T. Rowe Price Short Term Bond	$ 49945263.99	.000000	$ 0.00
Money Market Fund	$ 1585159848.27	33.175088	$ 427.05
John Hancock Stable Val	$ 1887225949.98	.000000	$ 0.00
NY Life Ins. Co. Anchor Acct	$ 0.00	.000000	$ 0.00
Federated Capital Preservation	$ 0.00	.000000	$ 0.00

*Assets = Liabilities

I hereby certify that this statement, given pursuant to 29 CFR 2520.103-5(c), is complete and accurate.

Peter Gordon

Peter Gordon
President, Retirement Plan Services

Production Date(R): MAY/29/2015