

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
---	---	--

Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>04/01/2014</u> and ending <u>03/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>ALLIED MINERAL PRODUCTS, INC. 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>004</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>04/01/2002</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>004</u>	1c Effective date of plan <u>04/01/2002</u>	
1b Three-digit plan number (PN) ▶	<u>004</u>				
1c Effective date of plan <u>04/01/2002</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>ALLIED MINERAL PRODUCTS, INC.</u> <u>2700 SCIOTO PARKWAY</u> <u>COLUMBUS, OH 43221</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-0643264</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>614-876-0244</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>423500</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-0643264</u>	2c Plan Sponsor's telephone number <u>614-876-0244</u>	2d Business code (see instructions) <u>423500</u>	
2b Employer Identification Number (EIN) <u>31-0643264</u>					
2c Plan Sponsor's telephone number <u>614-876-0244</u>					
2d Business code (see instructions) <u>423500</u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	<u>01/11/2016</u>	<u>ROBERT MACKLIN</u>
	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 ☒ 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	304
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)	294
a(2) Total number of active participants at the end of the plan year		6a(2)	324
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits.....		6c	9
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	333
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	333
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	113
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: 3D 2E 2J 2F 2G 2T			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) ☒ Insurance		(1) ☒ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts		(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust		(3) ☒ Trust	
(4) ☐ General assets of the sponsor		(4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules		b General Schedules	
(1) ☒ R (Retirement Plan Information)		(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information – Small Plan)	
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) ☒ <u>1</u> A (Insurance Information)	
		(4) ☐ C (Service Provider Information)	
		(5) ☒ D (DFE/Participating Plan Information)	
		(6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2014 <hr/> This Form is Open to Public Inspection
--	---	---

For calendar plan year 2014 or fiscal plan year beginning **04/01/2014** and ending **03/31/2015**

A Name of plan ALLIED MINERAL PRODUCTS, INC. 401(K) PLAN	B Three-digit plan number (PN) ►	004
C Plan sponsor's name as shown on line 2a of Form 5500 ALLIED MINERAL PRODUCTS, INC.	D Employer Identification Number (EIN) 31-0643264	

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	18960	118	04/01/2014	03/31/2015

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	11319

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

CETERA ADVISOR NETWORKS LLC
 200 N SEPULVEDA BLVD SUITE 1300
 EL SEGUNDO, CA 90256

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	10794	FEES	3

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

ENTRUST INC.
 24400 HIGHPOINT ROAD SUITE 2
 BEACHWOOD, OH 44122

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	525	FEES	5

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

(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	4576992

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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2014 or fiscal plan year beginning 04/01/2014 and ending 03/31/2015

A Name of plan <u>ALLIED MINERAL PRODUCTS, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ► <u>004</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ALLIED MINERAL PRODUCTS, INC.</u>	D Employer Identification Number (EIN) <u>31-0643264</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH LIFESTYLE CONSERVATIVE ACTIVE ST</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE CO.</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>62037</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH LIFESTYLE MODERATE ACTIVE ST</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE CO.</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>547352</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH LIFESTYLE BALANCED ACTIVE ST</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE CO.</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>720746</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH LIFESTYLE GROWTH ACTIVE ST</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE CO.</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>770010</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH LIFESTYLE AGGRESSIVE ACTIVE ST</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE CO.</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>134714</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ROYCE OPPORTUNITY</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE CO.</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>71446</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ISHARES GOLD TRUST</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE CO.</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>68135</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL VALUE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15601
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE SCI & TECH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60405
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SM CAP GROW INDEX		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 96591
a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER DEVELOPING MKT		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 120035
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALL MID GROWTH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31813
a Name of MTIA, CCT, PSA, or 103-12 IE: EUROPACIFIC GROWTH FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4859124
a Name of MTIA, CCT, PSA, or 103-12 IE: REAL EST SECURITES FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 120300
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE HEALTH SCI		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 231396
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE SML CAP VAL		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 99226
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 62798

a Name of MTIA, CCT, PSA, or 103-12 IE: JH DISCIPLINED VALUE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 81602
a Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 100694
a Name of MTIA, CCT, PSA, or 103-12 IE: DAVIS NEW YORK VENTURE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 61197
a Name of MTIA, CCT, PSA, or 103-12 IE: UTILITIES FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 71169
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE EQUITY INC		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 114907
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN MIDCAP VALUE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 89333
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO GLOBAL BOND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25864
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE SPECTRUM INC.		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 65325
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO TOTAL RETURN		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 81572
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SHORT TERM FEDERAL		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 104417

a Name of MTIA, CCT, PSA, or 103-12 IE: MONEY MARKET**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 199959
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2050 ACTIVE STRAT**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4786
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2045 ACTIVE STRAT**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 363
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2035 ACTIVE STRAT**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16542
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2030 ACTIVE STRAT**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45869
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2025 ACTIVE STRAT**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4038
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2020 ACTIVE STRAT**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8285
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>04/01/2014</u> and ending <u>03/31/2015</u>		
A Name of plan <u>ALLIED MINERAL PRODUCTS, INC. 401(K) PLAN</u>		B Three-digit plan number (PN) ► <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ALLIED MINERAL PRODUCTS, INC.</u>		D Employer Identification Number (EIN) <u>31-0643264</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	65797	94596
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	4009499	4482397
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	4075296	4576993

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4075296	4576993
---	-----------	---------	---------

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAS, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	359740	
(C) Others (including rollovers)	2a(1)(C)	8450	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		368190
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	3383	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3383
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		269942
d Total income. Add all income amounts in column (b) and enter total	2d		641515

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	129246	
(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)		129246
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	10572	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		10572
j Total expenses. Add all expense amounts in column (b) and enter total	2j		139818

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		501697
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: REA & ASSOCIATES, INC.

(2) EIN: 34-1310124

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
4d			
e Was this plan covered by a fidelity bond?	X		1000000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

Part V Trust Information (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 04/01/2014 and ending 03/31/2015

A Name of plan <u>ALLIED MINERAL PRODUCTS, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ALLIED MINERAL PRODUCTS, INC.</u>	D Employer Identification Number (EIN) <u>31-0643264</u>

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	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-0643264</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>9</u>

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

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

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

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

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

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

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): _____

Allied Mineral Products, Inc.
401(k) Plan
Audited Financial Statements

As of and for the Years Ended
March 31, 2015 and 2014



Rea & associates

www.reacpa.com

CONTENTS

	<u>PAGE</u>
Independent Auditor's Report.....	1
Statements of Net Assets Available for Benefits as of March 31, 2015 and 2014	2
Statements of Changes in Net Assets Available for Benefits for the Years Ended March 31, 2015 and 2014	3
Notes to Financial Statements	4-10
Schedule of Assets Held for Investment Purposes at End of Year as of March 31, 2015	11



Rea & associates *a brighter way*

January 7, 2016

To the Plan Administrator
Allied Mineral Products, Inc. 401(k) Plan
Columbus, Ohio

INDEPENDENT AUDITOR'S REPORT

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Allied Mineral Products, Inc. 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of March 31, 2015 and 2014, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by John Hancock Life Insurance Company USA, the custodian of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the custodian holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the custodian as of March 31, 2015 and 2014, and for the years then ended, 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

The supplemental schedule, Schedule of Assets Held for Investment Purposes at End of Year as of March 31, 2015, is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

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

Rea & Associates, Inc.

Rea & Associates, Inc.
Dublin, Ohio

ALLIED MINERAL PRODUCTS, INC. 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF MARCH 31, 2015 AND 2014

	<u>2015</u>	<u>2014</u>
ASSETS:		
INVESTMENTS, at fair value:		
Pooled separate accounts	\$ 4,482,397	\$ 4,009,499
NOTES RECEIVABLE FROM PARTICIPANTS	<u>94,596</u>	<u>65,797</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 4,576,993</u>	<u>\$ 4,075,296</u>

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

ALLIED MINERAL PRODUCTS, INC. 401(K) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED MARCH 31, 2015 AND 2014

	2015	2014
ADDITIONS TO NET ASSETS:		
Contributions:		
Participants	\$ 359,740	\$ 298,406
Rollovers	8,450	85,975
Total contributions	368,190	384,381
Interest income on notes receivable from participants	3,383	3,349
Investment income:		
Net appreciation in fair value of pooled separate accounts	269,942	460,018
TOTAL ADDITIONS	641,515	847,748
DEDUCTIONS FROM NET ASSETS:		
Distributions paid to participants	129,246	275,641
Administrative expenses	10,572	10,510
TOTAL DEDUCTIONS	139,818	286,151
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	501,697	561,597
NET ASSETS AVAILABLE FOR BENEFITS - Beginning of year	4,075,296	3,513,699
NET ASSETS AVAILABLE FOR BENEFITS - End of year	\$ 4,576,993	\$ 4,075,296

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

ALLIED MINERAL PRODUCTS, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1: PLAN DESCRIPTION

General

The following description of the Allied Mineral Products, Inc. 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

The Plan is a defined contribution plan that was established for the exclusive benefit of the employees of Allied Mineral Products, Inc. (the "Plan Sponsor"). Under the terms of the Plan, employees who have accumulated one month of service are eligible for participation. The Board of Directors of the Plan Sponsor control and manage the operation and administration of the Plan. The John Hancock Life Insurance Company USA serves as the custodian of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may elect to contribute a portion of their pre-tax and post-tax annual compensation, as defined in the Plan. Contributions are subject to certain Internal Revenue Code limitations. The Plan does not include a provision for employer contributions.

Participant Accounts

Individual accounts are maintained for each Plan participant to reflect the participant's entire interest under the Plan. Each participant's account is credited with the participant's contribution as well as net gains and losses on investments and reduced by distributions from the participant's account. Plan earnings are allocated to participants based on a daily valuation of the participant's respective funds. The benefit to which a participant is entitled is the amount that can be provided from the participant's vested account.

Participant-Directed Investment Options

Participants direct the investment of their accounts into various investment options offered by the Plan. Participants may currently choose from a variety of different investment options with varying objectives and degrees of investment risk.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. Loan terms range from one to five years or a longer term may be permitted for the purchase of a primary residence. Participants may not have more than one loan outstanding at a time. Loan transactions are treated as a transfer from the investment fund to the Participant Loan fund. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan Administrator. Interest rates are currently 4.25%. Principal and interest are paid ratably through monthly payroll deductions.

Payment of benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account.

ALLIED MINERAL PRODUCTS, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

The statements of net assets available for benefits include investments in pooled separate accounts which are presented at the value reported to the Plan by the insurance company, which represents approximate fair value. Fair value is the price that would be received to sell an asset or paid to transfer liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Payment of Benefits

Participant distributions are recognized when paid.

Administrative Expenses

Some plan fees and expenses, including fees and expenses connected with the providing of administrative services by external service providers other than custodian fees, are primarily paid by the Plan Sponsor and are excluded from these financial statements.

Recent Accounting Pronouncements

In October 2012, the FASB issued ASU 2012-04, Technical Corrections and Improvements. The amendments in this Update cover a wide range of Topics in the Accounting Standards Codification, including plan accounting. These amendments include technical corrections and improvements to the Accounting Standards Codification and conforming amendments related to fair value measurements. The amendments in this update were generally effective for fiscal periods beginning after December 15, 2013, for non-public entities, except for amendments in this update where there was no transition guidance which were immediately effective upon issuance. The adoption of immediately effective amendments was not significant to these financial statements. The adoption of ASU 2012-04 has not had and is not expected to have a material impact on subsequent periods.

ALLIED MINERAL PRODUCTS, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Recent Accounting Pronouncements (Continued)

On July 31, 2015, in an effort to simplify plan accounting, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965) - (I) Fully Benefit-Responsive Investment Contracts, (II) Plan Investment Disclosures, and (III) Measurement Date Practical Expedient*. ASU 2015-12 is effective for fiscal years beginning after December 15, 2015. Earlier application is permitted. Retrospective application is required for Parts I and II on all periods presented. There is no anticipated effect on the value of the net assets available for benefits, as the main changes resulting from implementation of this ASU centers around certain disclosures in the notes to the financial statements. The adoption of ASU 2015-12 is expected to be adopted for the plan year beginning April 1, 2015 (and will be applied retrospectively as required).

Subsequent Events

In evaluating events that may have material impact on the financial statements, the Plan Sponsor has considered activities through January 7, 2016, the date the financial statements were available to be issued.

NOTE 3: INFORMATION PREPARED AND CERTIFIED BY JOHN HANCOCK LIFE INSURANCE COMPANY USA

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at March 31, 2015 and 2014, and net appreciation in fair value of investments and interest for the years ended March 31, 2015 and 2014, was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by John Hancock Life Insurance Company USA (the custodian of the Plan).

NOTE 4: INVESTMENTS

The Plan's investments that represent five percent or more of the Plan's net assets available for benefit as of March 31, 2015 and 2014, are as follows:

	2015	2014
Lifestyle Growth	\$ 806,908	\$ 771,472
Lifestyle Balance	755,757	660,677
Lifestyle Moderate	519,941	344,296
Health Science	280,023	152,420 *
JPM MC Value	91,439 *	241,405

* Amount shown for comparative purposes only, does not represent 5% of net assets.

ALLIED MINERAL PRODUCTS, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 5: FAIR VALUE MEASUREMENTS

Accounting standards establish a framework for measuring fair value by providing 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 inputs") and the lowest priority to unobservable inputs ("Level 3 inputs"). The three levels of the fair value hierarchy are described below:

- Level 1 – inputs to the fair value determination are unadjusted quoted prices for identical assets and liabilities in active markets that the Plan has the ability to access.
- Level 2 – other significant inputs including; quoted prices of similar assets and liabilities in active markets, quoted prices for identical assets and liabilities in inactive markets, observable inputs other than quoted prices, inputs derived from or corroborated by observable market data either by correlation or other means.
- Level 3 – inputs to the valuation methodology are unobservable and significant to the fair value measurement and may include the Plan's own assumptions in determining the fair value of the assets and liabilities.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes to the methodologies used at March 31, 2015 and 2014.

Pooled separate accounts: Valued at net asset value (NAV) per share based on quoted market prices of underlying investments.

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.

ALLIED MINERAL PRODUCTS, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 5: FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of March 31, 2015 and 2014:

Assets at Fair Value as of March 31, 2015

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts				
Aggressive growth	\$ -	\$ 856,647	\$ -	\$ 856,647
Conservative	-	199,196	-	199,196
Growth	-	658,871	-	658,871
Growth & income	-	172,515	-	172,515
Income	-	243,414	-	243,414
Lifecycle	-	90,579	-	90,579
Lifestyle	-	2,261,175	-	2,261,175
Total assets at fair value	<u>\$ -</u>	<u>\$ 4,482,397</u>	<u>\$ -</u>	<u>\$ 4,482,397</u>

Assets at Fair Value as of March 31, 2014

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts				
Aggressive growth	\$ -	\$ 688,315	\$ -	\$ 688,315
Conservative	-	174,548	-	174,548
Growth	-	613,315	-	613,315
Growth & income	-	168,972	-	168,972
Income	-	270,919	-	270,919
Lifecycle	-	58,509	-	58,509
Lifestyle	-	2,034,921	-	2,034,921
Total assets at fair value	<u>\$ -</u>	<u>\$ 4,009,499</u>	<u>\$ -</u>	<u>\$ 4,009,499</u>

ALLIED MINERAL PRODUCTS, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 5: FAIR VALUE MEASUREMENTS (CONTINUED)

The following table summarizes investments measured at fair value based on net asset value (NAV) per share as of March 31, 2015 and 2014:

Assets at Fair Value Based on NAV Per Share as of March 31, 2015

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Pooled separate accounts:				
Short term investment funds (a)	\$ 4,482,397	None	Daily	None

Assets at Fair Value Based on NAV Per Share as of March 31, 2014

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Pooled separate accounts:				
Short term investment funds (a)	\$ 4,009,499	None	Daily	None

- (a) This category includes high quality, short term securities. Investments in this category can be redeemed immediately at the current net asset value per share based on the fair value of the underlying assets. The fair value of investments in this category have been estimated using the net asset value per share of the underlying investments.

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. The Plan Trustee evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the year ended March 31, 2015 and 2014, there were no transfers in or out of Level 3.

NOTE 6: RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of pooled separate accounts managed by John Hancock Life Insurance Company USA. John Hancock is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services amounted to \$10,572 and \$10,057 for the years ended March 31, 2015 and 2014, respectively.

ALLIED MINERAL PRODUCTS, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 7: PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan Sponsor has the right at any time to terminate the Plan subject to the provisions set forth in ERISA. In the event of any termination of the Plan, or upon complete or partial discontinuance of contributions, the accounts of each affected participant shall become fully vested.

NOTE 8: TAX STATUS

The Plan has adopted a non-standardized form of a prototype plan sponsored by Entrust Financial Group, Inc. The prototype plan has received an opinion letter from the Internal Revenue Service as to the prototype plan's qualified status. The Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require management of an organization to evaluate tax positions taken by the organization and recognize a tax liability if the organization has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service. Plan management has analyzed the tax positions taken by the Plan, and has concluded that as of March 31, 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements.

There are currently no audits for any tax periods in progress. Plan management believes it is no longer subject to income tax examinations for years prior to 2012.

NOTE 9: RISKS AND UNCERTAINTIES

The Plan invests in various investment options. The investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with these investments, it is reasonably possible that changes in the values of investments will occur in the near term and such changes could materially affect the amounts reported in the statement of net assets available for benefits.

ALLIED MINERAL PRODUCTS, INC. 401(K) PLAN

FORM 5500, SCHEDULE H, PART IV, LINE 4i,
SCHEDULE OF ASSETS HELD FOR INVESTMENT
PURPOSES AT END OF YEAR
AS OF MARCH 31, 2015

EIN: 31-0643264

Plan Number: 004

(a)	(b)	Description of investment including maturity date, rate of interest, collateral, par, or maturity value		(c)
Identity of issue, borrower, lessor, or similar party		Cost	Current Value	
* Lifestyle Growth	Pooled separate account	**	\$ 806,908	
* Lifestyle Balance	Pooled separate account	**	755,757	
* Lifestyle Moderate	Pooled separate account	**	519,941	
* Health Sci	Pooled separate account	**	280,023	
* Money Market	Pooled separate account	**	199,196	
* Blue Chip	Pooled separate account	**	147,775	
* Lifestyle Aggressive	Pooled separate account	**	142,419	
* SMCP GR IN	Pooled separate account	**	137,821	
* VS Rests	Pooled separate account	**	128,065	
* TRP Eq Inc	Pooled separate account	**	111,062	
* Small Value	Pooled separate account	**	102,101	
* JH Disciplined value mid cap	Pooled separate account	**	99,234	
* JPM MC Value	Pooled separate account	**	91,439	
* Total Return	Pooled separate account	**	89,282	
* Developing Market	Pooled separate account	**	79,384	
* Royce Opportunity	Pooled separate account	**	74,993	
* Short Term	Pooled separate account	**	73,349	
* VS Utilities	Pooled separate account	**	72,385	
* IDX Mid	Pooled separate account	**	70,944	
* Energy	Pooled separate account	**	70,929	
* Spectrum I	Pooled separate account	**	66,909	
* NY Venture	Pooled separate account	**	61,453	
* Sci Tech	Pooled separate account	**	55,322	
* Europac	Pooled separate account	**	52,674	
* RL 2030	Pooled separate account	**	51,881	
* Lifestyle Conservative	Pooled separate account	**	36,150	
* Sm-Md Grth	Pooled separate account	**	34,708	
* RL 2035	Pooled separate account	**	17,839	
* VS Int Val	Pooled separate account	**	17,721	
* Global Bond	Pooled separate account	**	13,874	
* RL 2020	Pooled separate account	**	9,211	
* RL 2050	Pooled separate account	**	6,181	
* RL 2025	Pooled separate account	**	5,005	
* RL 2045	Pooled separate account	**	462	
Subtotal			4,482,397	
Notes receivable from participants	(Interest rate of 4.25% maturing through 2019 and secured by balance in participants' account)		94,596	
Total			\$ 4,576,993	

* Party-in-interest

** Cost information has been excluded in accordance with Form 5500 instructions as all investments are participant directed.

Note: This schedule is based on information which has been certified as complete and accurate by John Hancock Life Insurance Company USA, the custodian of the Plan.



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 18960 THE TRUSTEES OF ALLIED MINERAL PRODUCTS,
INC. 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2014

Sub-Accounts	John Hancock USA		THE TRUSTEES OF ALLIED MINERAL PRODUCTS, INC. 401(K) PLAN	
	Total Sub-Accounts		Total No of Units	Total Value
	Assets and Liabilities*			
JH Thru 2055 Active Strategy	\$ 14738407.95		.000000	\$ 0.00
JH Thru 2050 Active Strategy	\$ 229170260.81		360.892814	\$ 4786.35
JH Thru 2045 Active Strategy	\$ 697222309.12		23.456818	\$ 362.50
JH Thru 2040 Active Strategy	\$ 729789254.86		.000000	\$ 0.00
JH Thru 2035 Active Strategy	\$ 957590616.04		1071.051191	\$ 16541.91
JH Thru 2030 Active Strategy	\$ 1157157846.16		3028.042834	\$ 45868.91
JH Thru 2025 Active Strategy	\$ 1302199470.75		268.103028	\$ 4037.72
JH Thru 2020 Active Strategy	\$ 1075797234.19		551.299186	\$ 8284.90
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



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 18960 THE TRUSTEES OF ALLIED MINERAL PRODUCTS,
INC. 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2014

Sub-Accounts	John Hancock USA		THE TRUSTEES OF ALLIED MINERAL PRODUCTS, INC. 401(K) PLAN	
	Total Sub-Accounts	Assets and Liabilities*	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 2015	\$	13189780.71	.000000	\$ 0.00
American Century In Retirement	\$	4390557.09	.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	283.718761	\$ 134713.94
JH LS Grow Active Strategy	\$	11195046851.54	1698.232513	\$ 770010.36

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
 THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
 FOR CONTRACT # 18960 THE TRUSTEES OF ALLIED MINERAL PRODUCTS,
 INC. 401(K) PLAN
 MONEY INVESTED AS OF DECEMBER 31, 2014

Sub-Accounts	John Hancock USA		THE TRUSTEES OF ALLIED MINERAL PRODUCTS, INC. 401(K) PLAN	
	Total Sub-Accounts		Total No of Units	Total Value
	Assets and Liabilities*			
JH LS Bal Active Strategy	\$ 11622423003.31		2330.193998	\$ 720746.32
JH LS Mod Active Strategy	\$ 3320282846.02		2329.632810	\$ 547352.38
JH LS Con Active Strategy	\$ 2483853468.69		250.489173	\$ 62037.29
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		2390.440926	\$ 71445.97
Vanguard Energy Fund	\$ 389335574.49		734.391461	\$ 68134.59
iShares Gold Trust ETF	\$ 4404184.19		.000000	\$ 0.00
Fidelity Adv Leveraged Co Stk	\$ 73667369.60		.000000	\$ 0.00
DFA International Value	\$ 82609718.57		.000000	\$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 18960 THE TRUSTEES OF ALLIED MINERAL PRODUCTS,
INC. 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2014

Sub-Accounts	John Hancock USA		THE TRUSTEES OF ALLIED MINERAL PRODUCTS, INC. 401(K) PLAN	
	Total Sub-Accounts		Total No of Units	Total Value
	Assets and Liabilities*			
Northern EM Equity Index Fund	\$ 930327.81		.000000	\$ 0.00
International Value Fund	\$ 215533759.01		646.085106	\$ 15601.20
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		805.050006	\$ 60405.16
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		2703.333931	\$ 96590.69
Oppenheimer Developing Mkt	\$ 549700242.07		1723.419118	\$ 120034.62
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		.000000	\$ 0.00
Science & Technology Fund	\$ 277774104.65		.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		413.602766	\$ 31813.37
Oppenheimer Global	\$ 225783143.84		.000000	\$ 0.00
Templeton World	\$ 163991316.55		.000000	\$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 18960 THE TRUSTEES OF ALLIED MINERAL PRODUCTS,
INC. 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2014

Sub-Accounts	John Hancock USA		THE TRUSTEES OF ALLIED MINERAL PRODUCTS, INC. 401(K) PLAN	
	Total Sub-Accounts		Total No of Units	Total Value
	Assets and Liabilities*			
EuroPacific Growth Fund	\$ 726885130.67		719.912815	\$ 48591.24
Legg Mason ClearBr Agg Growth	\$ 273507080.95		.000000	\$ 0.00
Royce Pennsylvania Mutual Fund	\$ 8600116.02		.000000	\$ 0.00
Thornburg International Value	\$ 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		1437.282802	\$ 120299.61
T. Rowe Price Health Sci	\$ 1034523871.88		2197.755516	\$ 231395.94
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		1187.344475	\$ 99226.43
John Hancock Intl Growth	\$ 14985348.86		.000000	\$ 0.00
Mid Cap Index Fund	\$ 593237293.27		1497.469937	\$ 62798.36
Northern Small Cap Value Fund	\$ 73487.61		.000000	\$ 0.00
Diamond Hill Small-Mid Cap	\$ 1023.64		.000000	\$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
 THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
 FOR CONTRACT # 18960 THE TRUSTEES OF ALLIED MINERAL PRODUCTS,
 INC. 401(K) PLAN
 MONEY INVESTED AS OF DECEMBER 31, 2014

Sub-Accounts	John Hancock USA		THE TRUSTEES OF ALLIED MINERAL PRODUCTS, INC. 401(K) PLAN	
	Total Sub-Accounts		Total No of Units	Total Value
	Assets and Liabilities*			
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		.000000	\$ 0.00
Capital World Growth & Income	\$ 175922563.14		.000000	\$ 0.00
All Cap Core Fund	\$ 21510107.85		.000000	\$ 0.00
John Hancock Disciplined Value	\$ 635224716.37	3510.018827	\$	81602.01
Blue Chip Growth Fund	\$ 856394479.86	2160.316827	\$	100694.07
Vanguard Mid-Cap Value ETF	\$ 80439549.01	.000000	\$	0.00
New Perspective Fund	\$ 125974093.99	.000000	\$	0.00
Fundamental Value Fund	\$ 0.00	.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	1372.439988	\$	61196.59
Baird MidCap Fund	\$ 9954.72	.000000	\$	0.00
Domini Social Equity	\$ 76374871.42	.000000	\$	0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 18960 THE TRUSTEES OF ALLIED MINERAL PRODUCTS,
INC. 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2014

Sub-Accounts	John Hancock USA		THE TRUSTEES OF ALLIED MINERAL PRODUCTS, INC. 401(K) PLAN	
	Total Sub-Accounts		Total No of Units	Total Value
	Assets and Liabilities*			
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	1912.788219		\$ 71169.18
Equity Income Fund	\$ 337188765.46	.000000		\$ 0.00
Vanguard Value Index Fund	\$ 165244328.95	.000000		\$ 0.00
T. Rowe Price Equity Inc	\$ 549194708.09	1885.537984		\$ 114906.70
500 Index Fund	\$ 1720868563.21	.000000		\$ 0.00
FT Founding Funds Allocation	\$ 40270913.87	.000000		\$ 0.00
Investment Company of America	\$ 308196304.87	.000000		\$ 0.00
JPMorgan MidCap Value Fund	\$ 369535543.12	1727.980811		\$ 89332.69
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	.000000		\$ 0.00
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
American Balanced Fund	\$ 691040428.68	.000000		\$ 0.00
Capital Income Builder	\$ 79969209.30	.000000		\$ 0.00
Fidelity Advisor Gold Fund	\$ 0.00	.000000		\$ 0.00

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
 THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
 FOR CONTRACT # 18960 THE TRUSTEES OF ALLIED MINERAL PRODUCTS,
 INC. 401(K) PLAN
 MONEY INVESTED AS OF DECEMBER 31, 2014

Sub-Accounts	John Hancock USA		THE TRUSTEES OF ALLIED MINERAL PRODUCTS, INC. 401(K) PLAN	
	Total Sub-Accounts		Total No of Units	Total Value
	Assets and Liabilities*			
Income Fund of America	\$ 92284829.50		.000000	\$ 0.00
SSgA Mid Growth Index Fund	\$ 0.00		.000000	\$ 0.00
PIMCO All Asset	\$ 159161076.52		.000000	\$ 0.00
SSgA Mid Value Index Fund	\$ 0.00		.000000	\$ 0.00
Fundamental Large Cap Value	\$ 251276389.86		.000000	\$ 0.00
Columbia Mid Cap Value	\$ 0.00		.000000	\$ 0.00
Alternative Asset Allocation	\$ 12565392.55		.000000	\$ 0.00
Eaton Vance Large-Cap Value	\$ 0.00		.000000	\$ 0.00
Columbia Equity Value	\$ 0.00		.000000	\$ 0.00
Templeton Global Bond Fund	\$ 141033509.50		.000000	\$ 0.00
Core Global Diversification	\$ 0.00		.000000	\$ 0.00
Oppenheimer Intl Bond	\$ 76578271.08		.000000	\$ 0.00
MFS Emerging Markets Debt	\$ 8708047.51		.000000	\$ 0.00
Core Diversified Grwth & Inc	\$ 0.00		.000000	\$ 0.00
High Yield Fund	\$ 415736544.46		.000000	\$ 0.00
Strategic Income Opp Fund	\$ 334314713.17		.000000	\$ 0.00
Core Fundamental Holdings	\$ 0.00		.000000	\$ 0.00
PIMCO Global Bond	\$ 126955778.68	1395.668031	\$	25863.73
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	1688.451503	\$	65325.02

*Assets = Liabilities



STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 18960 THE TRUSTEES OF ALLIED MINERAL PRODUCTS,
INC. 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2014

Sub-Accounts	John Hancock USA		THE TRUSTEES OF ALLIED MINERAL PRODUCTS, INC. 401(K) PLAN	
	Total Sub-Accounts		Total No of Units	Total Value
-----	Assets and Liabilities*		-----	-----
Floating Rate Income Fund	\$ 26422099.38		.000000	\$ 0.00
PIMCO Total Return	\$ 991782597.41		3231.099410	\$ 81572.34
Investment Qual Bond Fund	\$ 58002680.20		.000000	\$ 0.00
Total Return Fund	\$ 267765632.68		.000000	\$ 0.00
Active Bond Fund	\$ 145615181.64		.000000	\$ 0.00
Payden/Kravitz Cash Balance	\$ 25743822.49		.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		4958.620242	\$ 104416.84
T. Rowe Price Short Term Bond	\$ 49945263.99		.000000	\$ 0.00
Money Market Fund	\$ 1585159848.27		15533.846750	\$ 199959.14
John Hancock Stable Val	\$ 1887225949.98		.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
President, Retirement Plan Services

Production Date(R): APR/07/2015

ALLIED MINERAL PRODUCTS, INC. 401(K) PLAN

FORM 5500, SCHEDULE H, PART IV, LINE 4i,
SCHEDULE OF ASSETS HELD FOR INVESTMENT
PURPOSES AT END OF YEAR
AS OF MARCH 31, 2015

EIN: 31-0643264

Plan Number: 004

(a)	(b)	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	(e)	Current Value
Identity of issue, borrower, lessor, or similar party					
* Lifestyle Growth		Pooled separate account	**	\$	806,908
* Lifestyle Balance		Pooled separate account	**		755,757
* Lifestyle Moderate		Pooled separate account	**		519,941
* Health Sci		Pooled separate account	**		280,023
* Money Market		Pooled separate account	**		199,196
* Blue Chip		Pooled separate account	**		147,775
* Lifestyle Aggressive		Pooled separate account	**		142,419
* SMCP GR IN		Pooled separate account	**		137,821
* VS Rests		Pooled separate account	**		128,065
* TRP Eq Inc		Pooled separate account	**		111,062
* Small Value		Pooled separate account	**		102,101
* JH Disciplined value mid cap		Pooled separate account	**		99,234
* JPM MC Value		Pooled separate account	**		91,439
* Total Return		Pooled separate account	**		89,282
* Developing Market		Pooled separate account	**		79,384
* Royce Opportunity		Pooled separate account	**		74,993
* Short Term		Pooled separate account	**		73,349
* VS Utilities		Pooled separate account	**		72,385
* IDX Mid		Pooled separate account	**		70,944
* Energy		Pooled separate account	**		70,929
* Spectrum I		Pooled separate account	**		66,909
* NY Venture		Pooled separate account	**		61,453
* Sci Tech		Pooled separate account	**		55,322
* Europac		Pooled separate account	**		52,674
* RL 2030		Pooled separate account	**		51,881
* Lifestyle Conservative		Pooled separate account	**		36,150
* Sm-Md Grth		Pooled separate account	**		34,708
* RL 2035		Pooled separate account	**		17,839
* VS Int Val		Pooled separate account	**		17,721
* Global Bond		Pooled separate account	**		13,874
* RL 2020		Pooled separate account	**		9,211
* RL 2050		Pooled separate account	**		6,181
* RL 2025		Pooled separate account	**		5,005
* RL 2045		Pooled separate account	**		462
Subtotal					4,482,397
Notes receivable from participants		(Interest rate of 4.25% maturing through 2019 and secured by balance in participants' account)			94,596
Total				\$	4,576,993

* Party-in-interest

** Cost information has been excluded in accordance with Form 5500 instructions as all investments are participant directed.

Note: This schedule is based on information which has been certified as complete and accurate by John Hancock Life Insurance Company USA, the custodian of the Plan.