

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2015 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</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>PRINCE MINERALS, INC. 401(K) RETIREMENT AND SAVINGS PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>01/01/2004</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>PRINCE MINERALS, INC.</u> <u>15311 WEST VANTAGE PARKWAY</u> <u>SUITE 350</u> <u>HOUSTON, TX 77032</u>	2b	Employer Identification Number (EIN) <u>43-2030518</u>
		2c	Plan Sponsor's telephone number <u>646-747-4184</u>
		2d	Business code (see instructions) <u>327900</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2016	STEFFANY KETCHUM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☒ 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: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 537
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) 442
a(2) Total number of active participants at the end of the plan year	6a(2) 376
b Retired or separated participants receiving benefits.....	6b 8
c Other retired or separated participants entitled to future benefits.....	6c 122
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 506
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 506
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 477
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3D	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 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)
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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 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan PRINCE MINERALS, INC. 401(K) RETIREMENT AND SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PRINCE MINERALS, INC.	D Employer Identification Number (EIN) 43-2030518	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CAPITAL RESEARCH & MANAGEMENT CO.

95-1411037

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

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

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

CAPITAL RESEARCH & MANAGEMENT CO.

95-1411037

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 52 60 62 25 49 72 37	RECORDKEEPER	9919	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan PRINCE MINERALS, INC. 401(K) RETIREMENT AND SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 PRINCE MINERALS, INC.	D Employer Identification Number (EIN) 43-2030518	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: RELiance TRUST CO SERIES 25157

b Name of sponsor of entity listed in (a): RELiance TRUST COMPANY

c EIN-PN 46-6625485-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1639108
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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)
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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)
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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)
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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)
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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)
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>		
A Name of plan <u>PRINCE MINERALS, INC. 401(K) RETIREMENT AND SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PRINCE MINERALS, INC.</u>	D Employer Identification Number (EIN) <u>43-2030518</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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 Total noninterest-bearing cash	1a		0	0
b Receivables (less allowance for doubtful accounts):				
(1) Employer contributions	1b(1)		0	2199
(2) Participant contributions	1b(2)		0	0
(3) Other.....	1b(3)		0	0
c General investments:				
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		988783	15827
(2) U.S. Government securities.....	1c(2)		0	0
(3) Corporate debt instruments (other than employer securities):				
(A) Preferred	1c(3)(A)		0	0
(B) All other.....	1c(3)(B)		0	0
(4) Corporate stocks (other than employer securities):				
(A) Preferred	1c(4)(A)		0	0
(B) Common	1c(4)(B)		0	0
(5) Partnership/joint venture interests	1c(5)		0	0
(6) Real estate (other than employer real property)	1c(6)		0	0
(7) Loans (other than to participants)	1c(7)		0	0
(8) Participant loans	1c(8)		552984	562802
(9) Value of interest in common/collective trusts.....	1c(9)		0	1623281
(10) Value of interest in pooled separate accounts.....	1c(10)			
(11) Value of interest in master trust investment accounts	1c(11)		0	0
(12) Value of interest in 103-12 investment entities	1c(12)		0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		15973504	16444095
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)			
(15) Other	1c(15)		0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	17515271	18648204

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	60795
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	60795

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	17515271	18587409
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1257512	
(B) Participants	2a(1)(B)	1676800	
(C) Others (including rollovers)	2a(1)(C)	490926	
(2) Noncash contributions	2a(2)	0	3425238
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	24796	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		24796
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	806506	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		806506
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	16045
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	-1023999
c Other income	2c	-32251
d Total income. Add all income amounts in column (b) and enter total	2d	3216335

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

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2119953	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2119953
f Corrective distributions (see instructions)	2f		6376
g Certain deemed distributions of participant loans (see instructions)	2g		7949
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	9919	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		9919
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2144197

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1072138
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: BDO USA LLP

(2) EIN: 13-5381590

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	☒	☐	☐	793989
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	N/A	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		
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		
e Was this plan covered by a fidelity bond?	X			1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X		
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under 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 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>PRINCE MINERALS, INC. 401(K) RETIREMENT AND SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PRINCE MINERALS, INC.</u>	D Employer Identification Number (EIN) <u>43-2030518</u>

Part I	Distributions
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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>20-3691658</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	

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

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

Schedule R (Form 5500) 2015
v. 150123

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No



PRINCE MINERALS, INC. 401(k) RETIREMENT AND SAVINGS PLAN

Financial Statements (and Supplemental Schedules)

**As of December 31, 2015 and 2014 and
for the Year Ended December 31, 2015**

**PRINCE MINERALS, INC. 401(k)
RETIREMENT AND SAVINGS PLAN**

**Financial Statements
(and Supplemental Schedules)**

As of December 31, 2015 and 2014 and
for the Year Ended December 31, 2015

PRINCE MINERALS, INC. 401(k) RETIREMENT AND SAVINGS PLAN

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All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended, are not applicable and have been omitted.



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Houston, Texas 77019-7100

Independent Auditor's Report

To the Plan Administrator of the
Prince Minerals, Inc. 401(k) Retirement and Savings Plan
Quincy, Illinois

We were engaged to audit the accompanying financial statements of Prince Minerals, Inc. 401(k) Retirement and Savings Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2015 and 2014, and the related statement of changes in net assets available for benefits for the year ended December 31, 2015, 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 ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), 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 by Capital Bank & Trust Company, the custodian of the Plan, except for comparing such 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 investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the custodian as of December 31, 2015 and 2014 and for the year ended December 31, 2015, that the information provided to the Plan Administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

BDO USA, LLP, a Delaware limited liability partnership, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.



Other Matter - Supplemental Schedules

The supplemental schedules, as listed in the accompanying table of contents, as of and for the year ended December 31, 2015, are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedules.

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

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

BDO USA, LLP

October 12, 2016

Financial Statements

**PRINCE MINERALS, INC. 401(k)
RETIREMENT AND SAVINGS PLAN**

Statements of Net Assets Available for Benefits

<i>December 31,</i>	2015	2014
Assets		
Investments, at fair value		
Money market fund	\$ 15,827	\$ 988,783
Mutual funds	16,444,095	15,973,504
Common collective trust fund	1,623,281	-
Total Investments	18,083,203	16,962,287
Notes Receivable From Participants	562,802	552,984
Employer Contributions Receivable	2,199	16,423
Total Assets	18,648,204	17,531,694
Liabilities		
Excess contributions payable	60,795	-
Total Liabilities	60,795	-
Net Assets Available for Benefits	\$ 18,587,409	\$ 17,531,694

See accompanying notes to financial statements.

**PRINCE MINERALS, INC. 401(k)
RETIREMENT AND SAVINGS PLAN**

Statement of Changes in Net Assets Available for Benefits

<i>Year Ended December 31,</i>	2015
Additions to Net Assets	
Investment Income (Loss)	
Net depreciation in fair value of investments	\$ (1,007,954)
Dividends and interest	806,506
Other income (loss)	(32,251)
Total Investment Loss	(233,699)
Interest from Notes Receivable from Participants	24,796
Contributions	
Participant	1,676,800
Employer	1,241,089
Rollovers	490,926
Total Contributions	3,408,815
Total Additions to Net Assets	3,199,912
Deductions from Net Assets	
Benefits paid to participants	2,134,278
Administrative fees	9,919
Total Deductions from Net Assets	2,144,197
Net Increase	1,055,715
Net Assets Available for Benefits	
Beginning of Year	17,531,694
End of Year	\$ 18,587,409

See accompanying notes to financial statements.

PRINCE MINERALS, INC. 401(k) RETIREMENT AND SAVINGS PLAN

Notes to Financial Statements

1. Description of Plan

The following description of Prince Minerals, Inc. 401(k) Retirement and Savings Plan (the “Plan”) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan’s provisions.

General

The Plan, established effective January 1, 2004, is a defined contribution plan sponsored by Prince Minerals, Inc. with the following participating employers: Granasol, Inc., American Minerals, Inc., Densimix Holding Corporation, Inc., IGC Technologies, LLC and Grinding & Sizing Company, LLC (collectively, the “Plan Sponsor” or “Employer”). The Plan was amended and restated effective January 1, 2013. The Plan has an income deferral feature under Section 401 of the Internal Revenue Code (the “IRC”) and is subject to the Employee Retirement Income Security Act of 1974 (“ERISA”) and its amendments.

Administration of the Plan

The Plan Sponsor is also the Plan Administrator. The custodian for the Plan’s participant-directed assets is Capital Bank & Trust Company (the “Custodian” or “CB&T”). The record keeper for the Plan is American Funds Distributors, Inc. (“American Funds”).

Eligibility

All employees of the Employer that are 21 years of age or older are eligible to participate in the Plan on the first of the month following attainment of the age requirement.

Contributions

Participants may elect to defer up to 100% of their compensation as defined by the Plan Document during any plan year, subject to a maximum imposed by the Internal Revenue Code (the “IRC”). The Plan has an automatic contribution arrangement by which all newly hired employees will automatically have 2% of their compensation contributed to the Plan as an elective deferral contribution on their behalf unless they affirmatively elect otherwise. The Employer makes safe harbor matching contributions equal to 100% of a participant’s elective deferrals up to 6% of the participant’s eligible compensation each pay period. Participant salary deferral contributions can be made on either a pre-tax basis or as Roth elective deferrals on an after-tax basis. Participants who have attained age 50 before the end of the plan year are eligible to make additional tax deferred catch-up contributions of up to \$6,000 for 2015. The amount of a participant’s annual compensation which may be taken into account for purposes of determining the amount of the Employer match or for any other purpose under the Plan shall not exceed the amount permitted annually by the Internal Revenue Service (“IRS”), which was \$265,000 for 2015. For the year ended December 31, 2015, Employer safe harbor matching contributions totaled \$1,241,089.

Participant Accounts

Each participant’s account is credited with the allocation of (a) participant’s contribution, (b) the Employer safe harbor matching contributions, and (c) plan earnings less plan expenses. Allocations are based on either the participant’s earnings or account balances, as defined in the Plan Document. The benefit to which a participant is entitled is the vested benefit that can be provided from each participant’s accounts.

PRINCE MINERALS, INC. 401(k) RETIREMENT AND SAVINGS PLAN

Notes to Financial Statements

Vesting

Participants are fully vested in their salary deferral contributions, rollover contributions, Employer safe harbor matching contributions, and related earnings thereon. Prior to January 1, 2013, the Plan permitted the Employer to make discretionary matching contributions and profit sharing contributions. Participants became vested in these discretionary contributions as follows: 20% after two years of service, with an additional 20% vesting for each year thereafter resulting in 100% vesting after six years of service.

Notes Receivable from Participants

Participants are allowed to borrow from their participant-directed accounts a minimum of \$1,000 up to the lesser of \$50,000 or 50% of their vested balance less the balance of any existing notes. Note terms can range from up to five years for general purpose notes and ten years for the purchase of a participant's primary residence. Each note is collateralized by the balance in the participant's account and bears interest at a rate determined by the Plan Administrator based on prevailing commercial loan rates. The interest rate is fixed for the term of the note. All interest paid to the Plan with respect to a note is credited to the borrower's account balance. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

Benefits are generally paid upon normal retirement, disability, death or termination of employment. Upon normal retirement, disability or death, participants are entitled to receive 100% of their account balance. A participant eligible for a distribution from the Plan may elect to receive an immediate lump sum payment or installment payments as defined in the Plan Document. Upon termination of employment, a participant is entitled to receive the vested portion of their account balance. In-service distributions are allowed for participants who have reached age 59½ and are 100% vested. Financial hardship withdrawals are permitted, as defined in the Plan Document. A participant who receives a hardship withdrawal shall be prohibited from making employee contributions to the Plan for six months after receipt of such distributions.

Forfeitures

Forfeitures occur when a participant terminates employment before becoming 100% vested with respect to Employer discretionary matching and profit sharing contributions made for plan years 2012 and earlier. Forfeitures from non-vested account balances are first used to pay plan expenses or reduce Employer discretionary matching contributions to the Plan, if any. As of December 31, 2015 and 2014, there were unallocated forfeitures of \$15,827 and \$14,131, respectively. During the year ended December 31, 2015, no forfeitures were used to offset the employer contributions or to pay for plan expenses.

Administrative Expenses

Fees and expenses incurred in the administration of the Plan, to the extent not paid by the Employer, are charged to and paid from the Plan's assets. Fees and expenses that are paid directly by the Employer are excluded from these financial statements. Fees related to the administration of notes receivable from participant and other participant-directed expenses are charged directly to the participant's account and are included in expenses of the Plan. Investment related expenses are included in net appreciation or depreciation of fair value of investments.

PRINCE MINERALS, INC. 401(k) RETIREMENT AND SAVINGS PLAN

Notes to Financial Statements

Plan Termination

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

2. Summary of Significant Accounting Policies

Basis of Financial Statements

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP"), as codified by the Financial Accounting Standards Board ("FASB") in its Accounting Standards Codification ("ASC").

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Benefits

Benefits paid to participants are recorded upon distribution and are recorded as a reduction to Net Assets Available for Benefits.

Investment Valuation and Income Recognition

Investments in money market funds and mutual funds are stated at fair value, based on quotations obtained from national security exchanges. Investments in the common collective trust fund are stated at fair market value as determined by the issuer based on the fair value of the underlying investments.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net depreciation or appreciation in fair value of investments 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 recorded as distributions based upon the terms of the Plan Document. No allowance for credit losses have been recorded as of December 31, 2015 and 2014.

PRINCE MINERALS, INC. 401(k) RETIREMENT AND SAVINGS PLAN

Notes to Financial Statements

Risks and Uncertainties

The Plan provides for various investment options offered by the Custodian. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Plan's financial statements and participants' account balances.

Recently Issued Accounting Pronouncement

In May 2015, the FASB issued Accounting Standards Update ("ASU") 2015-07, *Disclosures for Investments in Certain Entities that Calculate Net Asset Value Per Share (or its Equivalent)*, ("ASU 2015-07"). ASU 2015-07 removes the requirement to categorize within the fair value hierarchy investments for which fair values are estimated using the net asset value practical expedient provided by Accounting Standards Codification 820, *Fair Value Measurement*. Disclosures about investments in certain entities that calculate net asset value per share are limited under ASU 2015-07 to those investments for which the entity has elected to estimate the fair value using the net asset value practical expedient. ASU 2015-07 is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. The Plan has elected to early adopt ASU 2015-07; accordingly, these provisions were retrospectively applied.

In July 2015, the FASB issued ASU 2015-12, Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient ("ASU 2015-12"). Part I requires fully-benefit responsive investment contracts ("FBRIC") to be measured, presented, and disclosed only at contract value. Part II requires that investments that are measured using fair value (both participant-directed and non-participant-directed investments) be grouped only by general type, eliminating the need to disaggregate the investments by nature, characteristics, and risks. Part II also eliminates the disclosure of individual investments that represent 5 percent or more of net assets available for benefits and the disclosure of net appreciation or depreciation for investments by general type, requiring only presentation of net appreciation or depreciation in investments in the aggregate. If an investment is measured using the net asset value per share as a practical expedient and that investment is a fund that files a U.S. Department of Labor Form 5500, as direct filing entity, disclosure of that investment's strategy is no longer required. Additionally, under Part III plans are provided a practical expedient to measure an investment's fair value utilizing a month-end closest to the Plan's fiscal year end when the fiscal year end does not coincide with a month-end. Part III is not applicable to the Plan. The amendments in ASU 2015-12 are effective for fiscal years beginning after December 15, 2015, with early application permitted. The amendments within Parts I and II require retrospective application. The Plan has elected to early adopt the provisions of Parts I and II of this new standard; accordingly, these provisions were retrospectively applied.

Subsequent Events

The Plan Administrator has evaluated all subsequent events and transactions through October 12, 2016, which is the date the financial statements were available for issuance, and has determined that no subsequent events have occurred that would require recognition in the financial statements or disclosure in the notes to the financial statements.

PRINCE MINERALS, INC. 401(k) RETIREMENT AND SAVINGS PLAN

Notes to Financial Statements

3. Information Certified by the Plan's Custodian

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Custodian has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate.

<i>December 31,</i>	2015	2014
Money market fund	\$ 15,827	\$ 988,783
Mutual funds	16,444,095	15,973,504
Common collective trust fund	1,623,281	-
Notes receivable - participant loans	562,802	552,984

<i>Year Ended December 31,</i>	2015
Net depreciation in fair value of investments	\$ (1,007,954)
Dividends and interest	806,506
Other loss	(32,251)

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

4. Fair Value Disclosure

The Plan follows ASC 820, *Fair Value Measurements and Disclosures*, for its financial assets and liabilities carried at fair value on a recurring basis in the financial statements. As defined by this guidance, fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (exit price). The transaction is based on a hypothetical transaction in the principal or most advantageous market considered from the perspective of the market participant that holds the asset or owes the liability.

The Plan utilizes market data or assumptions that market participants who are independent, knowledgeable and willing and able to transact would use in pricing the asset or liability, including assumptions about risk and the risks inherent in the inputs to the valuation technique. These inputs can be readily observable, market corroborated or generally unobservable. The Plan attempts to utilize valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. The Plan is able to classify fair value balances based on the observability of those inputs. This guidance establishes a formal fair value hierarchy based on the inputs used to measure fair value. The hierarchy gives the highest priority to level 1 measurements and the lowest priority to level 3 measurements, and accordingly, level 1 measurements should be used whenever possible.

The three levels of the fair value hierarchy are as follows:

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

PRINCE MINERALS, INC. 401(k) RETIREMENT AND SAVINGS PLAN

Notes to Financial Statements

Level 2: Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets,
- quoted prices for identical or similar assets or liabilities in inactive markets,
- inputs other than quoted prices that are observable for the asset or liability, and
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

In some cases, certain inputs used to measure fair value may be categorized into different levels of the fair value hierarchy. For disclosure purposes, the lowest level that contains significant inputs used in valuation should be chosen. The Plan has classified its investments into these levels depending upon the data relied on to determine fair values.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2015 and 2014, except for the retrospective adoption of ASU 2015-07 and 2015-12.

- *Money Market Fund:* Valued at cost, which approximates fair value due to its liquid nature.
- *Mutual Funds:* Valued at the quoted net asset value of shares held by the Plan as of year-end based on quoted market prices. Investments are generally subject to volatility of the major stock markets in which the underlying investments are held.
- *Common Collective Trust:* Valued at the net asset value (“NAV”) of units of a bank collective trust. The NAV, as provided by the Custodian, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. As discussed in Note 2, the Plan adopted ASU 2015-07 which removed the requirement to categorize and disclose investments for which fair value is measured using the NAV per share as the practical expedient within the fair value hierarchy. The common collective trust invests in securities, exchange-traded/mutual funds, and a combination of other collective funds, and EB Temporary Investment Fund, and the investments may be redeemed on a daily basis. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

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 instruments could result in a different fair value measurement at the reporting date.

PRINCE MINERALS, INC. 401(k) RETIREMENT AND SAVINGS PLAN

Notes to Financial Statements

The following tables present the Plan's investment assets classified under the appropriate level of fair value hierarchy:

	Investment Assets at Fair Value As of December 31, 2015			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 15,827	\$ -	\$ -	\$ 15,827
Mutual funds	16,444,095	-	-	16,444,095
Total investments at fair value	16,459,922	-	-	16,459,922
Investment measured at net asset value ⁽¹⁾	-	-	-	1,623,281
Total fair value investments	\$ 16,459,922	\$ -	\$ -	\$ 18,083,203

	Investment Assets at Fair Value As of December 31, 2014			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 988,783	\$ -	\$ -	\$ 988,783
Mutual funds	15,973,504	-	-	15,973,504
Total investments at fair value	16,962,287	-	-	16,962,287
Investment measured at net asset value ⁽¹⁾	-	-	-	-
Total fair value investments	\$ 16,962,287	\$ -	\$ -	\$ 16,962,287

⁽¹⁾ In accordance with Subtopic 820-10, certain investments that were measured at NAV (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

5. Income Tax Status

Effective January 1, 2013, the Plan Sponsor amended and restated the Plan by adopting the Non-Standardized Profit Sharing Plan with CODA sponsored by American Funds. American Funds received an opinion letter dated March 31, 2008 from the IRS that their prototype plan is acceptable under IRC Section 401(a) for use by employers for the benefit of their employees. The Plan has since been amended; however, the Plan Sponsor believes that the Plan is designed and being operated in compliance with applicable requirements of the IRC, and will do whatever is necessary to maintain the tax qualified status of the Plan. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires the Plan Sponsor to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Sponsor believes it is not subject to income tax examination for years prior to 2012.

PRINCE MINERALS, INC. 401(k) RETIREMENT AND SAVINGS PLAN

Notes to Financial Statements

6. Party-In-Interest

The Plan invests in various investments managed by CB&T, the Plan's custodian. Therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan to the third party service providers amounted to \$9,919 for the year ended December 31, 2015. Notes receivable from participants also qualify as party-in-interest transactions.

7. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of Net Assets Available for Benefits per the financial statements to the Form 5500:

<i>December 31,</i>	2015	2014
Net assets available for benefits per the financial statements	\$ 18,587,409	\$ 17,531,694
Employer contribution receivable	-	(16,423)
Net assets available for benefits, per Form 5500	\$ 18,587,409	\$ 17,515,271

The following is a reconciliation of total contributions per the financial statements for the year ended December 31, 2015 to Form 5500:

Contributions per financial statements	\$ 3,408,815
Change in contribution receivable	(16,423)
Contributions per Form 5500	\$ 3,392,392

8. Delinquent Participant Contributions

In 2015, the Company determined that certain employee deferrals aggregating \$8,625 had not been remitted to the Plan in a timely manner, according to DOL regulations. Interest owed on this amount was approximately \$8. Although these remittances were made, they fell outside the normal processing time the Company allows. The Plan has taken necessary measures to correct it. The lost earnings will be processed and deposited to participant accounts in 2016.

Supplemental Schedules

**PRINCE MINERALS, INC. 401(k)
RETIREMENT AND SAVINGS PLAN**

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

Year Ended December 31, 2015

Plan EIN 43-2030518
Plan Number 001

Year Delinquent	Participant contributions transferred late to Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total fully corrected under VFCP and PTE 2002-51
	Check here if late participant loan repayments are included: ☒	Contributions not corrected	Contributions corrected outside VFCP	Contributions pending outside VFCP	
2015	\$ 10,824	\$ 10,824	\$ -	\$ -	\$ -
2014	\$ 783,165	\$ -	\$ 783,165	\$ -	\$ -

See independent auditor's report.

PRINCE MINERALS, INC. 401(k) RETIREMENT AND SAVINGS PLAN

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

December 31, 2015

Plan EIN 43-2030518
Plan Number 001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
*	American Funds	2030 Target Date Fund	^	\$ 1,578,903
*	American Funds	Washington Mutual Fund	^	1,412,495
	Janus	Triton Fund	^	1,404,179
*	American Funds	Amcap Fund	^	1,370,145
*	American Funds	Income Portfolio Fund	^	1,353,574
*	American Funds	Balanced Portfolio Fund	^	1,109,112
	Invesco	Equally-WTD S&P 500 Fund	^	989,721
	Janus	Enterprise Fund	^	926,568
*	American Funds	2020 Target Date Fund	^	811,218
*	American Funds	Europacific Growth Fund	^	795,279
*	American Funds	2040 Target Date Fund	^	591,025
	Putnam	Putnam Income R Mutual Funds	^	583,430
	Putnam	Putnam Equity Spectrum R Mutual Funds	^	425,334
*	American Funds	2035 Target Date Fund	^	411,054
*	American Funds	2050 Target Date Fund	^	407,582
*	American Funds	2045 Target Date Fund	^	337,454
*	American Funds	2010 Target Date Fund	^	301,566
*	American Funds	2025 Target Date Fund	^	297,416
	Victory	Established Value Fund	^	285,859
*	American Funds	New World Fund	^	268,291
*	American Funds	2055 Target Date Fund	^	224,253
	Invesco	Real Estate Fund	^	171,484
*	American Funds	American High Income Fund	^	96,954
*	American Funds	US Government Securities Fund	^	93,995
*	American Funds	2015 Target Date Fund	^	76,054
*	American Funds	Capital World Bond Fund	^	58,570
*	American Funds	Short Term Bond Fund of America	^	46,966
	PIMCO	Commodity Real Strategy Fund	^	15,302
*	American Funds	2060 Target Date Fund	^	312
Total Mutual Funds				16,444,095
*	American Funds	Money Market Fund	^	15,827
*	Reliance Trust	Reliance MetLife Stable Value Series	^	1,623,281
*	Participant Loans	Interest rates ranging from 4.25% to 5.25%, maturing through November 2025	-	562,802
				\$ 18,646,005

See independent auditor's report.

* - Party-In-Interest, as defined by ERISA.

^ - Not applicable as permitted by the DOL for participant-directed individual account plans.

The above information has been certified by the custodian as being complete and accurate.

Name of Plan: Prince Minerals, Inc. 401(k) Retirement and Savings Plan

Plan year (beginning/ending):▶ 01/01/2015 - 12/31/2015 **Plan number:**▶ 001

[illegible]

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Prince Minerals, LLC 401(k) Retirement and Savings Plan
01-JAN-15 to 31-DEC-15

29-JAN-16 12:39:54

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IRAF CX			1,348,408.31	1,370,145.14
IRERCX			782,385.65	795,278.61
IRNWCX			302,752.24	268,290.92
IVADRX			865,285.83	989,720.70
IJDMRX1			824,226.82	926,568.09
IJGMRX1			1,350,110.28	1,404,179.29
IPYSRX			507,623.52	425,333.95
IGETGX			306,182.56	285,859.20
IRWMCX			1,324,795.13	1,412,496.42
IIARRX			186,687.16	171,483.99
IRNCCX			1,341,027.15	1,353,574.12
IRBACX			1,017,921.15	1,109,112.23
IRCWCX			63,899.20	58,569.85
IRITCX			116,046.40	96,953.69
IRAMCX			47,572.56	46,965.65
IRGVCX			95,771.89	93,995.16
IPCSRX1			18,289.79	15,301.72
IPIFRX			614,505.90	583,429.60
IMSVF68			1,610,577.00	1,623,280.68
IRCATX			314,288.09	301,565.58
IRCJTX			78,764.29	76,054.24
IRCCTX			794,873.48	811,218.08
IRCDTX			307,797.34	297,415.67
IRCETX			1,484,279.33	1,578,903.48
IRCFTX			425,449.77	411,054.12
IRCKTX			583,777.81	591,024.91
IRCHTX			345,732.42	337,453.79
IRCITX			401,000.03	407,582.24
IRCMTX			235,033.94	224,252.52
IRCNTX			318.34	312.44
			17,695,383.38	18,067,376.08
PARTICIPANT LOANS	VARIOUS	4.250-5.250	535,381.22	535,531.95
FORFEITURES			15,578.31	15,826.95

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Prince Minerals, LLC 401(k) Retirement and Savings Plan
01-JAN-15 to 31-DEC-15

29-JAN-16 12:39:54

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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LEGEND

INVESTMENT OPTION:

1RAFCX American Funds AMCAP Fund R3
 1RNWCX American Funds New World Fund R3
 1JDMRX1 Janus Enterprise Fund R
 1PYSRX Putnam Equity Spectrum R
 1RWMCX American Funds Washington Mutual R3
 1RNCCX American Funds Income Portfolio R3
 1RCWCX American Funds Capital World Bond Fd R3
 1RAMCX American Funds Short Term Bond of Am R3
 1PCSRX1 PIMCO Commodity Real Ret Strat R
 1MSVF68 RelianceMetLife GAC Series 25157 Cls 68
 1RCJTX American Funds 2015 Target Date Fund R3
 1RCDTX American Funds 2025 Target Date Fund R3
 1RCFTX American Funds 2035 Target Date Fund R3
 1RCHTX American Funds 2045 Target Date Fund R3
 1RCMTX American Funds 2055 Target Date Fund R3

1RERCX American Funds EuroPacific Gr R3
 1VADRX Invesco Equally-Wtd S&P 500 R
 1JGMRX1 Janus Triton Fund R
 1GETGX Victory Sycamore Established Value R
 1IARRX Invesco Real Estate R
 1RBACX American Funds Balanced Portfolio R3
 1RITCX American Funds American Hi Inc Tr R3
 1RGVCX American Funds US Government Sec R3
 1PIFRX Putnam Income R
 1RCATX American Funds 2010 Target Date Fund R3
 1RCCTX American Funds 2020 Target Date Fund R3
 1RCETX American Funds 2030 Target Date Fund R3
 1RCKTX American Funds 2040 Target Date Fund R3
 1RCITX American Funds 2050 Target Date Fund R3
 1RCNTX American Funds 2060 Target Date Fund R3

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year