

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>XENIUM 401(K) RETIREMENT SAVINGS 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>006</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2009</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>006</u>	1c Effective date of plan <u>01/01/2009</u>	
1b Three-digit plan number (PN) ▶	<u>006</u>				
1c Effective date of plan <u>01/01/2009</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>XENIUM RESOURCES, INC.</u> <u>7401 SW WASHO COURT, STE. 200</u> <u>TUALATIN, OR 97062</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>93-1277996</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>503-612-1555</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>561300</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>93-1277996</u>	2c Plan Sponsor's telephone number <u>503-612-1555</u>	2d Business code (see instructions) <u>561300</u>	
2b Employer Identification Number (EIN) <u>93-1277996</u>					
2c Plan Sponsor's telephone number <u>503-612-1555</u>					
2d Business code (see instructions) <u>561300</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>10/14/2016</u>	<u>WILLIAM STOLLER</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)			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 1469
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) 1115
a(2) Total number of active participants at the end of the plan year	6a(2) 1342
b Retired or separated participants receiving benefits.....	6b 4
c Other retired or separated participants entitled to future benefits.....	6c 329
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 1675
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 1
f Total. Add lines 6d and 6e	6f 1676
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 1104
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 34
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 2R 3H 2A 3B 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) (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) ☒ <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)
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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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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 XENIUM 401(K) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 006
C Plan sponsor's name as shown on line 2a of Form 5500 XENIUM RESOURCES, INC.	D Employer Identification Number (EIN) 93-1277996

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.
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1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(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
42-0127290	61271	516617	1622	01/01/2015	12/31/2015

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 10096	(b) Total amount of fees paid 0
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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

SIGNATOR FINANCIAL SERVICES, INC.
PO BOX 34695
SEATTLE, WA 98124

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10096			3

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

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

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	982822
5 Current value of plan's interest under this contract in separate accounts at year end	5	9668158

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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) ▶

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 ▶ FLEXIBLE INVESTMENT ANNUITY

b Balance at the end of the previous year	7b	1084718
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c Additions: (1) Contributions deposited during the year	7c(1)	85190	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	6660	
(4) Transferred from separate account	7c(4)	37551	
(5) Other (specify below)	7c(5)	30438	
▶ LOAN PAYMENT, CORRECTION			

(6) Total additions	7c(6)	159839
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d Total of balance and additions (add lines 7b and 7c(6))	7d	1244557
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	103899	
(2) Administration charge made by carrier	7e(2)	9152	
(3) Transferred to separate account	7e(3)	34787	
(4) Other (specify below)	7e(4)	95573	
▶ MISTAKE OF FACT REFUND, 401(K)(M) EXCESS CONTRIBUTION, LOAN WITHDRAWAL			

(5) Total deductions	7e(5)	243411
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1001146
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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)	0
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)	0
(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)	0
(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 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 XENIUM 401(K) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 XENIUM RESOURCES, INC.	D Employer Identification Number (EIN) 93-1277996	

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
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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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 64 37 50	CONTRACT ADMINISTRATOR	91471	Yes ☒ No ☐	Yes ☒ No ☐	1759	Yes ☐ No ☒

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

XENIUM RESOURCES, INC.

93-1277996

(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?
13 49 50 99	CONTRACT ADMINISTRATOR	3462	Yes ☒ No ☐	Yes ☐ No ☒	80343	Yes ☐ No ☒

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

PENSION PLAN SPECIALISTS, PC

26-1570786

(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?
49 99	NONE	8966	Yes ☒ No ☐	Yes ☐ No ☒	19902	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)

SIGNATOR FINANCIAL SERVICES, INC

91-1354455

(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?
49 55 99	OTHER SERVICES	4099	Yes ☒ No ☐	Yes ☐ No ☒	22770	Yes ☐ No ☒

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

WILSHIRE ASSOCIATES INCORPORATED

95-2755361

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 72	INVESTMENT ADVISOR	0	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 ☐

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
PRINCIPAL LIFE INSURANCE COMPANY	13 37 50 64	1759

(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.
PERSHING LLC 13-2741729	PRINCIPAL SELF DIRECTED BROKERAGE ACCOUNT FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WILSHIRE ASSOCIATES INCORPORATED	27 72	0

(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.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	2 BASIS POINTS ANNUALLY ON TOTAL ASSETS UP TO \$10 BILLION, 1 BASIS POINT FOR ASSETS GREATER THAN \$10 BILLION, AND 0.50 BASIS POINTS (STARTING JANUARY 1, 2014) FOR ASSETS GREATER THAN \$17 BILLION IN WILSHIRE'S 3(21) INVESTMENT FIDUCIARY SERVICE.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SIGNATOR FINANCIAL INSURANCE CO	49 55 99	22770

(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.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	COMMISSIONS AND REFERRAL SERVICE FEE

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
PENSION PLAN SPECIALISTS, PC	49 99	19902

(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.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	REFERRAL/SERVICE FEE

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
XENIUM RESOURCES, INC.	13 49 50 99	80343

(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.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	OTHER SERVICES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 <u>XENIUM 401(K) RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>006</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>XENIUM RESOURCES, INC.</u>	D Employer Identification Number (EIN) <u>93-1277996</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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN MONEY MARKET SEP ACCT-R6</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-024</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>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN US PROPERTY SEP ACCT-R6</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-027</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>893407</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN CORE PLUS BD SEP ACCT-R6</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-005</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>764124</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LGCAP S&P 500 INDEX SA-R6</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-016</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>2768586</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN MIDCAP VALUE I SA-R6</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-043</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>643063</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN SMCAP S&P 600 INDEX SA-R6</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-028</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>2060054</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN MIDCAP S&P 400 IDX SA-R6</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-023</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>1237630</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LARGECAP GROWTH I SA-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-066	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1259506
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN FIN GRP, INC. STOCK SA-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-086	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41788
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2010 FD R6		
b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY		
c EIN-PN 26-6447574-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1138216
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2020 FD R6		
b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY		
c EIN-PN 26-6447574-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4784745
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2030 FD R6		
b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY		
c EIN-PN 26-6447574-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7236966
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2040 FD R6		
b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY		
c EIN-PN 26-6447574-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5393279
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2050 FD R6		
b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY		
c EIN-PN 26-6447574-009	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1833719
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST INCOME FUND R6		
b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY		
c EIN-PN 26-6447574-011	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 479977
a Name of MTIA, CCT, PSA, or 103-12 IE: MORLEY STABLE VALUE VI FUND		
b Name of sponsor of entity listed in (a): UNION BOND AND TRUST COMPANY		
c EIN-PN 93-6274329-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1649346
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2060 FD R6		
b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY		
c EIN-PN 26-6447574-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 91280

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) 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
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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>XENIUM 401(K) RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ► <u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>XENIUM RESOURCES, INC.</u>	D Employer Identification Number (EIN) <u>93-1277996</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)	237613	112020
(2) Participant contributions	1b(2)	174075	115278
(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)	777782	767757
(9) Value of interest in common/collective trusts.....	1c(9)	18991568	22607528
(10) Value of interest in pooled separate accounts.....	1c(10)	12451914	9668158
(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)	8441941	8312309
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1065905	982822
(15) Other	1c(15)	1606342	1598125

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	43747140	44163997

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	79739	57551
k Total liabilities (add all amounts in lines 1g through 1j)	1k	79739	57551

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	43667401	44106446
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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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1114996	
(B) Participants	2a(1)(B)	3941140	
(C) Others (including rollovers)	2a(1)(C)	656216	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		5712352
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)	31228	
(F) Other	2b(1)(F)	6663	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		37891
(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)	81284	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		81284
(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)		-280824
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		119707
(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)		-104322
c Other income	2c		-91545
d Total income. Add all income amounts in column (b) and enter total	2d		5474543

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

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4423099	
(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)		4423099
f Corrective distributions (see instructions)	2f		57824
g Certain deemed distributions of participant loans (see instructions)	2g		18404
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	97729	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		97729
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4597056

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		877487
l Transfers of assets:			
(1) To this plan	2l(1)		1473951
(2) From this plan	2l(2)		1912393

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: HOUCK EVARTS & COMPANY LLC

(2) EIN: 20-0361525

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.)		☒		
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			500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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.				
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)
LYTICS, INC. 401(K) PLAN	46-1135238	001
JANRAIN, INC. 401(K) PLAN	74-3037115	001
TRAEGER 401(K) PLAN	20-4005368	003

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>XENIUM 401(K) RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ► <u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>XENIUM RESOURCES, INC.</u>	D Employer Identification Number (EIN) <u>93-1277996</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>42-0127290</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)
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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
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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

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
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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

XENIUM 401(K) RETIREMENT SAVINGS PLAN
FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION
Years Ended December 31, 2015 and 2014

October 12, 2016

Board of Trustees
Xenium 401(k) Retirement Savings Plan
Tualatin, Oregon

INDEPENDENT AUDITORS' REPORT

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Xenium 401(k) Retirement Savings Plan, which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of changes in assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan 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 statement 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 by Principal Life Insurance Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustees hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the trustees as of and for the years ended December 31, 2015 and 2014, that the information provided to the plan administrator by the trustees 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.

Board of Trustees
Xenium 401(k) Retirement Savings Plan
October 12, 2016
Page 2

Other Matter

The supplemental schedule of assets held at end of year, as of December 31, 2014, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

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 schedules, other than that derived from the information certified by the trustees, 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.

HOUCK EVARTS & COMPANY LLC

HOUCK EVARTS & COMPANY LLC
Certified Public Accountants

Lake Oswego, Oregon

XENIUM 401(K) RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
ASSETS		
Investments:		
Self-directed brokerage accounts	\$ 1,598,125	\$ 1,606,342
Mutual funds	8,312,309	8,441,941
Pooled separate accounts	9,668,158	12,451,914
Common-collective trusts	22,607,528	18,991,568
Guaranteed interest funds	<u>982,822</u>	<u>1,065,905</u>
	43,168,942	42,557,670
Receivables:		
Participant contributions	115,278	174,075
Employer contributions	112,020	237,613
Participant loans	<u>767,757</u>	<u>777,782</u>
	<u>995,055</u>	<u>1,189,470</u>
TOTAL ASSETS	<u>44,163,997</u>	<u>43,747,140</u>
LIABILITIES		
Excess contributions payable	57,551	79,739
TOTAL LIABILITIES	<u>57,551</u>	<u>79,739</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 44,106,446</u>	<u>\$ 43,667,401</u>

See accountants' report and notes to financial statements.

XENIUM 401(K) RETIREMENT SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
CONTRIBUTIONS		
Participants	\$ 3,941,140	\$ 4,092,573
Rollovers	656,216	659,350
Employers	<u>1,114,996</u>	<u>1,298,156</u>
	5,712,352	6,050,079
INVESTMENT INCOME		
Net increase in fair value of investments	--	2,360,241
Interest	37,891	38,686
Dividends	<u>81,284</u>	<u>71,675</u>
	119,175	2,470,602
Transfers from other plans	<u>1,473,951</u>	<u>--</u>
TOTAL ADDITIONS	<u>7,305,478</u>	<u>8,520,681</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Net decrease in fair value of investments	\$ 356,984	\$ --
Transfers to other plans	1,912,393	2,800,475
Benefits paid to participants	4,441,503	5,629,762
Corrective distributions	57,824	79,739
Administrative expenses	<u>97,729</u>	<u>130,431</u>
TOTAL DEDUCTIONS	<u>6,866,433</u>	<u>8,640,407</u>
NET INCREASE (DECREASE)	439,045	(119,726)
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	<u>43,667,401</u>	<u>43,787,127</u>
END OF YEAR	<u>\$ 44,106,446</u>	<u>\$ 43,667,401</u>

See accountants' report and notes to financial statements.

XENIUM 401(K) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2015 and 2014

NOTE 1. DESCRIPTION OF PLAN

The following description of the Xenium 401(k) Retirement 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 was established January 1, 2009 and is a multiple-employer defined contribution plan sponsored by Xenium Resources, Inc. (the Company). The Company is a Professional Employer Organization (PEO) providing human resources outsourcing, consulting and services. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan Amendments

The Plan was restated effective January 1, 2013, and was amended on May 17, 2013 to permit Roth 401(k) contributions, and to preserve the joint and survivor annuity forms of benefits for participants of Plans merging into the Xenium Plan where the merging Plan provided this benefit form. The Plan was most recently amended January 1, 2015 to conform Safe Harbor contribution provisions to current statute and regulations.

Contributions

Participants may contribute up to 100 percent of their annual compensation to the Plan, but not to exceed \$18,000 and \$17,500 for the years ended December 31, 2015 and 2014, respectively. Participants age 50 and over may contribute an additional \$6,000 and \$5,500 of catch-up contributions for the years ended December 31, 2015 and 2014, respectively. The Plan permits rollover contributions from other qualified plans established under Sec. 401(a), 403(a), 403(b), and certain IRA accounts. Each participating client company may make Safe-Harbor, discretionary matching or discretionary profit sharing (non-elective) contributions to the Plan on behalf of eligible participants. Total employer contributions were \$1,114,996 and \$1,298,156 for the years ended December 31, 2015 and 2014, respectively.

Participant Accounts

Each participant's account is credited with the participant's contribution, allocation of the employer's contribution and an allocation of the Company's matching and discretionary contributions and Plan earnings, and is charged with an allocation of administrative expenses. Allocations are based on participants' elective deferrals, earnings, and account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

NOTE 1. DESCRIPTION OF PLAN (Continued)

Eligibility

Employees become eligible to participate in the Plan ranging from date of hire to completion of one year of service, and from attainment of 18 to 21 years of age, as specified in their participating employer's adoption agreement.

Vesting

Participants are immediately vested in their voluntary contributions, rollover contributions and employer Safe-harbor contributions plus earnings thereon. Certain employers' discretionary matching and profit sharing contributions vest at a rate of 20% per year of service, commencing with either the first or second year of service. All such contributions are fully vested upon completion of 5 or 6 years of service, as specified in each participating employer's adoption agreement.

Employees working at least 1,000 hours in a plan year earn a year of service. Employees become 100% vested on death, disability, or normal retirement at age 65.

Payment of Benefits

On termination of employment or termination of service due to death, disability, or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account either in annuity payments, a lump-sum amount, or in equal installments over a fixed time period. If the participant's vested account balance is less than \$5,000, the Plan must distribute the entire account balance as a lump-sum amount.

Participants may elect to take a partial or total distribution when they reach age 59 ½ or at any time thereafter, even if they have not terminated employment with the Company.

Hardship distributions are permitted based on certain specific financial needs.

Loans to Participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum of \$50,000. Loans may not exceed 50 percent of the participant's vested account balance. The loans are secured by the vested balance in the participant's account and bear interest at rates ranging from 4.25% to 9.75%, which are commensurate with local prevailing rates as determined by the plan administrator. Principal and interest is paid ratably through payroll deductions. Loan terms may not exceed five years except for the purchase of a primary residence.

XENIUM 401(K) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2015 and 2014

NOTE 1. DESCRIPTION OF PLAN (Continued)

Forfeitures

Forfeitures of unvested benefits are available to pay plan expenses, or are allocated to participants as additional employer contributions, or are used to offset employer contributions to the Plan. The non-vested forfeiture account balance as of December 31, 2015 and 2014 was \$23,192 and \$30,644, respectively.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Date of Management's Review

The Company has evaluated all subsequent events through October 12, 2016, the date the financial statements were available to be issued.

Adoption of new Accounting Standards

In July 2015, 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): Part I – Fully Benefit-Responsive Investment Contracts, Part II – Plan Investment Disclosures, and Part III Measurement Date Practical Expedient. Topic 962 and Part II are applicable to this Plan. Part II eliminates the requirement to disclose individual investments that represent 5% or more of net assets available for benefits and the net appreciation or depreciation in fair value of assets by general type. Part II also eliminates the requirement to disaggregate investments and provide related fair value measurements by nature, character and risks and instead requires disaggregation and measurement only by general asset type. The ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Management has elected to adopt early.

Use of Estimates

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition

The Plan's investments are participant-directed. All plan investments are stated at fair value as determined by Principal Life Insurance Company. Fair value is the price that would be received if an asset were sold or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See further discussion in the accompanying notes for fair value measurements.

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 appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Participant Loans

Loans to participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. All loans are current and adequately secured, and accordingly, no valuation allowance is required for the years ended December 31, 2015 and 2014. Loans are fully secured by participant account balances and are treated as taxable distributions from the participant's account in the event of default, typically following termination of employment.

Certified Financial Data

The Plan administrator has elected the method of compliance permitted by Section 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosures under ERISA. Accordingly, information with respect to investments as of September 30, 2015 and 2014 and investment transactions for the plan years then ended, which were certified by the Plan's Custodian, Principal Life Insurance Company as complete and accurate, have not been audited by independent accountants. This information includes: a) the current value of investments, b) interest income, and c) net appreciation (depreciation) in fair market value of investments.

XENIUM 401(K) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2015 and 2014

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Administrative Expenses

As provided in the Plan agreement, administrative expenses of the Plan may be paid either by the Plan or the Company. Administrative expenses paid by the Plan are recorded when paid.

Participants pay a loan administration fee to the Plan's third party administrator. Such fees are withheld from loan proceeds.

Certain expenses of plan administration, including computer services, office supplies and payroll expenses of administration and clerical personnel are provided by the Company without charge to the Plan.

Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

Benefit Payments

Benefits are recorded when paid. Corrective distributions are accrued in the period to which they relate.

NOTE 3. FAIR VALUE MEASUREMENTS

The Plan uses fair value measurements in fair value disclosures and to record certain assets and liabilities at fair value on a recurring basis, such as investments.

The Plan groups its assets and liabilities at fair value in three levels, based on the markets in which the assets and liabilities are traded and the reliability of the assumptions used to determine fair value. These levels are:

Level 1: Unadjusted, quoted prices in active markets for identical assets or liabilities.

Level 2: Prices determined using significant other observable inputs. Observable inputs are inputs other market participants would use in pricing an asset or liability and are developed based on market data obtained from sources independent of the Plan. These may include quoted prices for similar assets and liabilities, interest rates, prepayment speeds, credit risk and others.

NOTE 3. FAIR VALUE MEASUREMENTS (Continued)

Level 3: Prices determined using significant unobservable inputs. In situations where quoted prices or observable inputs are unavailable (for example, when there is little or no market activity), unobservable inputs may be used. Unobservable inputs reflect the Plan's own assumptions about the factors that market participants would use in pricing the asset or liability, and are based on the best information available in the circumstances.

An asset or liability's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement.

While the Plan believes its valuation methods are appropriate and consistent with those used by other market participants, the use of different methods or assumptions to estimate the fair value of certain financial statement items could result in a different estimate of fair value at the reporting date. Those estimated values may differ significantly from values that would have been used had an active market for such items existed, or had such items been liquidated, and those differences could be material to the financial statements. Plan management incorporates lack of liquidity into its fair value estimates based on the type of asset or liability measured and the valuation method used. The Plan uses discounted cash flow techniques to estimate fair value. These techniques incorporate forecasting of expected cash flows discounted at appropriate market discount rates that are intended to reflect the lack of liquidity in the market.

Fair value of the guaranteed investment contract is the amount plan participants would receive currently if they were to withdraw or transfer funds within the Plan prior to their maturity for an event other than death, disability, termination or retirement. This fair value represents the contract value, adjusted to reflect current market interest rates only to the extent such market rates exceed crediting rates. The fair value of the Principal U.S. Property separate account is based on appraisals for the underlying real estate assets held by the separate account.

XENIUM 401(K) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2015 and 2014

NOTE 3. FAIR VALUE MEASUREMENTS (Continued)

The following are the major categories of assets and liabilities measured at fair value on a recurring basis as of December 31, 2015 and 2014:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>December 31, 2015</u>				
Self-directed brokerage accounts	\$ 1,598,125	\$ --	\$ --	\$ 1,598,125
Mutual funds	8,312,309	--	--	8,312,309
Pooled separate accounts	--	8,774,751	893,407	9,668,158
Common- Collective trusts	--	20,958,182	1,649,346	22,607,528
Guaranteed interest funds	<u>--</u>	<u>--</u>	<u>982,822</u>	<u>982,822</u>
Total	<u>\$ 9,910,434</u>	<u>\$ 29,732,933</u>	<u>\$ 3,525,575</u>	<u>\$43,168,942</u>
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>December 31, 2014</u>				
Self-directed brokerage accounts	\$ 1,606,342	\$ --	\$ --	\$ 1,606,342
Mutual funds	8,441,941	--	--	8,441,941
Pooled separate accounts	--	11,734,172	717,742	12,451,914
Common- Collective trusts	--	18,991,568	--	18,991,568
Guaranteed interest funds	<u>--</u>	<u>--</u>	<u>1,065,905</u>	<u>1,065,905</u>
Total	<u>\$ 10,048,283</u>	<u>\$ 30,725,740</u>	<u>\$ 1,783,647</u>	<u>\$ 42,557,670</u>

NOTE 3. FAIR VALUE MEASUREMENTS (Continued)

The following tables reconcile the beginning and ending balances of the fair value measurements using significant unobservable inputs (level 3) for the years ended December 31, 2015 and 2014.

	<u>Morley Stable Value Fund</u>	<u>Guaranteed Interest Accts</u>	<u>Principal U.S. Property SA</u>	<u>Total</u>
<u>December 31, 2015</u>				
Beginning balance	\$ --	\$ 1,065,905	\$ 717,742	\$ 1,783,647
Total gains or losses included in changes in net assets available for benefits				
Realized	1,503	5,150	97,735	104,388
Unrealized	3,256	489	--	3,745
Purchases, sales, issuances, and settlements (net)		(88,722)	77,930	(7,183)
Transfers in (out) of level	<u>1,640,977</u>	<u>--</u>	<u>--</u>	<u>1,640,977</u>
Ending balance	<u>\$ 1,649,346</u>	<u>\$ 982,822</u>	<u>\$ 893,407</u>	<u>\$ 3,525,575</u>

	<u>Morley Stable Value Fund</u>	<u>Guaranteed Interest Accts</u>	<u>Principal U.S. Property SA</u>	<u>Total</u>
<u>December 31, 2014</u>				
Beginning balance	\$ --	\$ 1,160,676	\$ 1,426,684	\$ 2,587,360
Total gains or losses included in changes in net assets available for benefits				
Realized		6,769	155,999	162,734
Unrealized		57	--	57
Purchases, sales, issuances, and settlements (net)		(101,563)	(864,941)	(966,504)
Transfers in (out) of level	<u>--</u>	<u>--</u>	<u>--</u>	<u>--</u>
Ending balance	<u>\$ --</u>	<u>\$ 1,065,905</u>	<u>\$ 717,742</u>	<u>\$ 1,783,647</u>

Gains and losses (realized and unrealized) included in net assets available for benefits for the years ended December 31, 2015 and 2014 are reported in net increase (decrease) in fair value of investments.

XENIUM 401(K) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2015 and 2014

NOTE 4. PARTY IN INTEREST TRANSACTIONS

The following transactions qualify as party-in-interest transactions. Principal Life Insurance Company manages certain Plan investments, maintains individual account records and is the custodian of the Plan. Fees paid for these services were \$91,471 and \$40,688 for the years ended December 31, 2015 and 2014, respectively. Pension Plan Specialists provides third-party administration services for the Plan. Fees paid for these services were and \$40,720 and \$71,183 for the years ended December 31, 2015 and 2014, respectively. Houck Evarts & Company LLC provided audit services the Plan, and was paid \$10,366 and \$14,500 in 2015 and 2014.

NOTE 5. PLAN TRANSFERS

During the 2015 plan year, four employers adopted the Plan and transferred in total assets of \$1,473,951. In addition, three participating employers elected to adopt their own plans and transferred out total assets of \$1,912,394 to other Plans.

During the 2014 plan year, four participating employers elected to adopt their own plan or merge with another. A total of \$2,800,475 was transferred to other plans.

NOTE 6. CONCENTRATIONS OF CREDIT RISK

The Plan has placed its investments with Principal Life Insurance Company. This institution has professionally managed money market funds and investment funds whose investments consist of a very numerous and diverse product mix. As part of the Plan's investment strategy, the trustees perform periodic evaluations of the relative credit standing and investment performance of financial institutions.

NOTE 7. TAX STATUS

The Plan uses an individually designed document. The Plan obtained its latest opinion letter, dated April 14, 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since submitting the opinion letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

NOTE 8. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of the investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 9. PLAN TERMINATION

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

A technical termination can occur when an employer in the Plan disposes of a segment, involuntary terminates more than 20% of eligible employees without replacement or the employer leaves the plan. Affected participants also become 100% vested in their employer contributions.

SUPPLEMENTARY INFORMATION

XENIUM 401(K) RETIREMENT SAVINGS PLAN
EIN NO. 93-1277996, PN 001
SUPPLEMENTARY INFORMATION
December 31, 2015

SCHEDULE I: SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD AT END OF YEAR

(a) Party In Interest	(b) Identity of Issuer	(c) Description of Investment	(d) Cost**	(e) Current Value
*	Principal	Guaranteed Interest Acct (Interest rates of maturing 2016-2021)	\$ --	\$ 982,822
	Morley	Morley Stable Value VI Fund	--	1,649,346
*	Principal	Bond and Mortgage	--	764,124
*	Principal	US Property	--	893,407
*	Principal	Trust Income Fund	--	479,977
*	Principal	Trust Target 2010	--	1,138,216
*	Principal	Trust Target 2020	--	4,784,745
*	Principal	Trust Target 2030	--	7,236,966
*	Principal	Trust Target 2040	--	5,393,279
*	Principal	Trust Target 2050	--	1,833,719
*	Principal	Trust Target 2060	--	91,280
*	Principal	Large Cap Growth I	--	1,259,506
*	Principal	Large Cap S&P 500 Index	--	2,768,586
*	Principal	Mid Cap Value I	--	643,063
*	Principal	Mid Cap S&P 400 Index	--	1,237,629
*	Principal	Small Cap S&P 600 Index	--	2,060,054
*	Principal	Principal Financial Group, Inc	--	41,788
	American Century	Small Cap Value Fund	--	923,564
	American Funds	EuroPacific Growth Fund	--	592,411
	Eaton Vance	SMID Cap A Fund	--	782,574
	Federated Kaufmann	Large Cap Fund	--	824,244
	Fidelity	Government Income Fund	--	1,180,430
	Fidelity	Large Cap Fund	--	167,177
	Franklin	Small Cap Growth Fund	--	240,487
	Loomis Sayles	Investment Grade Bond A Fund	--	656,641
	Loomis Sayles	Value A Fund	--	405,577
	MFS	Value Fun	--	918,660
	MFS	International New Discovery	--	897,954
	Oppenheimer	International Growth Fund	--	722,590
	Pershing	Participant directed brokerage accounts	--	1,598,126
		Subtotal	--	43,168,942
		Participant Loans rates from 4.25% to 9.75%, maturing 2014-2023)	--	767,757
			<u>\$ --</u>	<u>\$ 43,936,699</u>

*Party in interest

**Cost information is omitted under ERISA regulation, as these investments are participant directed.

See accountants' report.

XENIUM 401(K) RETIREMENT SAVINGS PLAN
EIN 93-1277996 PLAN 006
Multiple Employer Plan Participating Employer Information 12/31/2015

(a) 24 Communications LLC	(b) 27-3780054	(c) 1.52%
(a) Absolute Recreation Management, Inc.	(b) 93-1280687	(c) 2.42%
(a) ARM Insight, Inc.	(b) 27-3009463	(c) 0.95%
(a) Atainium, Inc	(b) 47-2532322	(c) 0.60%
(a) Bodelin Inc	(b) 71-0876329	(c) 0.07%
(a) PowerMax, Inc	(b) 71-0876332	(c) 0.49%
(a) Brandlive Inc	(b) 46-1167350	(c) 0.42%
(a) BS2 Group, LLC	(b) 93-1307584	(c) 0.98%
(a) Center for Community Innovation	(b) 93-0386985	(c) 0.50%
(a) Character, LLC	(b) 71-0865518	(c) 0.57%
(a) Chown, Inc.	(b) 93-0139540	(c) 3.10%
(a) Columbia Investments, LTD	(b) 93-0864407	(c) 1.22%
(a) Creative Performance	(b) 27-1888394	(c) 0.49%
(a) DeNovo Medical Solutions, LLC	(b) 27-0926478	(c) 0.08%
(a) Electronic Controls Design	(b) 93-0564165	(c) 1.70%
(a) Eleven Wireless, Inc.	(b) 75-3015461	(c) 5.91%
(a) Environments	(b) 93-0972217	(c) 2.14%
(a) EPS2 Group, LLC	(b) 26-1620881	(c) 0.12%
(a) ESS2 Group, LLC	(b) 20-3981320	(c) 1.12%
(a) Express Healthcare Professionals	(b) 46-3726589	(c) 0.09%
(a) Farmington Mobile Crushing, LLC	(b) 26-2074348	(c) 0.10%
(a) Fleet Concepts, Inc.	(b) 93-1031015	(c) 0.60%
(a) Forix, Inc.	(b) 83-0487120	(c) 0.37%
(a) Fulcrum Products, Inc.	(b) 16-1641226	(c) 0.14%
(a) Gearhart Golf Links, LLC	(b) 93-1326302	(c) 0.43%
(a) TJM2 Pearl, LLC	(b) 56-2531233	(c) 1.03%
(a) Greater Portland, Inc.	(b) 20-5922785	(c) 1.80%
(a) Health Republic Insurance Company	(b) 45-3261827	(c) 7.24%
(a) HS2 Group, LLC	(b) 92-0183410	(c) 0.28%
(a) Inavero, Inc.	(b) 33-1050685	(c) 1.11%
(a) Inspiration Software, Inc.	(b) 93-0820230	(c) 1.62%
(a) LMS2 Group, LLC	(b) 20-4305968	(c) 0.33%
(a) LM Ventures, Inc.	(b) 26-2540414	(c) 0.40%
(a) LSS2 Group, LLC	(b) 20-3981399	(c) 0.68%
(a) Lytics, Inc.	(b) 46-1135238	(c) 0.20%
(a) Mergertech, LLC	(b) 26-0565961	(c) 1.51%
(a) MPS Limited	(b) 98-0427986	(c) 0.21%
(a) myProcess Corp dba SnapFlow	(b) 20-8474889	(c) 0.05%
(a) Norris & Stevens	(b) 93-0570087	(c) 0.28%
(a) NW Processing Solar & Microelectronics LLC	(b) 90-1006999	(c) 0.50%
(a) Oregon Business Association	(b) 93-1280673	(c) 1.02%
(a) Oregon Fruit Products, LLC	(b) 45-3451032	(c) 1.23%
(a) Orpet, LLC	(b) 27-3072868	(c) 0.15%
(a) Oregon Vineyard Supply Co	(b) 93-1018111	(c) 1.10%
(a) Result Partners, LLC	(b) 93-1237193	(c) 1.42%
(a) PacifiCap Properties Group, LLC	(b) 93-1261794	(c) 3.05%

XENIUM 401(K) RETIREMENT SAVINGS PLAN
EIN 93-1277996 PLAN 006
Multiple Employer Plan Participating Employer Information 12/31/2015

(a) Pacific Sleep Program	(b) 83-0492899	(c) 0.86%
(a) Parkway Financial, LLC	(b) 93-1311803	(c) 0.35%
(a) Partners on Demand, Inc	(b) 20-0487224	(c) 1.82%
(a) Plaza Ambulatory Surgery Center, LLC	(b) 36-2480914	(c) 0.38%
(a) Printonia, LLC	(b) 27-4361579	(c) 0.58%
(a) Pull-It Corp	(b) 93-0569214	(c) 0.79%
(a) Radha Consulting	(b) 20-3593474	(c) 0.21%
(a) RenoS2 Group, LLC	(b) 21-0517510	(c) 0.09%
(a) RKS2 Group, LLC	(b) 20-3981216	(c) 0.27%
(a) RWK & Son, Inc.	(b) 46-4652013	(c) 0.53%
(a) Rusty Zipper	(b) 54-9133334	(c) 0.26%
(a) Siltronic Corporation	(b) 94-2518330	(c) 0.17%
(a) Solea Software Solutions Consulting, LLC	(b) 45-3673353	(c) 0.76%
(a) SS2 Group, LLC	(b) 93-1331866	(c) 0.22%
(a) Stafford Hills Management Co., LLC	(b) 27-4198620	(c) 0.64%
(a) State Investments, LLC	(b) 93-1133358	(c) 2.15%
(a) Stolowitz Ford Cowger, LLP	(b) 35-2304534	(c) 2.70%
(a) StormwaterRx, LLC	(b) 26-3224087	(c) 0.70%
(a) Sunstone Circuits, LLC	(b) 20-1868258	(c) 7.93%
(a) Broker Knowledge Group, Inc. dba The Knowledge Coop	(b) 91-2183766	(c) 0.17%
(a) The Stoller Group	(b) 93-0843891	(c) 4.68%
(a) EAS2 Group, LLC	(b) 20-4305849	(c) 0.09%
(a) GRS2 Group, LLC	(b) 26-1620866	(c) 0.26%
(a) GZS2 Group, LLC	(b) 20-8050459	(c) 0.06%
(a) KGS2 Group, LLC	(b) 11-3736458	(c) 0.21%
(a) MES2 Group, LLC	(b) 45-5332522	(c) 0.10%
(a) MS2 Group, LLC	(b) 26-1691969	(c) 0.29%
(a) RMJS2 Group, LLC	(b) 90-0146640	(c) 0.01%
(a) SDS2 Group, LLC	(b) 27-3089020	(c) 0.11%
(a) Express Professional Services	(b) 47-2956894	(c) 0.50%
(a) Stoller Vineyards	(b) 93-1166609	(c) 1.92%
(a) TAZS2 Group, LLC	(b) 27-3088935	(c) 0.11%
(a) Xenium Resources, Inc	(b) 93-1277996	(c) 8.17%
(a) Turtledove Clemens, Inc	(b) 93-0493444	(c) 0.26%
(a) United Fund Advisors, LLC	(b) 20-4000845	(c) 5.13%
(a) US Off Track	(b) 59-3523118	(c) 2.55%
(a) WCS2 Group, LLC	(b) 20-8284566	(c) 0.20%
(a) Cooksel Corporation	(b) 46-4308383	(c) 0.41%
(a) Woodburn Community Dental, LLC	(b) 27-0908085	(c) 0.26%
(a) Mark K. Rodman, DMD PC	(b) 93-1196467	(c) 0.00%
(a) Whited Ventures, Inc	(b) 26-2540356	(c) 0.52%
(a) WS2 Group, LLC	(b) 52-2420798	(c) 0.86%
(a) YS2 Group, LLC	(b) 93-1307625	(c) 0.38%

XENIUM 401(K) RETIREMENT SAVINGS PLAN
EIN 93-1277996 PLAN 006
SCHEDULE OF ASSETS HELD AT YEAREND 12/31/15
SCHEDULE H, PART IV, LINE 4i

(a)	(b) Identity of Issue	(c) Description of Investments	(d) Cost**	(e) Current Value
*	Principal	Guaranteed Interest - at interest rates of .12% to 2.32%, maturing 12/31/15 to 12/31/21	\$ 0	982,822
	Morley Financial	Morley Stable Value VI Fund	0	1,649,346
*	Principal	Principal Core Plus Bond Separate Account	0	764,124
*	Principal	Principal US Property Separate Account	0	893,407
*	Principal	Principal Trust (SM) Income Fund	0	479,977
*	Principal	Principal Trust (SM) Target 2010 FD	0	1,138,216
*	Principal	Principal Trust (SM) Target 2020 FD	0	4,784,745
*	Principal	Principal Trust (SM) Target 2030 FD	0	7,236,966
*	Principal	Principal Trust (SM) Target 2040 FD	0	5,393,279
*	Principal	Principal Trust (SM) Target 2050 FD	0	1,833,719
*	Principal	Principal Trust (SM) Target 2060 FD	0	91,280
*	Principal	Principal LgCap S&P 500 Index Separate Account	0	2,768,586
	T.Rowe Price/Brown Adv	LargeCap Growth I Separate Account	0	1,259,506
	Goldman Sachs/LA Cap Mgt	MidCap Value I Separate Account	0	643,063
*	Principal	Principal MidCap S&P 400 Index Separate Account	0	1,237,630
*	Principal	Principal SmCap S&P 600 Index Separate Account	0	2,060,054
*	Principal	Principal Fin Group, Inc. Stock Separate Account	0	41,788
	Fidelity Mgt & Research	Fidelity Advisor Govt Income T Fund	0	1,180,430
	Loomis Sayles & Co	Loomis Sayles Investment Grade Bond A Fund	0	656,641
	Federated Inv Mgmt	Federated Kaufmann Large Cap A Fund	0	824,244
	Fidelity Mgt & Research	Fidelity Advisor Large Cap A Fund	0	167,177
	Loomis Sayles & Co	Loomis Sayles Value Bond A Fund	0	405,577
	MFS Inv Mgt	MFS Value R3 Fund	0	918,660
	American Century	Am Cent Sm Cap Val A Fund	0	923,564
	Eaton Vance Mgt	Eaton Vance Atlanta Capital SMID Cap A Fund	0	782,574
	Franklin Advisers, Inc.	Franklin Small Cap Growth R Fund	0	240,487
	Capital Research & Mgt	American Funds Europacific Growth R5 Fund	0	592,411
	MFS Inv Mgt	MFS International New Discovery R3 Fund	0	897,954
	OppenheimerFunds	Oppenheimer int'l Growth R Fund	0	722,590
	Various	Participant-Directed Brokerage Accounts	0	1,598,125
		Subtotal	\$ 0	\$ 43,168,942
			0	
		Participant Loans - at interest rates ranging from 4.25%-8.38%, maturing 2015 - 2030	0	767,757
		Total	\$ 0	\$ 43,936,699

* Party-in-interest

** Cost information is omitted under ERISA as these investments are participant directed.