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

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 04/01/2015 and ending 03/31/2016

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
ALLIED MINERAL PRODUCTS, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 04/01/2002

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)

ALLIED MINERAL PRODUCTS, INC.

2700 SCIOTO PARKWAY
COLUMBUS, OH 43221

2b Employer Identification Number (EIN)
31-0643264

2c Plan Sponsor's telephone number
614-876-0244

2d Business code (see instructions)
423500

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.	01/16/2017	MELANIE KRET
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	329
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)**	320
a(2) Total number of active participants at the end of the plan year	**6a(2)**	334
b Retired or separated participants receiving benefits	**6b**	2
c Other retired or separated participants entitled to future benefits	**6c**	9
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	345
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	345
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	118
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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

For calendar plan year 2015 or fiscal plan year beginning 04/01/2015 and ending 03/31/2016

A Name of plan
ALLIED MINERAL PRODUCTS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
ALLIED MINERAL PRODUCTS, INC.

D Employer Identification Number (EIN)
31-0643264

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK LIFE INSURANCE COMPANY USA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	18960	122	04/01/2015	03/31/2016

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	11690

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CETERA ADVISOR NETWORKS LLC
200 N SEPULVEDA BLVD SUITE 1300
EL SEGUNDO, CA 90256

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	11390	FEES	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ENTRUST INC.
24400 HIGHPOINT ROAD SUITE 2
BEACHWOOD, OH 44122

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	4491679

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ SEE ATTACHED

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

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

m ☐ Other (specify) ▶

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE D (Form 5500)

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.

For calendar plan year 2015 or fiscal plan year beginning 04/01/2015 and ending 03/31/2016

A Name of plan
ALLIED MINERAL PRODUCTS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 004

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ALLIED MINERAL PRODUCTS, INC.

D Employer Identification Number (EIN)
31-0643264

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

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFESTYLE CONSERVATIVE ACTIVE ST

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	42690

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFESTYLE MODERATE ACTIVE ST

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	370814

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFESTYLE BALANCED ACTIVE ST

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	753256

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFESTYLE GROWTH ACTIVE ST

b Name of sponsor of entity listed in (a): JOHN HANCOAK LIFE INSURANCE CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	770350

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFESTYLE AGGRESSIVE ACTIVE ST

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	152694

a Name of MTIA, CCT, PSA, or 103-12 IE: ROYCE OPPORTUNITY

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	6483

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD ENERGY FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
01-0233346-000	P	80508

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL VALUE FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	17041
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE SCI & TECH			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	59933
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SM CAP GROW INDEX			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	154119
a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER DEVELOPING MKT			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	75313
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALL MID GROWTH			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	33706
a Name of MTIA, CCT, PSA, or 103-12 IE: EUROPACIFIC GROWTH FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	52151
a Name of MTIA, CCT, PSA, or 103-12 IE: REAL EST SECURITES FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	140214
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE HEALTH SCI			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	313899
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE SML CAP VAL			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	99457
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.			
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	78002

a Name of MTIA, CCT, PSA, or 103-12 IE: JH DISCIPLINED VALUE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 89964
a Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 159297
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN US EQUITY FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66301
a Name of MTIA, CCT, PSA, or 103-12 IE: UTILITIES FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 64381
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE EQUITY INC		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 107873
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN MIDCAP VALUE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 89916
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO GLOBAL BOND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17952
a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE SPECTRUM INC.		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 68159
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR TOTAL BOND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 95187
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SHORT TERM FEDERAL		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 74578

a Name of MTIA, CCT, PSA, or 103-12 IE: MONEY MARKET

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 388919

a Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2050 ACTIVE STRAT

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6752

a Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2045 ACTIVE STRAT

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 707

a Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2035 ACTIVE STRAT

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20015

a Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2030 ACTIVE STRAT

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 61352

a Name of MTIA, CCT, PSA, or 103-12 IE: JH THRU 2025 ACTIVE STRAT

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE CO.

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10313

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 04/01/2015 and ending 03/31/2016

A Name of plan
ALLIED MINERAL PRODUCTS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
ALLIED MINERAL PRODUCTS, INC.

D Employer Identification Number (EIN)
31-0643264

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	94596	83705
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	4482397	4407974
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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	4576993	4491679
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4576993	4491679

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)	401968	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		401968
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)	3872	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3872
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		-181254
d Total income. Add all **income** amounts in column (b) and enter total	2d		224586
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	297662	
(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)		297662
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	12238	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		12238
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		309900
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-85314
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: REA & ASSOCIATES, INC. **(2)** EIN: 34-1310124

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

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

Part IV Compliance Questions

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

During the plan year:

		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.)	4a		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X		

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

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

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

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

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

Part V Trust Information

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

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 04/01/2015 and ending 03/31/2016

A Name of plan
ALLIED MINERAL PRODUCTS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
ALLIED MINERAL PRODUCTS, INC.

D Employer Identification Number (EIN)
31-0643264

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 31-0643264

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** 7

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

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

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ 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

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

As of and for the Years Ended
March 31, 2016 and 2015

Rea & associates

www.reacpa.com

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Rea & associates a brighter way

January 10, 2017

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

INDEPENDENT AUDITOR'S REPORT

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of the Allied Mineral Products, Inc. 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of March 31, 2016 and 2015, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

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

Basis for Disclaimer of Opinion
As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by John Hancock Life Insurance Company USA, the custodian of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the custodian holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the custodian as of March 31, 2016 and 2015, and for the years then ended, that the information provided to the Plan Administrator by the custodian is complete and accurate.

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

Other Matter
The supplemental schedule, Schedule of Assets Held for Investment Purposes at End of Year as of March 31, 2016, is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

Rea & Associates, Inc.

Rea & Associates, Inc.
Dublin, Ohio

ALLIED MINERAL PRODUCTS, INC. 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF MARCH 31, 2016 AND 2015

	2016	2015
ASSETS:		
INVESTMENTS, at fair value:		
Pooled separate accounts	$ 4,407,974	$ 4,482,397
NOTES RECEIVABLE FROM PARTICIPANTS	83,705	94,596
NET ASSETS AVAILABLE FOR BENEFITS	$ 4,491,679	$ 4,576,993

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

ALLIED MINERAL PRODUCTS, INC. 401(K) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED MARCH 31, 2016 AND 2015

	2016	2015
ADDITIONS TO NET ASSETS:		
Contributions:		
Participants	$ 401,968	$ 359,740
Rollovers	-	8,450
Total contributions	401,968	368,190
Interest income on notes receivable from participants	3,872	3,383
Investment income:		
Net (depreciation) appreciation in fair value of pooled separate accounts	(183,484)	269,942
TOTAL ADDITIONS	222,356	641,515
DEDUCTIONS FROM NET ASSETS:		
Distributions paid to participants	297,662	129,246
Administrative expenses	10,008	10,572
TOTAL DEDUCTIONS	307,670	139,818
NET (DECREASE) INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	(85,314)	501,697
NET ASSETS AVAILABLE FOR BENEFITS - Beginning of year	4,576,993	4,075,296
NET ASSETS AVAILABLE FOR BENEFITS - End of year	$ 4,491,679	$ 4,576,993

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

ALLIED MINERAL PRODUCTS, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1: PLAN DESCRIPTION

General

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

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

Contributions

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

Participant Accounts

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

Participant-Directed Investment Options

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

Vesting

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

Notes Receivable from Participants

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

Payment of benefits

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

NOTE 1: PLAN DESCRIPTION (CONTINUED)

Payment of benefits (Continued)
Partial withdrawals for participants with vested account balance greater than $5,000 are permitted. The plan allows for hardship distributions to satisfy certain immediate and heavy financial needs specified in the plan document.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

Investment Valuation and Income Recognition
The statements of net assets available for benefits include investments in pooled separate accounts which are presented at the value reported to the Plan by the insurance company, which represents approximate fair value. Fair value is the price that would be received to sell an asset or paid to transfer liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

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

Payment of Benefits
Participant distributions are recognized when paid.

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

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Recent Accounting Pronouncements

In May 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2015-07, Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent). The amendments in this Update remove the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. However, sufficient information must be provided to permit reconciliation of the fair value of assets categorized within the fair value hierarchy to the amounts presented in the statement of financial position. The amendments also remove the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the net asset value per share practical expedient. The amendments in this update are effective for the Plan's fiscal years beginning after December 15, 2016. Upon adoption, the amendments shall be applied retrospectively to all periods presented. Plan management is currently evaluating the impact this update will have on the Plan's financial statements.

In July 2015, the FASB issued 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 Disclosure, (Part III) Measurement Date Practical Expedient. Part I eliminates the requirements to measure the fair value of benefit-responsive investment contracts and provide certain disclosures. Contract value is the only required measure for fully benefit-responsive investment contracts. Part II eliminates the requirements to disclose individual investments that represent 5 percent or more of the net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Part III provides a practical expedient to permit plans to measure investments and investment-related accounts as of a month-end that is closest to the plan's fiscal year-end, when the fiscal period does not coincide with a month-end. The ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Parts I and II are to be applied retrospectively, with Part III to be applied prospectively. Part III is not applicable to the Plan. Part I is expected to be adopted for the plan year beginning April 1, 2016 (and will be applied retrospectively as required.) Management has elected to adopt Part II early for the 2016 plan year, and it was retrospectively applied to March 31, 2015. Prior year disclosures have been revised to reflect the retrospective application of this Update.

Subsequent Events

In evaluating events that may have material impact on the financial statements, the Plan Sponsor has considered activities through January 10, 2017, the date the financial statements were available to be issued.

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

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at March 31, 2016 and 2015, and net appreciation in fair value of investments and interest for the years ended March 31, 2016 and 2015, was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by John Hancock Life Insurance Company USA (the custodian of the Plan).

NOTE 4: FAIR VALUE MEASUREMENTS

Accounting standards establish a framework for measuring fair value by providing a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities ("Level 1 inputs") and the lowest priority to unobservable inputs ("Level 3 inputs"). The three levels of the fair value hierarchy are described below:

- Level 1 – inputs to the fair value determination are unadjusted quoted prices for identical assets and liabilities in active markets that the Plan has the ability to access.

- Level 2 – other significant inputs including; quoted prices of similar assets and liabilities in active markets, quoted prices for identical assets and liabilities in inactive markets, observable inputs other than quoted prices, inputs derived from or corroborated by observable market data either by correlation or other means.

- Level 3 – inputs to the valuation methodology are unobservable and significant to the fair value measurement and may include the Plan's own assumptions in determining the fair value of the assets and liabilities.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes to the methodologies used at March 31, 2016 and 2015.

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

NOTE 4: FAIR VALUE MEASUREMENTS (CONTINUED)

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of March 31, 2016 and 2015:

Assets at Fair Value as of March 31, 2016

	Level 1	Level 2	Level 3	Total
Pooled separate accounts	$ -	$ 4,407,974	$ -	$ 4,407,974
Total assets at fair value	$ -	$ 4,407,974	$ -	$ 4,407,974

Assets at Fair Value as of March 31, 2015

	Level 1	Level 2	Level 3	Total
Pooled separate accounts	$ -	$ 4,482,397	$ -	$ 4,482,397
Total assets at fair value	$ -	$ 4,482,397	$ -	$ 4,482,397

The following table summarizes investments measured at fair value based on net asset value (NAV) per share as of March 31, 2016 and 2015:

Assets at Fair Value Based on NAV Per Share as of March 31, 2016

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Pooled separate accounts:				
Short term investment funds (a)	$ 4,407,974	None	Daily	None

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

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

NOTE 4: FAIR VALUE MEASUREMENTS (CONTINUED)

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

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

The Plan Trustee evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the year ended March 31, 2016 and 2015, there were no transfers in or out of Level 3.

NOTE 5: RELATED PARTY TRANSACTIONS

Certain Plan investments are units of pooled separate accounts managed by John Hancock Life Insurance Company USA. John Hancock is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services amounted to $10,008 and $10,572 for the years ended March 31, 2016 and 2015, respectively.

NOTE 6: PLAN TERMINATION

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

NOTE 7: TAX STATUS

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

Accounting principles generally accepted in the United States of America require management of an organization to evaluate tax positions taken by the organization and recognize a tax liability if the organization has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service.

NOTE 7: TAX STATUS (CONTINUED)

Plan management has analyzed the tax positions taken by the Plan, and has concluded that as of March 31, 2016, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. There are currently no audits for any tax periods in progress.

NOTE 8: RISKS AND UNCERTAINTIES

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

ALLIED MINERAL PRODUCTS, INC. 401(K) PLAN

FORM 5500, SCHEDULE H, PART IV, LINE 4i,
SCHEDULE OF ASSETS HELD FOR INVESTMENT
PURPOSES AT END OF YEAR
AS OF MARCH 31, 2016

EIN: 31-0643264
Plan Number: 004

(a)	(b) Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	(c) Current Value
*	Lifestyle Growth	Pooled separate account	**	$ 783,098
*	Lifestyle Balance	Pooled separate account	**	774,269
*	Money Market	Pooled separate account	**	392,834
*	Lifestyle Moderate	Pooled separate account	**	384,421
*	Health Sci	Pooled separate account	**	198,067
*	Lifestyle Aggressive	Pooled separate account	**	160,800
*	Blue Chip	Pooled separate account	**	159,575
*	VS Rests	Pooled separate account	**	152,758
*	TRP Eq Inc	Pooled separate account	**	111,859
*	Small Value	Pooled separate account	**	108,288
*	Fidelity Total Bond	Pooled separate account	**	100,285
*	IDX Mid	Pooled separate account	**	97,361
*	JPM Mcvalu	Pooled separate account	**	94,992
*	JH Disciplined value mid cap	Pooled separate account	**	91,148
*	Short Term	Pooled separate account	**	75,980
*	Spectrum I	Pooled separate account	**	71,545
*	Developing Market	Pooled separate account	**	70,841
*	VS Utilities	Pooled separate account	**	70,372
*	RL 2030	Pooled separate account	**	67,942
*	JPM US Equity Fund	Pooled separate account	**	66,884
*	Sci Tech	Pooled separate account	**	57,563
*	JH Intl Growth	Pooled separate account	**	51,541
*	Energy	Pooled separate account	**	50,335
*	Lifestyle Conservative	Pooled separate account	**	45,410
*	SMCP GR IN	Pooled separate account	**	42,800
*	VG Mid-Cap Value	Pooled separate account	**	34,959
*	RL 2035	Pooled separate account	**	21,093
*	Global Bond	Pooled separate account	**	20,009
*	VS Int Val	Pooled separate account	**	17,709
*	RL 2025	Pooled separate account	**	17,285
*	RL 2050	Pooled separate account	**	8,300
*	Royce opportunity	Pooled separate account	**	6,852
*	RL 2045	Pooled separate account	**	799
	Subtotal			4,407,974
	Notes receivable from participants	(Interest rate of 4.25% maturing through 2020 and secured by balance in participants' account)		83,705
	Total			$ 4,491,679

* Party-in-interest

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

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

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 18960 THE TRUSTEES OF ALLIED MINERAL PRODUCTS,
INC. 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2015

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF ALLIED MINERAL PRODUCTS, INC. 401(K) PLAN Total No of Units	Total Value
JH Thru 2060 Active Strategy	$ 0.00	.000000	$ 0.00
JH Thru 2055 Active Strategy	$ 59932439.86	.000000	$ 0.00
JH Thru 2050 Active Strategy	$ 258164069.23	517.588338	$ 6751.81
JH Thru 2045 Active Strategy	$ 660254314.84	46.456303	$ 706.85
JH Thru 2040 Active Strategy	$ 692348215.41	.000000	$ 0.00
JH Thru 2035 Active Strategy	$ 890555383.69	1317.722095	$ 20015.44
JH Thru 2030 Active Strategy	$ 1084698817.24	4109.462645	$ 61352.41
JH Thru 2025 Active Strategy	$ 1223898304.96	694.692277	$ 10313.29
JH Thru 2020 Active Strategy	$ 945913689.66	.000000	$ 0.00
JH Thru 2015 Active Strategy	$ 436003253.75	.000000	$ 0.00
JH Thru 2010 Active Strategy	$ 230107564.59	.000000	$ 0.00
JH Thru 2060 Managed Port	$ 0.00	.000000	$ 0.00
JH Thru 2055 Managed Port	$ 18890014.01	.000000	$ 0.00
JH Thru 2050 Managed Port	$ 27832605.30	.000000	$ 0.00
JH Thru 2045 Managed Port	$ 46064170.71	.000000	$ 0.00
JH Thru 2040 Managed Port	$ 57176426.51	.000000	$ 0.00
JH Thru 2035 Managed Port	$ 77499551.23	.000000	$ 0.00
JH Thru 2030 Managed Port	$ 95004923.25	.000000	$ 0.00
JH Thru 2025 Managed Port	$ 112558466.73	.000000	$ 0.00
JH Thru 2020 Managed Port	$ 87782986.24	.000000	$ 0.00
JH Thru 2015 Managed Port	$ 30833133.51	.000000	$ 0.00
JH Thru 2010 Managed Port	$ 21372398.45	.000000	$ 0.00
JH Ret To 2060 Managed Port	$ 0.00	.000000	$ 0.00
JH Ret To 2055 Managed Port	$ 77805845.50	.000000	$ 0.00
JH Ret To 2050 Managed Port	$ 413983439.17	.000000	$ 0.00
JH Ret To 2045 Managed Port	$ 541628668.63	.000000	$ 0.00

*Assets = Liabilities

Note: this report does not reflect transactions processed after December 31, 2015
Cash Basis

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 18960 THE TRUSTEES OF ALLIED MINERAL PRODUCTS,
INC. 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2015

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF ALLIED MINERAL PRODUCTS, INC. 401(K) PLAN Total No of Units	Total Value
JH Ret To 2040 Managed Port	$ 715605044.36	.000000	$ 0.00
JH Ret To 2035 Managed Port	$ 988033086.75	.000000	$ 0.00
JH Ret To 2030 Managed Port	$ 1216507371.14	.000000	$ 0.00
JH Ret To 2025 Managed Port	$ 1295731058.10	.000000	$ 0.00
JH Ret To 2020 Managed Port	$ 884556193.52	.000000	$ 0.00
JH Ret To 2015 Managed Port	$ 363563111.97	.000000	$ 0.00
JH Ret To 2010 Managed Port	$ 222480861.91	.000000	$ 0.00
American Century 2060	$ 0.00	.000000	$ 0.00
American Century 2055	$ 11841593.92	.000000	$ 0.00
American Century 2050	$ 24882989.30	.000000	$ 0.00
American Century 2045	$ 39434791.34	.000000	$ 0.00
American Century 2040	$ 59668481.39	.000000	$ 0.00
American Century 2015	$ 0.00	.000000	$ 0.00
American Century 2035	$ 66383520.91	.000000	$ 0.00
American Century 2030	$ 88726794.48	.000000	$ 0.00
American Century 2025	$ 87114450.47	.000000	$ 0.00
American Century 2020	$ 64777725.03	.000000	$ 0.00
American Century In Retirement	$ 48950926.46	.000000	$ 0.00
American Funds 2060 TD	$ 0.00	.000000	$ 0.00
American Funds 2055 TD	$ 0.00	.000000	$ 0.00
American Funds 2050 TD	$ 0.00	.000000	$ 0.00
American Funds 2045 TD	$ 0.00	.000000	$ 0.00
American Funds 2040 TD	$ 0.00	.000000	$ 0.00
American Funds 2035 TD	$ 0.00	.000000	$ 0.00
American Funds 2030 TD	$ 0.00	.000000	$ 0.00
American Funds 2025 TD	$ 0.00	.000000	$ 0.00

*Assets = Liabilities

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 18960 THE TRUSTEES OF ALLIED MINERAL PRODUCTS,
INC. 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2015

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF ALLIED MINERAL PRODUCTS, INC. 401(K) PLAN Total No of Units	Total Value
American Funds 2020 TD	$ 0.00	.000000	$ 0.00
American Funds 2015 TD	$ 0.00	.000000	$ 0.00
American Funds 2010 TD	$ 0.00	.000000	$ 0.00
BlackRock LifePath Index 2055	$ 0.00	.000000	$ 0.00
BlackRock LifePath Index 2050	$ 0.00	.000000	$ 0.00
BlackRock LifePath Index 2045	$ 0.00	.000000	$ 0.00
BlackRock LifePath Index 2040	$ 0.00	.000000	$ 0.00
BlackRock LifePath Index 2035	$ 0.00	.000000	$ 0.00
BlackRock LifePath Index 2030	$ 0.00	.000000	$ 0.00
BlackRock LifePath Index 2025	$ 0.00	.000000	$ 0.00
BlackRock LifePath Index 2020	$ 0.00	.000000	$ 0.00
BlackRock LifePath Index Ret	$ 0.00	.000000	$ 0.00
JPMorgan SmartRetirement 2055	$ 0.00	.000000	$ 0.00
JPMorgan SmartRetirement 2050	$ 0.00	.000000	$ 0.00
JPMorgan SmartRetirement 2045	$ 0.00	.000000	$ 0.00
JPMorgan SmartRetirement 2040	$ 0.00	.000000	$ 0.00
JPMorgan SmartRetirement 2035	$ 0.00	.000000	$ 0.00
JPMorgan SmartRetirement 2030	$ 0.00	.000000	$ 0.00
JPMorgan SmartRetirement 2025	$ 0.00	.000000	$ 0.00
JPMorgan SmartRetirement 2020	$ 0.00	.000000	$ 0.00
JPMorgan SmartRetirement 2015	$ 0.00	.000000	$ 0.00
JPMorgan SmartRetirement Incom	$ 0.00	.000000	$ 0.00
T. Rowe Price Retirement 2060	$ 0.00	.000000	$ 0.00
T. Rowe Price Retirement 2055	$ 17233431.30	.000000	$ 0.00
T. Rowe Price Retirement 2050	$ 28953765.28	.000000	$ 0.00
T. Rowe Price Retirement 2045	$ 46642707.09	.000000	$ 0.00

*Assets = Liabilities

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 18960 THE TRUSTEES OF ALLIED MINERAL PRODUCTS,
INC. 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2015

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF ALLIED MINERAL PRODUCTS, INC. 401(K) PLAN Total No of Units	Total Value
T. Rowe Price Retirement 2040	$ 51696523.13	.000000	$ 0.00
T. Rowe Price Retirement 2035	$ 69922033.38	.000000	$ 0.00
T. Rowe Price Retirement 2030	$ 90623305.90	.000000	$ 0.00
T. Rowe Price Retirement 2025	$ 88597240.06	.000000	$ 0.00
T. Rowe Price Retirement 2020	$ 75823415.52	.000000	$ 0.00
T. Rowe Price Retirement 2015	$ 26357233.03	.000000	$ 0.00
T. Rowe Price Retirement 2010	$ 21655163.65	.000000	$ 0.00
Vanguard Target Ret 2060	$ 0.00	.000000	$ 0.00
Vanguard Target Ret 2055	$ 0.00	.000000	$ 0.00
Vanguard Target Ret 2050	$ 0.00	.000000	$ 0.00
Vanguard Target Ret 2045	$ 0.00	.000000	$ 0.00
Vanguard Target Ret 2040	$ 0.00	.000000	$ 0.00
Vanguard Target Ret 2035	$ 0.00	.000000	$ 0.00
Vanguard Target Ret 2030	$ 0.00	.000000	$ 0.00
Vanguard Target Ret 2025	$ 0.00	.000000	$ 0.00
Vanguard Target Ret 2020	$ 0.00	.000000	$ 0.00
Vanguard Target Ret 2015	$ 0.00	.000000	$ 0.00
Vanguard Target Ret 2010	$ 0.00	.000000	$ 0.00
Vanguard Target Ret Income	$ 0.00	.000000	$ 0.00
JH LS Agg Active Strategy	$ 3446756865.74	325.495107	$ 152694.31
JH LS Grow Active Strategy	$ 10078180804.59	1717.960637	$ 770349.55
JH LS Bal Active Strategy	$ 10289797123.64	2465.059724	$ 753255.77
JH LS Mod Active Strategy	$ 2898319768.09	1599.426293	$ 370813.99
JH LS Con Active Strategy	$ 2153953409.78	174.939847	$ 42690.14
JH LS Agg Managed Portfolio	$ 65737358.62	.000000	$ 0.00
JH LS Grow Managed Portfolio	$ 155065608.93	.000000	$ 0.00

*Assets = Liabilities

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 18960 THE TRUSTEES OF ALLIED MINERAL PRODUCTS,
INC. 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2015

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF ALLIED MINERAL PRODUCTS, INC. 401(K) PLAN Total No of Units	Total Value
JH LS Bal Managed Portfolio	$ 216815954.84	.000000	$ 0.00
JH LS Mod Managed Portfolio	$ 54480466.32	.000000	$ 0.00
JH LS Con Managed Portfolio	$ 38181373.54	.000000	$ 0.00
JH LS Agg Managed Volatility	$ 4161929.33	.000000	$ 0.00
JH LS Grow Managed Volatility	$ 11151696.64	.000000	$ 0.00
JH LS Bal Managed Volatility	$ 16495726.49	.000000	$ 0.00
JH LS Mod Managed Volatility	$ 10813422.63	.000000	$ 0.00
JH LS Con Managed Volatility	$ 11944079.36	.000000	$ 0.00
Russell Equity Growth	$ 27455553.58	.000000	$ 0.00
Russell Growth	$ 73873848.46	.000000	$ 0.00
Russell Balanced	$ 89066436.11	.000000	$ 0.00
Russell Moderate	$ 20094518.62	.000000	$ 0.00
Russell Conservative	$ 10061543.85	.000000	$ 0.00
Tocqueville Gold Fund	$ 48796245.43	.000000	$ 0.00
Natural Resources Fund	$ 62788169.14	.000000	$ 0.00
DFA Emerging Markets Value	$ 134111980.21	.000000	$ 0.00
Royce Opportunity	$ 111843055.01	251.959538	$ 6482.64
Vanguard Energy Fund	$ 299522711.66	1111.330951	$ 80508.47
iShares Gold Trust ETF	$ 6847371.99	.000000	$ 0.00
Wells Fargo Adv Small Company	$ 1170264.84	.000000	$ 0.00
Fidelity Adv Leveraged Co Stk	$ 70529434.97	.000000	$ 0.00
DFA International Value	$ 77909385.84	.000000	$ 0.00
Northern EM Equity Index Fund	$ 4685238.42	.000000	$ 0.00
International Value Fund	$ 179377617.57	766.008693	$ 17041.29
PIMCO Commodity Real Return	$ 10918980.12	.000000	$ 0.00
Janus Global Life Sciences	$ 0.00	.000000	$ 0.00

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MONEY INVESTED AS OF DECEMBER 31, 2015

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF ALLIED MINERAL PRODUCTS, INC. 401(K) PLAN Total No of Units	Total Value
DFA Intl Small Cap Value	$ 5485.98	.000000	$ 0.00
DFA US Targeted Value Fund	$ 101611174.44	.000000	$ 0.00
Keeley Small Cap Value	$ 23547368.26	.000000	$ 0.00
iShares MSCI EAFE Value ETF	$ 4429973.31	.000000	$ 0.00
International Core Fund	$ 36118604.14	.000000	$ 0.00
T. Rowe Price Sci & Tech	$ 434960978.17	738.328519	$ 59932.67
Aston/Fairpointe Mid Cap Fund	$ 82876735.69	.000000	$ 0.00
New Opportunities Fund	$ 55313063.27	.000000	$ 0.00
Vanguard Small Cap Grow Index	$ 400307279.74	4451.590325	$ 154118.64
Oppenheimer Developing Mkt	$ 392795590.54	1259.462727	$ 75312.85
Undiscovered Mgr Behavioral	$ 4549327.38	.000000	$ 0.00
Small Cap Growth Fund	$ 88551139.16	.000000	$ 0.00
Intl Equity Index Fund	$ 215664589.22	.000000	$ 0.00
DFA U.S. Small Cap Fund	$ 226777901.21	.000000	$ 0.00
Mid Cap Stock Fund	$ 340948186.85	.000000	$ 0.00
Small Cap Index Fund	$ 245860577.74	.000000	$ 0.00
Science & Technology Fund	$ 299110164.66	.000000	$ 0.00
Lazard International Equity	$ 1016129.18	.000000	$ 0.00
iShares MSCI EAFE Growth ETF	$ 4676962.79	.000000	$ 0.00
Harbor Mid Cap Value Fund	$ 8396102.42	.000000	$ 0.00
Vanguard Explorer Fund	$ 79719670.50	.000000	$ 0.00
Franklin Small-Mid Growth	$ 174082134.85	447.492675	$ 33705.60
Oppenheimer Global	$ 233952738.41	.000000	$ 0.00
Templeton World	$ 147229454.09	.000000	$ 0.00
EuroPacific Growth Fund	$ 683208546.87	781.123207	$ 52150.55
Legg Mason ClearBr Agg Growth	$ 246451853.90	.000000	$ 0.00

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MONEY INVESTED AS OF DECEMBER 31, 2015

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF ALLIED MINERAL PRODUCTS, INC. 401(K) PLAN Total No of Units	Total Value
Royce Pennsylvania Mutual Fund	$ 6440303.23	.000000	$ 0.00
T. Rowe Price Overseas Stock	$ 524091.66	.000000	$ 0.00
Oppenheimer Intl Growth Fund	$ 161014438.17	.000000	$ 0.00
Small Company Value Fund	$ 72484884.45	.000000	$ 0.00
Invesco Small Cap Growth	$ 203317847.40	.000000	$ 0.00
SMALLCAP World Fund	$ 58937967.91	.000000	$ 0.00
American Century Heritage	$ 249378122.23	.000000	$ 0.00
Vanguard Mid-Cap Growth ETF	$ 139906829.88	.000000	$ 0.00
New World Fund	$ 66148738.64	.000000	$ 0.00
Real Est. Securities Fund	$ 538499349.54	1631.671644	$ 140214.30
T. Rowe Price Health Sci	$ 1192391233.95	2650.740895	$ 313899.44
Financial Industries Fund	$ 106642689.85	.000000	$ 0.00
Ivy Asset Strategy Fund	$ 151835420.36	.000000	$ 0.00
WisdomTree MC Earnings ETF	$ 6904866.23	.000000	$ 0.00
Vanguard Small Cap Value Index	$ 163465174.56	.000000	$ 0.00
Lord Abbett Value Opps Fund	$ 36417767.91	.000000	$ 0.00
JPMorgan Intrepid Mid Cap	$ 11520439.63	.000000	$ 0.00
Aberdeen International Equity	$ 3261680.36	.000000	$ 0.00
Fundamental All Cap Core Fund	$ 164767483.62	.000000	$ 0.00
T. Rowe Price Sml Cap Val	$ 144659683.77	1254.452156	$ 99456.73
John Hancock Intl Growth	$ 37314376.68	.000000	$ 0.00
Mid Cap Index Fund	$ 579840520.63	1913.395586	$ 78001.52
Northern Small Cap Value Fund	$ 1088942.88	.000000	$ 0.00
Davis New York Venture	$ 0.00	.000000	$ 0.00
Diamond Hill Small-Mid Cap	$ 800089.76	.000000	$ 0.00
Dodge & Cox Stock Fund	$ 108873608.26	.000000	$ 0.00

*Assets = Liabilities

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INC. 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2015

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF ALLIED MINERAL PRODUCTS, INC. 401(K) PLAN Total No of Units	Total Value
Victory Diversified Stock	$ 12751413.01	.000000	$ 0.00
Small Cap Value Fund	$ 305371390.57	.000000	$ 0.00
Invesco International Growth	$ 47793944.18	.000000	$ 0.00
Vanguard Tot Wld Stk Index ETF	$ 13846196.95	.000000	$ 0.00
BlackRock Basic Value	$ 33867679.22	.000000	$ 0.00
Value Fund	$ 378600406.72	.000000	$ 0.00
Capital World Growth & Income	$ 185583071.41	.000000	$ 0.00
All Cap Core Fund	$ 22207244.69	.000000	$ 0.00
John Hancock Disciplined Value	$ 589679641.42	4071.598532	$ 89964.21
Blue Chip Growth Fund	$ 1021120249.16	3080.756710	$ 159297.17
Vanguard Mid-Cap Value ETF	$ 112497452.67	.000000	$ 0.00
New Perspective Fund	$ 180364694.18	.000000	$ 0.00
Capital Appreciation Fund	$ 595474072.56	.000000	$ 0.00
John Hancock Select Growth	$ 4826626.81	.000000	$ 0.00
Mid Value Fund	$ 200469772.79	.000000	$ 0.00
WisdomTree SC Dividend ETF	$ 3981508.79	.000000	$ 0.00
Massachusetts Investors Fund	$ 62321279.49	.000000	$ 0.00
The Growth Fund of America	$ 912770818.67	.000000	$ 0.00
Fidelity Adv Diversified Stock	$ 10333887.12	.000000	$ 0.00
Fundamental Investors	$ 264985180.18	.000000	$ 0.00
JPMorgan Large Cap Growth	$ 39527754.61	.000000	$ 0.00
Baird MidCap Fund	$ 3392821.53	.000000	$ 0.00
JPMorgan US Equity Fund	$ 432827354.13	4536.948774	$ 66300.77
Domini Social Equity	$ 59828360.02	.000000	$ 0.00
Vanguard Growth Index Fund	$ 357061203.95	.000000	$ 0.00
MFS Value Fund	$ 161503.07	.000000	$ 0.00

*Assets = Liabilities

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
THE SUB-ACCOUNTS OF JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 18960 THE TRUSTEES OF ALLIED MINERAL PRODUCTS,
INC. 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2015

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF ALLIED MINERAL PRODUCTS, INC. 401(K) PLAN Total No of Units	Total Value
Total Stock Market Index Fund	$ 402958592.52	.000000	$ 0.00
WisdomTree MC Dividend ETF	$ 7877025.20	.000000	$ 0.00
Utilities Fund	$ 264157181.67	2032.048651	$ 64381.07
Equity Income Fund	$ 261954148.75	.000000	$ 0.00
Vanguard Value Index Fund	$ 212017698.17	.000000	$ 0.00
T. Rowe Price Equity Inc	$ 412129176.42	1905.079286	$ 107873.48
500 Index Fund	$ 1868229129.71	.000000	$ 0.00
FT Founding Funds Allocation	$ 36560987.77	.000000	$ 0.00
Investment Company of America	$ 312889069.88	.000000	$ 0.00
JPMorgan MidCap Value Fund	$ 333325100.17	1790.130841	$ 89916.15
Franklin Mutual Beacon Fund	$ 254624285.04	.000000	$ 0.00
Fidelity ContraFund	$ 574720641.54	.000000	$ 0.00
Fidelity Adv New Insights	$ 100529851.34	.000000	$ 0.00
Mutual Global Discovery	$ 385690823.10	.000000	$ 0.00
Sit Dividend Growth Fund	$ 3248414.16	.000000	$ 0.00
Parnassus Core Equity Fund	$ 188687267.02	.000000	$ 0.00
Pax World Balanced Fund	$ 4345188.98	.000000	$ 0.00
Washington Mutual Investors	$ 447657288.57	.000000	$ 0.00
BlackRock Global Allocation	$ 397258615.58	.000000	$ 0.00
U.S. Equity Fund	$ 48507331.89	.000000	$ 0.00
PIMCO Total Return	$ 0.00	.000000	$ 0.00
PIMCO All Asset All Authority	$ 9213851.08	.000000	$ 0.00
American Balanced Fund	$ 736897766.84	.000000	$ 0.00
Total Return Fund	$ 0.00	.000000	$ 0.00
Capital Income Builder	$ 88118456.38	.000000	$ 0.00
Income Fund of America	$ 97990905.24	.000000	$ 0.00

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John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
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INC. 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2015

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF ALLIED MINERAL PRODUCTS, INC. 401(K) PLAN Total No of Units	Total Value
PIMCO All Asset	$ 103504440.71	.000000	$ 0.00
Fundamental Large Cap Value	$ 244595308.56	.000000	$ 0.00
Alternative Asset Allocation	$ 14547934.59	.000000	$ 0.00
Templeton Global Bond Fund	$ 141559998.51	.000000	$ 0.00
Oppenheimer Intl Bond	$ 62536739.36	.000000	$ 0.00
MFS Emerging Markets Debt	$ 11661387.73	.000000	$ 0.00
High Yield Fund	$ 315755221.11	.000000	$ 0.00
Strategic Income Opp Fund	$ 364002934.32	.000000	$ 0.00
PIMCO Global Bond	$ 96463471.09	1010.660845	$ 17951.66
Global Bond Fund	$ 50663146.35	.000000	$ 0.00
Federated High Yield Bond	$ 64411000.01	.000000	$ 0.00
Real Return Bond Fund	$ 75632018.63	.000000	$ 0.00
PIMCO Real Return	$ 152050505.59	.000000	$ 0.00
DFA Inflation-Protected Sec	$ 38774452.44	.000000	$ 0.00
Capital World Bond Fund	$ 16343312.71	.000000	$ 0.00
U.S. High Yield Bond Fund	$ 72689538.55	.000000	$ 0.00
T. Rowe Price Spectrum Inc	$ 188909693.55	1806.252006	$ 68158.85
Floating Rate Income Fund	$ 23652763.60	.000000	$ 0.00
Investment Qual Bond Fund	$ 59785831.80	.000000	$ 0.00
JH Short Duration Credit Opps	$ 985.16	.000000	$ 0.00
Fidelity Advisor Total Bond	$ 997003448.86	9072.546288	$ 95186.72
Active Bond Fund	$ 252387542.88	.000000	$ 0.00
Payden/Kravitz Cash Balance	$ 44955229.94	.000000	$ 0.00
JPMorgan Core Bond Fund	$ 5254416.18	.000000	$ 0.00
Core Bond Fund	$ 174398231.72	.000000	$ 0.00
Total Bond Market Fund	$ 161492583.43	.000000	$ 0.00

*Assets = Liabilities

John Hancock

STATEMENT OF ASSETS AND LIABILITIES OF
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FOR CONTRACT # 18960 THE TRUSTEES OF ALLIED MINERAL PRODUCTS,
INC. 401(K) PLAN
MONEY INVESTED AS OF DECEMBER 31, 2015

Sub-Accounts	John Hancock USA Total Sub-Accounts Assets and Liabilities*	THE TRUSTEES OF ALLIED MINERAL PRODUCTS, INC. 401(K) PLAN Total No of Units	Total Value
US Government Securities	$ 69752174.39	.000000	$ 0.00
Lord Abbett Short Duration Inc	$ 298102.98	.000000	$ 0.00
Vanguard Short-Term Federal	$ 322333258.77	3533.366776	$ 74578.20
T. Rowe Price Short Term Bond	$ 50259949.37	.000000	$ 0.00
Money Market Fund	$ 1523484845.67	30364.410537	$ 388919.12
John Hancock Stable Val	$ 2013039142.79	.000000	$ 0.00
NY Life Ins. Co. Anchor Acct	$ 666006.32	.000000	$ 0.00
Federated Capital Preservation	$ 2779893.16	.000000	$ 0.00

*Assets = Liabilities

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

Peter Gordon

Peter Gordon
President, Retirement Plan Services

Production Date(R): APR/06/2016

ALLIED MINERAL PRODUCTS, INC. 401(K) PLAN

FORM 5500, SCHEDULE H, PART IV, LINE 4i,
SCHEDULE OF ASSETS HELD FOR INVESTMENT
PURPOSES AT END OF YEAR
AS OF MARCH 31, 2016

EIN: 31-0643264
Plan Number: 004

(a)	(b) Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	(e) Current Value
*	Lifestyle Growth	Pooled separate account	**	$ 783,098
*	Lifestyle Balance	Pooled separate account	**	774,269
*	Money Market	Pooled separate account	**	392,834
*	Lifestyle Moderate	Pooled separate account	**	384,421
*	Health Sci	Pooled separate account	**	198,067
*	Lifestyle Aggressive	Pooled separate account	**	160,800
*	Blue Chip	Pooled separate account	**	159,575
*	VS Rests	Pooled separate account	**	152,758
*	TRP Eq Inc	Pooled separate account	**	111,859
*	Small Value	Pooled separate account	**	108,288
*	Fidelity Total Bond	Pooled separate account	**	100,285
*	IDX Mid	Pooled separate account	**	97,361
*	JPM Mcvalu	Pooled separate account	**	94,992
*	JH Disciplined value mid cap	Pooled separate account	**	91,148
*	Short Term	Pooled separate account	**	75,980
*	Spectrum I	Pooled separate account	**	71,545
*	Developing Market	Pooled separate account	**	70,841
*	VS Utilities	Pooled separate account	**	70,372
*	RL 2030	Pooled separate account	**	67,942
*	JPM US Equity Fund	Pooled separate account	**	66,884
*	Sci Tech	Pooled separate account	**	57,563
*	JH Intl Growth	Pooled separate account	**	51,541
*	Energy	Pooled separate account	**	50,335
*	Lifestyle Conservative	Pooled separate account	**	45,410
*	SMCP GR IN	Pooled separate account	**	42,800
*	VG Mid-Cap Value	Pooled separate account	**	34,959
*	RL 2035	Pooled separate account	**	21,093
*	Global Bond	Pooled separate account	**	20,009
*	VS Int Val	Pooled separate account	**	17,709
*	RL 2025	Pooled separate account	**	17,285
*	RL 2050	Pooled separate account	**	8,300
*	Royce opportunity	Pooled separate account	**	6,852
*	RL 2045	Pooled separate account	**	799
	Subtotal			4,407,974
	Notes receivable from participants	(Interest rate of 4.25% maturing through 2020 and secured by balance in participants' account)		83,705
	Total			$ 4,491,679

* Party-in-interest

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

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