

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 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 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>MID-CONTINENT MINERALS CORPORATION PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>05/01/1971</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>05/01/1971</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>				
1c Effective date of plan <u>05/01/1971</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MID-CONTINENT MINERALS CORPORATION</u> <u>20600 CHAGRIN BLVD., SUITE 850</u> <u>CLEVELAND, OH 44122</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>36-2857359</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>216-283-5700</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>423500</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>36-2857359</u>	2c Plan Sponsor's telephone number <u>216-283-5700</u>	2d Business code (see instructions) <u>423500</u>	
2b Employer Identification Number (EIN) <u>36-2857359</u>					
2c Plan Sponsor's telephone number <u>216-283-5700</u>					
2d Business code (see instructions) <u>423500</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2020	MICHAEL BAKONYI
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 173
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 29 6a(2) 27 6b 16 6c 73 6d 116 6e 10 6f 126 6g 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:

1A

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ 0 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>MID-CONTINENT MINERALS CORPORATION PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MID-CONTINENT MINERALS CORPORATION</u>	D Employer Identification Number (EIN) <u>36-2857359</u>	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500		

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2019</u>		
2	Assets:		
	a Market value	2a	<u>9666309</u>
	b Actuarial value	2b	<u>10328946</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	<u>50</u>	<u>6275656</u>
	b For terminated vested participants.....	<u>95</u>	<u>2266145</u>
	c For active participants	<u>29</u>	<u>3798610</u>
	d Total.....	<u>174</u>	<u>12340411</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	
5	Effective interest rate	5	<u>5.58</u> %
6	Target normal cost.....	6	<u>500798</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>09/03/2020</u> Signature of actuary <u>20-06865</u> Date <u>216-875-1900</u> Most recent enrollment number <u>1660 WEST SECOND STREET SUITE 900 CLEVELAND, OH 44113</u> Telephone number (including area code) <u>FINDLEY</u> Firm name <u>1660 WEST SECOND STREET SUITE 900 CLEVELAND, OH 44113</u> Address of the firm	<u>216-875-1900</u> Most recent enrollment number <u>216-875-1900</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

**Schedule SB (Form 5500) 2019
v. 190130**

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	735323
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	716566
9 Amount remaining (line 7 minus line 8)	0	18757
10 Interest on line 9 using prior year's actual return of <u>-7.31</u> %	0	-1371
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.74</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	17386

Part III Funding Percentages		
14 Funding target attainment percentage	14	81.81 %
15 Adjusted funding target attainment percentage	15	81.81 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	85.25 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/08/2019	180000	0			
07/05/2019	180000	0			
10/11/2019	180000	0			
01/06/2020	180000	0			
07/02/2020	190000	0			
09/02/2020	267000	0			
Totals ▶			18(b)	1177000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1113440
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th 0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:			
a Segment rates:	1st segment: 3.74 %	2nd segment: 5.35 %	3rd segment: 6.11 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years.....	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	500798	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	2292404		436916
b Waiver amortization installment.....	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount.....	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	937714	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	937714	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1113440	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	175726	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan MID-CONTINENT MINERALS CORPORATION PENSION PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 MID-CONTINENT MINERALS CORPORATION	D Employer Identification Number (EIN) 36-2857359	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

M. HOLDINGS

1125 NW COUCH STREET, SUITE 900
PORTLAND, OR 97209

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	TRUSTEE	45982	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FINDLEY

34-1213174

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	40672	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRENTWOOD ASSET ADVISORS, INC.

5999 RIDGE VIEW STREET
CAMARILLO, CA 93012

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	20000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BDO USA, LLP

13-5381590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	12900	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RELIANCE TRUST COMPANY

58-1428634

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25 50	TRUSTEE	11353	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan MID-CONTINENT MINERALS CORPORATION PENSION PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 MID-CONTINENT MINERALS CORPORATION	D Employer Identification Number (EIN) 36-2857359	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a	168949	57296
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	537000	1177000
	(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)	0	333758
	(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)		
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)		
	(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)	9497593	9284603
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	10203542	10852657

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	232	44175
k Total liabilities (add all amounts in lines 1g through 1j)	1k	232	44175

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	10203310	10808482
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1180000	
(B) Participants	2a(1)(B)		
(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)		1180000
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)	3673	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3673
(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)	329542	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		329542
(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)		1379148
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2892363

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2048190	
(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)		2048190
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)	64925	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	66022	
(4) Other	2i(4)	108054	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		239001
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2287191

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		605172
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unmodified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: BDO USA, LLP

(2) EIN: 13-5381590

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	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		2000000
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			

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

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
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4257867. (See instructions.)

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 sections 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 2019 This Form is Open to Public Inspection.
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan MID-CONTINENT MINERALS CORPORATION PENSION PLAN		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 MID-CONTINENT MINERALS CORPORATION		D Employer Identification Number (EIN) 36-2857359
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): 13-5582869		
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 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2019 v. 190130		

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

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**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): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

- a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

- b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____



Mid-Continent Minerals Corporation Pension Plan

Financial Statements and Supplemental Schedules

**As of and for the Years Ended December 31, 2019
and 2018**

Mid-Continent Minerals Corporation Pension Plan

Financial Statements and Supplemental Schedules
As of and for the Years Ended December 31, 2019 and 2018

Mid-Continent Minerals Corporation Pension Plan

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Supplemental Schedules

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Independent Auditor's Report

To the Advisory Committee of
Mid-Continent Minerals
Corporation Pension Plan
Cleveland, OH

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Mid-Continent Minerals Corporation Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and 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 audits 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 6, which was certified by Reliance Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2019 and 2018, that the information provided to the plan administrator by the trustee 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 of Assets (Held at End of Year) as of December 31, 2019 and Schedule of Reportable Transactions for the year ended December 31, 2019 are 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 are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, 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.

BDO USA, LLP

Cleveland, Ohio
October 6, 2020

Financial Statements

Mid-Continent Minerals Corporation Pension Plan

Statements of Net Assets Available for Benefits

<i>December 31,</i>	2019	2018
Assets		
Investments, at fair value	\$ 9,618,361	\$ 9,497,593
Employer contribution receivable	1,177,000	537,000
Cash	57,296	168,949
Total Assets	10,852,657	10,203,542
Broker payable	44,175	232
Net Assets Available for Benefits	\$ 10,808,482	\$ 10,203,310

See accompanying notes to financial statements.

Mid-Continent Minerals Corporation Pension Plan

Statements of Changes in Net Assets Available for Benefits

<i>Years Ended December 31,</i>	2019	2018
Changes in Net Assets Attributed to:		
Investment Income (Loss)		
Net appreciation (depreciation) in fair value of investments	\$ 1,379,148	\$ (1,036,352)
Dividends and interest	333,215	322,094
Total Investment Income (Loss)	1,712,363	(714,258)
Employer contributions	1,180,000	537,000
Net Additions (Deductions)	2,892,363	(177,258)
Changes in Net Assets Attributed to:		
Benefits paid	526,584	493,008
Purchases of annuity contracts	1,521,606	-
Administrative expenses	130,947	128,711
Pension Benefit Guaranty Corporation premiums	108,054	104,475
Total Deductions	2,287,191	726,194
Net Increase (Decrease)	605,172	(903,452)
Net Assets Available for Benefits, beginning of year	10,203,310	11,106,762
Net Assets Available for Benefits, end of year	\$ 10,808,482	\$ 10,203,310

See accompanying notes to financial statements.

Mid-Continent Minerals Corporation Pension Plan

Notes to Financial Statements

1. Description of the Plan

The following brief description of the Mid-Continent Minerals Corporation Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General

The Plan is a defined benefit plan covering substantially all non-union employees of Mid-Continent Minerals Corporation (the Company and Plan Sponsor). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective December 6, 2016, the Plan was frozen to new entrants.

Contributions

The Plan is a non-contributory plan which is funded by the Company. The Company's contributions under the Plan are computed on an actuarial basis to fund the defined retirement benefits. The Plan has met the ERISA minimum funding requirements.

Administration

The Plan is administered by the Company or persons appointed by the Company. The administrator has the responsibility for interpreting the Plan and authorizing disbursements. Reliance Trust Company (the trustee) remits benefits to eligible participants provided by the Plan.

Pension Benefits

Employees who became eligible participants prior to December 31, 2007 with five or more years of service are currently entitled to annual pension benefits beginning at normal retirement age of 62. For employees who became eligible participants in the Plan after December 31, 2007, the normal retirement age is the first month coinciding with or next following the attainment of age 65.

For terminations on or after January 1, 2002 and prior to January 1, 2008, eligible participant pension benefits are calculated as the sum of (i) 2.0% of such participant's final average compensation multiplied by the participant's total number of years of benefit service (as defined), plus (ii) 0.4% of such final average compensation minus covered compensation (as defined) multiplied by the participant's total number of years of benefit service, computed to the nearest cent. For any short plan year, covered compensation shall be reduced by a fraction, the numerator of which is the number of months in the short plan year and the denominator of which is twelve.

For terminations on or after January 1, 2008, eligible participant pension benefits are calculated as the sum of (i) above plus (ii) below:

The participant's accrued benefit under the Plan as of December 31, 2007 (based on the participant's final average compensation, years of benefit service and covered compensation as of such date); equal to the sum of (A) plus (B) below:

Mid-Continent Minerals Corporation Pension Plan

Notes to Financial Statements

(A) 1.4% times final average compensation times years of benefit service earned on and after January 1, 2008;

(B) 0.3% times final average compensation in excess of covered compensation times years of benefit service earned on and after January 1, 2008.

Regardless of the above calculations, any participant cannot have a retirement benefit of not less than \$32.00 times the participant's benefit service or an amount equal to the participant's accrued benefit under the Plan as of December 31, 1995 (based on the participant's final average compensation, years of benefit service and covered compensation if a salaried employee, or based on the participant's years of benefit service if an hourly employee).

The Plan permits early retirement at ages 55-61. If a participant takes an early retirement, the accrued benefit is reduced by an excess/offset percentage defined by the Plan document. Employees may elect to receive their pension benefits in the form of a joint and survivor annuity, or they may rollover to an eligible retirement plan. If employees terminate before rendering five years of benefit service, they forfeit the right to receive any benefits.

Average earnings are the monthly average of earnings paid to a participant during the five calendar years for which said participant's his earnings were highest within the fifteen-year period immediately preceding termination of employment. Covered compensation is the average of the Social Security Maximum Taxable Wage Bases for the 35-year period ending with the year in which a participant attains Social Security Normal Retirement Age.

On September 3, 2019, the Plan was amended to freeze the accrued benefits in the Plan effective as of December 31, 2019. As a result, no participants will accrue any benefits after December 31, 2019.

Death and Disability Benefits

The death benefit is equal to 50% of the rate at which such benefits were payable to the participant. This joint and 50% survivor annuity is calculated based on the earnings through termination of service or death. In accordance with the Plan document, the participant may, without spousal consent, elect to receive an alternative annuity benefit with continuation of payments to the spouse at a rate of 75% of the rate payable to a participant during the participant's lifetime.

If a participant becomes disabled after reaching two years of service, they are eligible and will begin receiving disability benefits, commencing on the participant's employment termination date. For disability benefits beginning on and after January 1, 2002, the annual amount of the disability benefit is 60% of the annualized rate of pay; however, it will not exceed the amount based on a normal retirement benefit would the participant have retired on the normal retirement date using the final average compensation as of the date of the disability.

Purchase of Annuity Contracts

Effective November 1, 2019, the Board of Directors approved the Plan to permit Plan assets to be used to purchase irrevocable, non-participating, single-premium group buy-out contracts to fund the annuity benefits of certain members and related annuitants. Effective November 12, 2019, the Plan entered into an agreement with CMFG Life Insurance Company to purchase the annuity

Mid-Continent Minerals Corporation Pension Plan

Notes to Financial Statements

contracts of 43 participants. The total amount of Plan assets used to purchase the group annuity contract was \$1,521,606.

2. Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from these estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 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. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Employer Contributions

The Plan's funding policy is to contribute amounts sufficient to meet the benefits to be paid to participants and to satisfy the ERISA minimum funding requirements, and may include an additional discretionary amount at the election of the Plan Sponsor. The Plan has met the minimum funding requirements of ERISA for 2019 and 2018.

Accumulated Plan Benefits

Accumulated plan benefits (see Note 5) are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the participants at the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present employees or their beneficiaries.

Expenses

The Plan pays the plan administration costs, actuarial fees and investment fees.

Subsequent Events

The Plan's management has evaluated subsequent events and transactions through October 6, 2020, which is the date that the financial statements were available to be issued, for possible recognition or disclosure in the financial statements. Effective April 8, 2020, an amendment to the Plan was executed to permit terminated deferred vested participants and their associated alternate payees

Mid-Continent Minerals Corporation Pension Plan

Notes to Financial Statements

to elect during the period beginning May 15, 2020 through June 30, 2020 to receive an immediate lump sum payment of their vested account balance. Effective March 4, 2020, the Board of Directors authorized the Plan to offer lump sum payments to terminated vested participants representing the present value of their benefit. In September 2020, the Plan disbursed \$722,303 to a total of 17 participants who elected to take the lump sum payments. There were no other such events that were required to be recognized or disclosed.

COVID-19

On January 30, 2020, the World Health Organization (WHO) announced a global health emergency because of a new strain of coronavirus originating in Wuhan, China (the COVID-19 outbreak) and the risks to the international community as the virus spreads globally beyond its point of origin. In March 2020, the WHO classified the COVID-19 outbreak as a pandemic, based on the rapid increase in exposure globally.

The full impact of the COVID-19 outbreak continues to evolve as of the date of this report. This pandemic has adversely affected global economic activity and greatly contributed to significant deterioration and instability in financial markets. As a result, the Plan's investment portfolio has incurred fluctuations in fair value since December 31, 2019. However, because the values of the Plan's investments have and will fluctuate in response to changing market conditions, the amount of losses that will be recognized in subsequent periods, if any, cannot be determined. The value of the Plan's investments has a direct impact on its funded status. As a result of such potential declines in market value and possible changes to the actuarial assumptions used in determining the present value of accumulated plan benefits, the Plan Sponsor may need to make greater cash contributions to fund the Plan. Based on the Plan's funded percentage, there may be certain benefit limitations imposed. However, the actual impact, if any, on future required contributions, Plan liquidity, and benefit limitations cannot be determined at this time.

Coronavirus Aid, Relief, and Economic Security Act

On March 27, 2020, President Trump signed into law the "Coronavirus Aid, Relief, and Economic Security (CARES) Act." The CARES Act, among other things, includes several relief provisions available to tax-qualified retirement plans and their participants. Plan management has not adopted the provisions of the CARES Act.

Although Plan management cannot estimate the length or gravity of the impact of the COVID-19 outbreak at this time, if the pandemic continues, it may have an adverse effect on the Plan.

Recent Accounting Pronouncements

In August 2018, the Financial Accounting Standards Board (FASB) issued Accounting Standard Update (ASU) No. 2018-13, Fair Value Measurements Topic (820), Disclosure Framework - Changes to the Disclosure Requirements for Fair Value Measurement (ASU No 2018-13). ASU No. 2018-13 eliminates certain disclosures, including the disclosure related to transfers between Level 1 and 2 investments, the valuation policies for Level 3 measurements and, for nonpublic entities, the change in the Level 3 investments' unrealized gains and losses included in earnings. This ASU also amends certain disclosures, including disclosing purchases, sales and transfers for Level 3 investments instead of the Level 3 roll-forward. This ASU requires that nonpublic entity's disclose additional supporting information used to derive significant unobservable inputs for Level 3, such as the range and weighted average of the significant unobservable inputs. For certain unobservable

Mid-Continent Minerals Corporation Pension Plan

Notes to Financial Statements

inputs, an entity may disclose other quantitative information (such as the median or arithmetic average) instead of the weighted average if the entity determines that other quantitative information would be a more reasonable and rational method to reflect the distribution of unobservable inputs used to develop Level 3 fair value measurements. For investments in certain entities that calculated net asset value, or NAV, an entity is required to disclose the timing of liquidation of an investee's assets and the date when restrictions from redemption might lapse only if the investee has communicated the timing to the reporting entity or announced the timing publicly. If the timing is unknown, the reporting entity shall disclose that fact. The amendments clarify that the measurement uncertainty disclosure is to communicate information about the uncertainty in measurement as of the reporting date. ASU No. 2018-13 is effective for periods beginning after December 15, 2019. Early adoption is permitted. Management is currently evaluating the impact of this ASU on the Plan's financial statements.

3. Fair Value Measurements

The Accounting Standards Codification (ASC) *Fair Value Measurements and Disclosure* defines fair value and expands disclosures about fair value measurements in accordance with GAAP. *Fair Value Measurements and Disclosure* does not require any new fair value measurements, but rather applies to all other accounting pronouncements that require or permit fair value measurements.

GAAP establishes a framework for measuring fair value. That framework provides 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 measurements) and the lowest priority to unobserved inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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.

Mid-Continent Minerals Corporation Pension Plan

Notes to Financial Statements

The following is a description of the valuation methodologies used for assets measured at fair value.

Registered investment companies: Valued at the daily closing price as reported by the fund. Registered investments held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. Registered investments held by the Plan are deemed to be actively traded.

Government securities: Valued at the closing price reported in the active market in which the individual security is traded. There are no redemption requirements on these investments.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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:

<i>December 31, 2019</i>	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 9,284,603	\$ -	\$ -	\$ 9,284,603
Government securities	333,758	-	-	333,758
Balance, December 31, 2019	\$ 9,618,361	\$ -	\$ -	\$ 9,618,361

<i>December 31, 2018</i>	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 9,497,593	\$ -	\$ -	\$ 9,497,593
Balance, December 31, 2018	\$ 9,497,593	\$ -	\$ -	\$ 9,497,593

4. Plan Termination

Although it has not expressed any intent to do so, should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

Mid-Continent Minerals Corporation Pension Plan

Notes to Financial Statements

5. Actuarial Present Value of Accumulated Plan Benefits

The Plan utilized Findley for the actuarial valuation date of January 1, 2019 and 2018. Findley estimated the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment.

The actuarially computed value of accumulated plan benefits at the beginning of the Plan years (the date of the most recent valuations) are as follows:

<i>January 1,</i>	2019
Vested Benefits:	
Participants currently receiving payments	\$ 6,275,338
Other participants	6,250,265
	12,525,603
Non-vested benefits	262,938
Actuarial present value of accumulated plan benefits	\$ 12,788,541

The changes in the actuarial present value of accumulated plan benefits from the previous benefit information date are as follows:

Actuarial present value of accumulated plan benefits, January 1, 2018	\$ 12,137,773
Increase (decrease) attributable to:	
Benefits accumulated	526,350
Change in actuarial assumptions	(37,246)
Interest due to the decrease in discount period	654,672
Benefits paid	(493,008)
Net increase	650,768
Actuarial present value of accumulated plan benefits, January 1, 2019	\$ 12,788,541

The significant actuarial assumptions used to calculate the value of vested benefits and accrued benefits for the years beginning January 1, 2019 and 2018 include:

- Effective discount rate of 5.50% was used at January 1, 2019 and 2018.
- Mortality rates using the RP2000 static, non-generational Mortality Table as described in Regulation 1.430(h)(3) projected by Scale AA, to between 7 and 15 years beyond the year of the obligation, male and female, with different rates for annuitants and non-annuitants.

Mid-Continent Minerals Corporation Pension Plan

Notes to Financial Statements

- A disability incidence table ranges from .03% to .87% between ages 20 and 60.
- Assumed 80% of males and 70% of females respectively for the years beginning January 1, 2019 and 2018 for valuing spouse's benefit. Assumed woman married with an average age difference of three years.
- Retirement is assumed to begin upon becoming eligible for normal retirement.
- Assumed payments are life annuities.
- Only participants as of the valuation date were valued.
- Future compensation will increase at the rate of 3.50% per year, compounded annually.

The actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

6. Investments, unaudited

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator has obtained a certification from the trustee of the Plan that all of the information provided by them is complete and accurate. Information included in the accompanying financial statements and supplemental schedules as to investments and investment income is presented solely in reliance upon those certifications.

7. Tax Status of the Plan

The Plan obtained its latest determination letter on December 2, 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the tax authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2019 and 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. Related Party and Parties-in-Interest Transactions

Transactions that qualify as parties-in-interest consist of purchases and sales of funds managed by the trustee.

9. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment

Mid-Continent Minerals Corporation Pension Plan

Notes to Financial Statements

securities will occur in the near term and that such change could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Supplemental Schedules

Mid-Continent Minerals Corporation Pension Plan

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

EIN: 36-2857359
Plan No: 003

December 31, 2019

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description (including maturity date, rate of interest, collateral, par or maturity value)	Cost	Current Value at December 31, 2019
	DFA US Core Equity 1 Portfolio	Registered Investment Companies	\$ 1,764,769	\$ 2,348,810
	Baird Short Term Bond Institutional	Registered Investment Companies	1,421,655	1,427,188
	Pimco Real Return Fund Institutional	Registered Investment Companies	1,407,083	1,427,152
	Pimco Foreign Bond Fund	Registered Investment Companies	801,197	782,160
	Vanguard FTSE All-World EX-US ETF (MKT)	Registered Investment Companies	661,390	694,289
	DFA US Large Cap Value Fund	Registered Investment Companies	538,178	592,392
	Pimco High Yield Fund Institutional	Registered Investment Companies	413,246	408,481
	Dreyfus Government Cash Management Inv	Government Securities	333,758	333,758
	DFA Real Estate Securities Fund	Registered Investment Companies	228,722	279,471
	International Value Portfolio	Registered Investment Companies	279,827	265,519
	DFA US Small Cap Fund	Registered Investment Companies	243,344	257,619
	DFA International Small Company Fund	Registered Investment Companies	245,341	247,600
	Vanguard Energy ETF (MKT)	Registered Investment Companies	205,865	167,380
	DFA Emerging Markets Core Equity	Registered Investment Companies	127,970	139,805
	Vanguard Materials ETF (MKT)	Registered Investment Companies	86,300	103,690
	iShares TR Global Timber and Forestry	Registered Investment Companies	67,291	81,740
	Vaneck Vectors ETF TR AGRIBUSINESS	Registered Investment Companies	48,137	61,307
	Total Investments		\$ 8,874,073	\$ 9,618,361

Mid-Continent Minerals Corporation Pension Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 36-2857359

Plan No: 003

Year Ended December 31, 2019

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset (include interest rate and maturity in case of a loan)	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<u>Category (i) - single transactions in excess of 5% of Plan assets</u>								
DFA US Core Equity 1 Portfolio	Registered Investment Companies	N/A	\$ 606,883	N/A	N/A	\$ 469,574	\$ 606,883	\$ 137,309
Dreyfus Government Cash Management Inv	Registered Investment Companies	\$ 1,491,640	N/A	N/A	N/A	\$ 1,491,640	\$ 1,491,640	-
Dreyfus Government Cash Management Inv	Registered Investment Companies	N/A	\$1,531,811	N/A	N/A	\$ 1,531,811	\$ 1,531,811	-
<u>Category (iii) - series of transactions in excess of 5% of Plan assets</u>								
Dreyfus Government Cash Management Inv	Registered Investment Companies	\$ 2,935,080	N/A	N/A	N/A	\$ 2,935,080	\$ 2,935,080	-
Dreyfus Government Cash Management Inv	Registered Investment Companies	N/A	\$2,704,265	N/A	N/A	\$ 2,704,265	\$ 2,704,265	-
DFA US Core Equity 1 Portfolio	Registered Investment Companies	\$ 75,434	N/A	N/A	N/A	\$ 75,434	\$ 75,434	-
DFA US Core Equity 1 Portfolio	Registered Investment Companies	N/A	\$ 972,666	N/A	N/A	\$ 747,417	\$ 972,666	\$ 225,249

There were no Category (ii) or (iv) reportable transactions during the year.

Schedule SB, Line 26 - Schedule of Active Participant Data

January 1, 2019 Valuation
Mid-Continent Minerals Corporation Pension Plan
(EIN: 36-2857359; PN: 003)

Attained Age	Years of Credited Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25	-		-	-	-	-	-	-	-	-
25 to 29	-	3 (*)	1 (*)	-	-	-	-	-	-	-
30 to 34	-	1 (*)	1 (*)	-	-	-	-	-	-	-
35 to 39	-	1 (*)	-	2 (*)	-	-	-	-	-	-
40 to 44	-	-	2 (*)	-	-	-	-	-	-	-
45 to 49	-	1 (*)	-	-	-	1 (*)	1 (*)	-	-	-
50 to 54	-	2 (*)	1 (*)	2 (*)	-	-	1 (*)	-	-	-
55 to 59	-	1 (*)	-	2 (*)	-	-	-	1 (*)	-	-
60 to 64	-	-	1 (*)		1 (*)	1 (*)	1 (*)	-	-	-
65 to 69	-	-	-	-	1 (*)	-	-	-	-	-
70 & up	-	-	-	-	-	-	-	-	-	-

* Average compensation is not shown since there are fewer than 1,000 active participants in this plan

Appendix B

Statement of Actuarial Assumptions and Methods

Minimum Funding Annual Interest Rates	24-month segment rates averaged through the end of August 2018 and published in September 2018 (as prescribed by IRC 430) and adjusted to reflect BBA: - Segment 1 (0 – 5 years) 3.74% - Segment 2 (5 to 20 years) 5.35% - Segment 3 (more than 20 years) 6.11% - Effective Interest Rate 5.59%
Maximum Deductible Annual Interest Rates	24-month segment rates averaged through the end of August 2018 and published in September 2018 (as prescribed by IRC 430) as follows: - Segment 1 (0 – 5 years) 2.28% - Segment 2 (5 to 20 years) 3.81% - Segment 3 (more than 20 years) 4.46% - Effective Interest Rate 4.06%
Annual Expected Return on Assets	Interest Rate for developing Actuarial Value of Assets; limited to third segment rate 5.50% Rationale: as selected by the Plan Sponsor.
PBGC Annual Interest Rates	24-month segment rates averaged through the end of August 2018 and published in September 2018 using the Alternative Method (as prescribed by IRC 430) as follows: - Segment 1 (0 – 5 years) 2.28% - Segment 2 (5 to 20 years) 3.81% - Segment 3 (more than 20 years) 4.46% - Effective Interest Rate 4.06%
Salary Scale	Future compensation will increase at the rate of 3.50% per year, compounded annually. Rationale: as selected by Plan Sponsor based on expectations of salary increases
Mortality	Funding: RP-2006 static, non-generational Mortality Table as described in Regulation 1.430(h)(3) projected by Scale MP-2017, male and female, with combined rates for annuitants and nonannuitants (as prescribed by IRC 430).

Appendix B (Continued)

<u>Rates of Retirement</u>	<u>Age(s)</u>	<u>Rate</u>
	55	15%
	56-59	5
	60	15
	61	10
	62	75
	63-64	50
	65	100

Weighted Average Retirement Age is 62. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

Rates of Disability Sample rates and ages as follows:

<u>Age</u>	<u>Rates</u>
20	0.030%
25	0.030
30	0.030
35	0.035
40	0.040
45	0.120
50	0.200
55	0.535
60	0.870

Rates of Turnover Sample rates and ages as follows:

<u>Age</u>	<u>Rates</u>
20	11.94%
25	11.60
30	11.22
35	10.32
40	9.41
45	7.16
50	4.90
55	1.80
60	0.00

Optional Form All participants are assumed to elect the life annuity benefit.

Assumptions Made In Valuing Spouse's Benefit Eighty-five percent of the male and female employees included in the valuation are assumed to be married. These percentages are used as the probabilities that survivor benefits will be payable due to preretirement deaths. The wife is assumed to be three years younger than the husband.

Appendix B (Continued)

Annual Increases to
Maximum Benefits and
Plan Compensation
Limits 2.25% for accounting purposes only.

Annual Increases to Social Security	Taxable <u>Wage Base</u>	Cost of Living <u>Index</u>	Average <u>Earnings</u>
	2.25%	2.25%	2.25%

Provision for Expenses Non-investment expenses expected to be paid in the coming year were added to the Target Normal Cost and for the Service Cost for ASC 715-30 purposes. The expected expenses are assumed to equal actual administrative expenses during the prior year plus PBGC premiums for the current year.

Standing Elections The client has not signed an election that provides for the automatic use of the Carryover and/or Prefunding Balance if necessary at the end of the plan year to meet the minimum funding requirement.

Asset Method Funding: Market Value of Assets plus interest adjusted accrued but unpaid contributions as of the valuation date plus an adjustment to defer full recognition of investment losses and gains over a two-year period. The investment (gain)/loss for every year equals the market value at the beginning of the year projected to the end of the year using the interest rate above, but no greater than the third segment rate for the plan year, minus the end of the year actual market value. The actuarial value of assets will be no less than 90% and no more than 110% of the market value (including interest-adjusted accrued but unpaid contributions). Note that due to the regulatory constraint on the interest rate, a characteristic of this asset valuation method is that, over time, it may be more likely to produce an actuarial value of assets that is less than the market value of assets.

Employees Valued Only participants as of the valuation date were valued.

Selection of
Assumptions The segment rates and mortality table used to determine minimum funding and funded ratios were based on methodology mandated by Internal Revenue Code and rates published by the Internal Revenue Service to affect it.

We monitor the gains and losses annually to ensure the assumptions are still reasonable.

Appendix B (Continued)

Changes in Assumptions and Methods since the Last Actuarial Valuation	The segmented interest rates used for determining the funding target were 3.92%, 5.52% and 6.29%. These rates were updated to the rates required for the current plan year under HATFA.
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The mortality for funding purposes was updated from the RP-2000 static, non-generational Mortality Table as described in Regulation 1.430(h)(3) projected by Scale AA, to between 7 and 15 years beyond the year of the obligation, male and female, with different rates for annuitants and nonannuitants.

Mid-Continent Minerals Corporation Pension Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 36-2857359

Plan No: 003

Year Ended December 31, 2019

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset (include interest rate and maturity in case of a loan)	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<u>Category (i) - single transactions in excess of 5% of Plan assets</u>								
DFA US Core Equity 1 Portfolio	Registered Investment Companies	N/A	\$ 606,883	N/A	N/A	\$ 469,574	\$ 606,883	\$ 137,309
Dreyfus Government Cash Management Inv	Registered Investment Companies	\$ 1,491,640	N/A	N/A	N/A	\$ 1,491,640	\$ 1,491,640	-
Dreyfus Government Cash Management Inv	Registered Investment Companies	N/A	\$1,531,811	N/A	N/A	\$ 1,531,811	\$ 1,531,811	-
<u>Category (iii) - series of transactions in excess of 5% of Plan assets</u>								
Dreyfus Government Cash Management Inv	Registered Investment Companies	\$ 2,935,080	N/A	N/A	N/A	\$ 2,935,080	\$ 2,935,080	-
Dreyfus Government Cash Management Inv	Registered Investment Companies	N/A	\$2,704,265	N/A	N/A	\$ 2,704,265	\$ 2,704,265	-
DFA US Core Equity 1 Portfolio	Registered Investment Companies	\$ 75,434	N/A	N/A	N/A	\$ 75,434	\$ 75,434	-
DFA US Core Equity 1 Portfolio	Registered Investment Companies	N/A	\$ 972,666	N/A	N/A	\$ 747,417	\$ 972,666	\$ 225,249

There were no Category (ii) or (iv) reportable transactions during the year.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

► Round off amounts to nearest dollar.

► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan MID-CONTINENT MINERALS CORPORATION PENSION PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Mid-Continent Minerals Corporation	D Employer Identification Number (EIN) 36-2857359	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2019</u>	
2	Assets:	
	a Market value.....	2a 9,666,309
	b Actuarial value	2b 10,328,946
3	Funding target/participant count breakdown	
	a For retired participants and beneficiaries receiving payment	(1) Number of participants 50 (2) Vested Funding Target 6,275,656 (3) Total Funding Target 6,275,656
	b For terminated vested participants	95 2,266,145 2,266,145
	c For active participants	29 3,798,610 4,062,163
	d Total	174 12,340,411 12,603,964
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐	
	a Funding target disregarding prescribed at-risk assumptions	4a
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5	Effective interest rate	5 5.58%
6	Target normal cost	6 500,798

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	 Signature of actuary Matthew R. Klein, F.S.A.	<u>9/3/2020</u> Date 2006865 Most recent enrollment number 216-875-1900 Telephone number (including area code)
	Type or print name of actuary Findley	
	Firm name 1660 West Second Street Suite 900 Cleveland OH 44113 Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2019
v. 190130

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	735,323
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	716,566
9 Amount remaining (line 7 minus line 8).....	0	18,757
10 Interest on line 9 using prior year's actual return of <u>-7.31%</u>	0	-1,371
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.74%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
c Total available at beginning of current plan year to add to prefunding balance.....		0
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	17,386

Part III Funding Percentages

14 Funding target attainment percentage	14	81.81%
15 Adjusted funding target attainment percentage.....	15	81.81%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	85.25%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/08/2019	180,000	0			
07/05/2019	180,000	0			
10/11/2019	180,000	0			
01/06/2020	180,000	0			
07/02/2020	190,000	0			
09/02/2020	267,000	0			
Totals ►			18(b)	1,177,000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	1,113,440

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year?.....	☒ Yes ☐ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 3.74 %	2nd segment: 5.35 %	3rd segment: 6.11 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	500,798	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	2,292,404	436,916	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	937,714	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	937,714	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	1,113,440	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	175,726	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

Schedule SB, Line 22 – Description of Weighted Average Retirement Age
Mid-Continent Minerals Corporations Pension Plan
January 1, 2019 Valuation
EIN/PN: 36-2857359 / 003

Rates of Retirement

<u>Age(s)</u>	<u>Rate</u>
55	15%
56-59	5
60	15
61	10
62	75
63-64	50
65	100

Weighted Average Retirement Age is 62. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

Appendix A

Summary of Principal Plan Provisions

Plan Sponsor	Mid-Continent Minerals Corporation
EIN/PN	36-2857359/003
Effective Date	December 1, 1963; restated effective January 1, 2014, last amended effective December 13, 2016.
Plan Year	The 12-month period beginning each January 1.
Participation	An eligible employee shall become a participant on the date of employment if hired before December 6, 2016
Earnings	Plan year compensation as limited by IRC Section 401(a)(17).
Final Average Earnings	The average of Earnings during the 60 consecutive calendar months for which his earnings were highest within the 15 year period immediately preceding the participant's date of termination. For benefits prior to January 1, 2006, average monthly compensation was frozen as of January 1, 2006.
Year of Service	For any period of employment, one Year of Vesting Service is earned for each plan year in which 1,000 hours are worked. Accrual Service is earned for each plan year in which 1,000 hours are worked. Accrued service was frozen from January 1, 2006 to January 1, 2008.
Accrued Benefit	An annuity for life starting at age 65 (for employees who became participants on or after January 1, 2008) or at age 62 (for employees who became participants before January 1, 2008) equal to the sum of the following: (1) 2.0% of Average Compensation plus 0.4% of Average Compensation in excess of Covered Compensation, multiplied by Accrual Service prior to January 1, 2006. (2) 1.4% of Average Compensation plus 0.3% of Average Compensation in excess of Covered Compensation, multiplied by Accrual Service on and after January 1, 2008. A participant's monthly retirement benefit can be no less than \$32 times years of benefit service. In addition, for individuals who were participants in the Plan as of December 31, 2007 and retire from active employment, a monthly supplement of \$600 is paid between ages 62 and 65.

Appendix A (Continued)

Normal Retirement Benefit

Eligibility:

Employees who became participants on or after January 1, 2008: Age 65.

Employees who became participants before January 1, 2008: Age 62.

Monthly Benefit:

The Accrued Benefit.

Early Retirement Benefit

Eligibility:

Age 55 and 5 Years of Service.

Monthly Benefit:

The Pre-2007 benefit at early retirement reduced by three percent for each year or portion of a year by which the Early Retirement Date precedes the Normal Retirement Date.

The Post-2007 benefit at early retirement reduced by five percent for each year or portion of a year by which the Early Retirement Date precedes the Normal Retirement Date.

Late Retirement Benefit

Eligibility:

Past Normal Retirement.

Monthly Benefit:

The Accrued Benefit at late retirement or Accrued Benefit on Normal Retirement Date actuarially increased to Late Retirement Date, if greater.

Disability Benefit

Eligibility:

2 Years of Credited Service.

Monthly Benefit:

The lesser of 60% of annualized rate of pay and the normal retirement benefit as a monthly disability benefit until Normal Retirement, death, or recovery, and a deferred annuity payable at Normal Retirement Date.

Appendix A (Continued)

Termination Benefit

Eligibility:

Five or more Years of Vesting Service.

Monthly Benefit:

The vested accrued benefit commences in full at Normal Retirement Date or in a reduced amount under the early retirement provisions.

Death Benefit

If a vested active or former employee dies and is married on the date of death, his surviving spouse shall receive a monthly benefit for life commencing at the time the employee would have been eligible for retirement. The benefit is equal to 50% of the benefit vested on the date of death, adjusted as appropriate for early commencement and the 50% Joint and Survivor annuity form of payment.

Normal Form of Benefit

Single Life Annuity.

Optional Forms of Payment

10 Year Certain and Continuous
Joint & Survivor with 50%, 75%, or 100% continuation

Benefits Available as Lump Sums

The plan pays only small benefit amounts (lump sum less than \$5,000).

Funding of the Plan

Employer pays all costs.

Changes in Plan Provisions

The automatic changes, if any, in the plan compensation limit and maximum benefit limit were recognized as amendments for funding purposes. Such changes are anticipated for ASC 715-20 expense purposes and are not treated as amendments.

Mid-Continent Minerals Corporation Pension Plan

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

EIN: 36-2857359
Plan No: 003

December 31, 2019

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description (including maturity date, rate of interest, collateral, par or maturity value)	Cost	Current Value at December 31, 2019
	DFA US Core Equity 1 Portfolio	Registered Investment Companies	\$ 1,764,769	\$ 2,348,810
	Baird Short Term Bond Institutional	Registered Investment Companies	1,421,655	1,427,188
	Pimco Real Return Fund Institutional	Registered Investment Companies	1,407,083	1,427,152
	Pimco Foreign Bond Fund	Registered Investment Companies	801,197	782,160
	Vanguard FTSE All-World EX-US ETF (MKT)	Registered Investment Companies	661,390	694,289
	DFA US Large Cap Value Fund	Registered Investment Companies	538,178	592,392
	Pimco High Yield Fund Institutional	Registered Investment Companies	413,246	408,481
	Dreyfus Government Cash Management Inv	Government Securities	333,758	333,758
	DFA Real Estate Securities Fund	Registered Investment Companies	228,722	279,471
	International Value Portfolio	Registered Investment Companies	279,827	265,519
	DFA US Small Cap Fund	Registered Investment Companies	243,344	257,619
	DFA International Small Company Fund	Registered Investment Companies	245,341	247,600
	Vanguard Energy ETF (MKT)	Registered Investment Companies	205,865	167,380
	DFA Emerging Markets Core Equity	Registered Investment Companies	127,970	139,805
	Vanguard Materials ETF (MKT)	Registered Investment Companies	86,300	103,690
	iShares TR Global Timber and Forestry	Registered Investment Companies	67,291	81,740
	Vaneck Vectors ETF TR AGRIBUSINESS	Registered Investment Companies	48,137	61,307
Total Investments			\$ 8,874,073	\$ 9,618,361

Exhibit VIII

Schedule of Amortization Bases

Shortfall Amortization Bases

Date Established	Present Value of Payments	Remaining Years	Amortization Installment
1/1/2019	\$ 819,638	7	\$ 133,181
1/1/2018	420,227	6	77,492
1/1/2017	1,052,539	5	226,243
Total	\$ 2,292,404		\$ 436,916

Waiver Amortization Bases

Date Established	Present Value of Payments	Remaining Years	Amortization Installment
1/1/2019	\$ <u>0</u>	N/A	\$ <u>0</u>
Total	\$ 0		\$ 0