

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>XENIUM 401(K) RETIREMENT SAVINGS PLAN</u>	1b Three-digit plan number (PN) ▶	<u>006</u>	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>XENIUM RESOURCES, INC.</u> <u>7401 SW WASHO COURT, STE. 200</u> <u>TUALATIN, OR 97062</u>	1c Effective date of plan <u>01/01/2009</u>	2b Employer Identification Number (EIN) <u>93-1277996</u>	
		2c Plan Sponsor's telephone number <u>503-612-1555</u>	
		2d Business code (see instructions) <u>561300</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2020	ANNE DONOVAN
	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 2178
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) 1806 6a(2) 1856 6b 10 6c 589 6d 2455 6e 4 6f 2459 6g 1624 6h 4
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2R 3H 3B 2T b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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)** ☒ 1 **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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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		
A Name of plan XENIUM 401(K) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN)	006
C Plan sponsor's name as shown on line 2a of Form 5500 XENIUM RESOURCES, INC.	D Employer Identification Number (EIN) 93-1277996	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier PRINCIPAL LIFE INSURANCE COMPANY					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	516617	3910	01/01/2019	12/31/2019

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.	
(a) Total amount of commissions paid 8744	(b) Total amount of fees paid 6597

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).	
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
KMS FINANCIAL SERVICES, INC.	2001 6TH AVE STE 2801 SEATTLE, WA 98121-2588

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8744			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
PENSION PLAN SPECIALISTS, PC	805 BROADWAY STE 600 VANCOUVER, WA 98660-3333

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	6597	ADMINISTRATIVE FEES	5

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	1090839
5 Current value of plan's interest under this contract in separate accounts at year end	5	20895193

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

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year.....	7b	1070583
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c Additions: (1) Contributions deposited during the year	7c(1)	141249	
	7c(2)	0	
	7c(3)	15733	
	7c(4)	22564	
	7c(5)	155194	

▶ LOAN PAYMENT, ROLLOVER

(6) Total additions.....	7c(6)	334740
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d Total of balance and additions (add lines 7b and 7c(6))	7d	1405323
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	196708	
(2) Administration charge made by carrier	7e(2)	3777	
(3) Transferred to separate account.....	7e(3)	37350	
(4) Other (specify below)	7e(4)	60876	

▶ 415 EXCESS DEFERRAL, SPINOFF, LOAN WITHDRAWAL

(5) Total deductions.....	7e(5)	298711
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1106612
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 XENIUM 401(K) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 XENIUM RESOURCES, INC.	D Employer Identification Number (EIN) 93-1277996	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

PENSION PLAN SPECIALISTS, PC

26-1570786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 99 13 50	NONE	50	Yes ☒ No ☐	Yes ☐ No ☒	80904	Yes ☐ No ☒

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 64 37 50	CONTRACT ADMINISTRATOR	33085	Yes ☒ No ☐	Yes ☒ No ☐	1373	Yes ☐ No ☒

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

KMS FINANCIAL SERVICES, INC.

91-0850651

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 55 99	OTHER SERVICES	0	Yes ☒ No ☐	Yes ☐ No ☒	24197	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)

DOCUMART

3310 NW YEON AVE
PORTLAND, OR 97210

(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?
38	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	10222	Yes ☐ No ☒

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

WILSHIRE ASSOCIATES INCORPORATED

95-2755361

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 72	INVESTMENT ADVISORY	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PRINCIPAL LIFE INSURANCE COMPANY	13 37 50 64	1373
(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.	
FIDELITY GLOBAL BROKERAGE GROUP, IN 04-3257666	PRINCIPAL SELF DIRECTED BROKERAGE ACCOUNT FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WILSHIRE ASSOCIATES INCORPORATED	27 72	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	1 BASIS POINT ANNUALLY ON ELIGIBLE PLAN ASSETS IN WILSHIRE 3(21) OR WILSHIRE 3(21) AUTO-EXECUTE FIDUCIARY SERVICE.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
KMS FINANCIAL SERVICES, INC.	49 55 99	24197
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	COMMISSIONS AND REFERRAL/SERVICE FEE	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PENSION PLAN SPECIALISTS, PC	49 99 13 50	80904

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	REFERRAL/SERVICE FEE

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

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

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

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN US PROPERTY SEP ACCT R6</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-027</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>945922</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN CORE PLUS BD SEP ACCT-R6</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-005</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1282022</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LGCAP S&P 500 INDEX SA-R6</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-016</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7147754</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN MIDCAP VALUE I SA-R6</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-043</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN SMCAP S&P 600 INDEX SA-R6</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-028</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2929921</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN MIDCAP S&P 400 IDX SA-R6</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-023</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2292683</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LARGE CAP GROWTH I SA-R6</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-066</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6266925</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN FIN GRP, INC. STOCK SA-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-086	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29966
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2010 CIT Z45		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1239826
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2020 CIT Z45		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4800923
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2030 CIT Z45		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16140433
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2040 CIT Z45		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10992989
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2050 CIT Z45		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-009	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7694182
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR INC CIT Z45		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-011	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 526654
a Name of MTIA, CCT, PSA, or 103-12 IE: MORLEY STABLE VALUE VI FUND		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 93-6274329-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2444946
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HBR 2060 CIT Z45		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1366628
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL STABLE VALUE INST		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 93-6274328-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 111517

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 XENIUM 401(K) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	006
C Plan sponsor's name as shown on line 2a of Form 5500 XENIUM RESOURCES, INC.	D Employer Identification Number (EIN) 93-1277996	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	195332	117745
(2) Participant contributions.....	1b(2)	150502	223112
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	1250585	1284506
(9) Value of interest in common/collective trusts	1c(9)	31578924	45318098
(10) Value of interest in pooled separate accounts	1c(10)	12021863	20895193
(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)	11561065	14983606
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1033661	1090839
(15) Other.....	1c(15)	2487805	3048672

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	60279737 86961771
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	19669 47967
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	19669 47967
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	60260068 86913804

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	2447847
	(B) Participants	2a(1)(B)	6761917
	(C) Others (including rollovers)	2a(1)(C)	4758178
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	13967942
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	67556
	(F) Other	2b(1)(F)	15733
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	83289
(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)	162209
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	162209
(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)		6826082
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		3679938
(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)		2570140
c Other income	2c		966025
d Total income. Add all income amounts in column (b) and enter total	2d		28255625

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8344990	
(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)		8344990
f Corrective distributions (see instructions)	2f		47967
g Certain deemed distributions of participant loans (see instructions)	2g		2474
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	36545	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		36545
j Total expenses. Add all expense amounts in column (b) and enter total	2j		8431976

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		19823649
l Transfers of assets:			
(1) To this plan	2l(1)		12148363
(2) From this plan	2l(2)		5318276

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: **HOUCK EVARTS & COMPANY LLC**

(2) EIN: **20-0361525**

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

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

Part IV Compliance Questions

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

During the plan year:

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		1396
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?.....		X	
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?.....		X	
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.)	X		
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.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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)
FORIX 401(K) PLAN	83-0487120	001
MARKET EXPRESS LLC 401(K) PLAN	36-4833221	001
THE KNOWLEDGE COOP RETIREMENT PLAN	91-2183766	001
ICON CLINICAL RESEARCH LLC 401(K) PLAN	23-2689156	001

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 _____. (See instructions.)

	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			
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			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?.....			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ 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)
SWACH 401(K) RETIREMENT SAVINGS PLAN	46-2164971	001
ATAINIUM, INC. 401(K) PLAN	47-2532322	001

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 _____. (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.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>42-0127290</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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 _____

XENIUM 401(K) RETIREMENT SAVINGS PLAN
FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION
Years Ended December 31, 2019 and 2018

October 13, 2020

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

INDEPENDENT AUDITORS' REPORT

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Xenium 401(k) Retirement Savings Plan, which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statements of changes in assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial 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 3, which was certified by Principal Life Insurance Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustees hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the trustee as of and for the years ended December 31, 2019 and 2018, that the information provided to the plan administrator by the trustees is complete and accurate.

Disclaimer of Opinion

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

Board of Trustees
Xenium 401(k) Retirement Savings Plan
October 13, 2020
Page 2

Other Matter

The supplemental schedules of assets held at end of year and delinquent participant contributions, as of December 31, 2019, are required by the Department of Labor's 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 the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

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

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

Houck EVARTS & COMPANY, LLC

HOUCK EVARTS & COMPANY LLC
Certified Public Accountants

Lake Oswego, Oregon

XENIUM 401(K) RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
ASSETS		
Investments at fair value:		
Self-directed brokerage accounts	\$ 3,048,672	\$ 2,487,805
Mutual funds	14,983,606	11,561,065
Pooled separate accounts	20,895,193	12,021,863
Common-collective trusts	<u>42,761,636</u>	<u>29,446,010</u>
	81,689,107	55,516,743
Investments at contract value:		
Common-collective trusts	2,520,631	2,160,901
Guaranteed interest funds	<u>1,106,612</u>	<u>1,070,583</u>
	3,627,243	3,231,484
	85,316,350	58,748,227
Receivables:		
Participant contributions	223,112	150,502
Employer contributions	117,745	195,332
Participant loans	<u>1,284,506</u>	<u>1,250,585</u>
	<u>1,625,363</u>	<u>1,596,420</u>
	86,941,713	60,344,647
TOTAL ASSETS	86,941,713	60,344,647
LIABILITIES		
Excess contributions payable	<u>47,967</u>	<u>19,669</u>
TOTAL LIABILITIES	<u>47,967</u>	<u>19,669</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 86,893,746</u>	<u>\$ 60,324,978</u>

See accountants' report and notes to financial statements.

XENIUM 401(K) RETIREMENT SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
CONTRIBUTIONS		
Participants	\$ 6,761,917	\$ 5,669,984
Rollovers	4,758,178	2,285,558
Employers	<u>2,447,847</u>	<u>2,019,266</u>
	13,967,942	9,974,808
INVESTMENT INCOME		
Net increase in fair value of investments	13,957,217	--
Dividends	<u>162,209</u>	<u>115,370</u>
	14,119,426	115,370
OTHER INCOME		
Interest income - participant loans	67,556	56,173
Interest income – insurance contracts	<u>15,733</u>	<u>10,892</u>
	83,289	67,065
Transfers from other plans	<u>12,148,363</u>	<u>1,934,741</u>
TOTAL ADDITIONS	<u>40,319,020</u>	<u>12,091,984</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Transfers to other plans	\$ 5,318,276	\$ 953,691
Net decrease in fair value of assets	--	4,450,969
Benefits paid to participants	8,347,464	4,218,016
Corrective distributions	47,967	19,669
Administrative expenses	<u>36,545</u>	<u>39,592</u>
TOTAL DEDUCTIONS	<u>13,750,252</u>	<u>9,681,937</u>
NET INCREASE	26,568,768	2,410,047
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	<u>60,324,978</u>	<u>57,914,931</u>
END OF YEAR	<u>\$ 86,893,746</u>	<u>\$ 60,324,978</u>

See accountants' report and notes to financial statements.

XENIUM 401(K) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 1. DESCRIPTION OF PLAN

The following description of the Xenium 401(k) Retirement Savings Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

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

Plan Amendments

The Plan was most recently amended January 1, 2018 to reflect changes made by IRS Notice 2016-16 and proposed treasury Regulations with respect to 401(k) safe harbor plans.

Contributions

Participants may contribute up to 100 percent of their annual compensation to the Plan, but not to exceed \$19,000 and \$18,500 for the years ended December 31, 2019 and 2018, respectively. Participants age 50 and over may contribute up to an additional \$6,000 catch-up contributions for the years ended December 31, 2019 and 2018. The Plan permits rollover contributions from other qualified plans established under Sec. 401(a), 403(a), 403(b), and certain IRA accounts. Each participating client company may make Safe-Harbor, discretionary matching or discretionary profit sharing (non-elective) contributions to the Plan on behalf of eligible participants. Total employer contributions were \$2,447,847 and \$2,019,266 for the years ended December 31, 2019 and 2018, respectively.

Participant Accounts

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

XENIUM 401(K) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 1. DESCRIPTION OF PLAN (Continued)

Eligibility

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

Vesting

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

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

Payment of Benefits

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

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

Hardship distributions are permitted based on certain specific financial needs.

Loans to Participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum of \$50,000. Loans may not exceed 50 percent of the participant's vested account balance. The loans are secured by the vested balance in the participant's account and bear interest at rates ranging from 4.25% to 8.38%, which are commensurate with local prevailing rates as determined by the plan administrator. Principal and interest is paid ratably through payroll deductions. Loan terms may not exceed five years except for the purchase of a primary residence.

XENIUM 401(K) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 1. DESCRIPTION OF PLAN (Continued)

Forfeitures

Forfeitures of unvested benefits are available to pay plan expenses, or are allocated to participants as additional employer contributions, or are used to offset employer contributions to the Plan. The non-vested forfeiture account balance as of December 31, 2019 and 2018 was \$67,588 and \$87,973, respectively.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Date of Management's Review

The Company has evaluated all subsequent events through October 13, 2020, the date the financial statements were available to be issued.

Use of Estimates

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

Investment Valuation and Income Recognition

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

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

XENIUM 401(K) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Participant Loans

Loans to participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. All loans are current and adequately secured, and accordingly, no valuation allowance is required for the years ended December 31, 2019 and 2018. Loans are fully secured by participant account balances and are treated as taxable distributions from the participant's account in the event of default, typically following termination of employment.

Administrative Expenses

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

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

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

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

Benefit Payments

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

Reclassifications

Certain amounts in the 2018 financial statements have been reclassified to conform to the current year presentation. The reclassifications did not have any impact on the previously reported net increase in net assets available for benefits.

XENIUM 401(K) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 3. INFORMATION CERTIFIED BY TRUSTEE

The Plan administrator has elected the method of compliance permitted by Section 2520.203-8 of the Department of Labor Rules and Regulations for Reporting and Disclosures under ERISA. The Plan administrator has obtained a certification from Principal Life Insurance Company, the trustee of the Plan, as of December 31, 2019 and 2018 and for the years then ended December 31 2019 and 2018 that the following information provided to the Plan administrator by the Trustee is complete and accurate.

- Investments, at fair value
- Investments, at contract value
- Notes receivable from participants
- Net depreciation in fair value of investments
- Interest and dividends
- Interest income on notes receivable from participants

NOTE 4. FAIR VALUE MEASUREMENTS

The Plan uses fair value measurements to record certain assets and liabilities at fair value on a recurring basis, such as investments. The Plan uses the fair value hierarchy established in accounting literature that consists of three levels. These levels are based on the markets in which assets and liabilities are traded and the reliability of the assumptions used to determine fair value. These levels are:

Level 1: Prices determined using unadjusted, quoted prices in active markets for identical assets or liabilities.

Level 2: Prices determined using significant other observable inputs. The observable inputs valuation methodology include:

- 1) Quoted prices for similar assets or liabilities in active markets.
- 2) Quoted prices for identical or similar assets or liabilities in inactive markets.
- 3) Inputs other than quoted prices that are observable for the asset or liability.
- 4) Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specific (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

XENIUM 401(K) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 4. FAIR VALUE MEASUREMENTS (continued)

Level 1 Investments at Fair Value

Self-directed brokerage: The investment consist of mutual funds (see below) and common stocks. The fair values of common stocks are based on the closing price reported on the active market where the individual securities are traded.

Mutual Funds: The fair value of mutual funds is based on quoted net asset values of shares as reported by the fund. The mutual funds held by the Plan are open-ended mutual funds registered with the U.S. Securities and Exchange Commission (SEC). The funds must publish their daily net asset value and transact at the prices. The mutual funds held by the Plan are considered to be actively traded.

Pooled Separate Accounts (PSA): The investments are measured at net asset value (NAV) which are investments where each plan shares in a pooled fund on a participant unit basis. The plan's interest in the account is cumulative record of the number of participation units credited to the account and the number of units allocated or withdrawn from the account. The participation unit value is adjusted periodically to reflect investment results under the separate account. Since NAV is available to current investors and basis for current transactions the fair value is readily determinable. NAV is the practical expedient of fair market value for these funds.

Common Collective Trust (CCT): The investment is valued at net asset value (NAV) which is composed of primarily target date funds. Since NAV is available to current investors and basis for current transactions the fair value is readily determinable. NAV is the practical expedient of fair market value for these funds.

Level 2 Investments at Fair Value

There are no plan assets requiring the use of Level 2 inputs for the periods presented.

Level 3 Investments at Fair Value

There are no plan assets requiring the use of Level 3 inputs for the periods presented.

Investments Measured at NAV

Pooled Separate Accounts (PSA): The investments are measured at net asset value (NAV) which are investments where each plan shares in a pooled fund on a participant unit basis. One of the funds, Principal U.S. Property Separate Account, is in a non-registered audited investment. The valuation is not a practical expedient to fair market value and will be reported at NAV.

Common Collective Trust (CCT): The investment is valued at net asset value (NAV) which is composed of primarily target date funds. The net asset value is used as a practical expedient to estimate fair value. This practical expedient will not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value.

XENIUM 401(K) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 4. FAIR VALUE MEASUREMENTS (continued)

Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 12 months' notification in order to ensure that securities liquidations will be carried out in an orderly business matter.

The following are the major categories of assets and liabilities measured at fair value on a recurring basis as of December 31, 2019 and 2018:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>December 31, 2019</u>				
Self-directed brokerage account	\$ 3,048,672	\$ --	\$ --	\$ 3,048,672
Mutual Funds	14,983,606	--	--	14,983,606
Pooled separate accounts	19,949,271	--	--	19,949,271
Investments measured at NAV				
Total investments in the fair value levels	<u>37,981,549</u>	<u>--</u>	<u>--</u>	<u>37,981,549</u>
Investments measured at NAV				945,922
Total investments at fair value				<u>\$ 38,927,471</u>

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>December 31, 2018</u>				
Self-directed brokerage account	\$ 2,487,805	\$ --	\$ --	\$ 2,487,805
Mutual Funds	11,561,065	--	--	11,561,065
Pooled separate accounts	11,185,957	--	--	11,185,957
Investments measured at NAV				
Total investments in the fair value levels	<u>\$ 25,234,827</u>	<u>--</u>	<u>--</u>	<u>\$ 25,234,827</u>
Investments measured at NAV				835,906
Total investments at fair value				<u>\$ 26,070,733</u>

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the years ended December 31, 2019 and 2018 are reported in net increase or decrease in fair value of investments.

XENIUM 401(K) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 4. FAIR VALUE MEASUREMENTS (continued)

The following tables summarize investment for which fair value is measured using the net asset value per share practical expedient. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
<u>December 31, 2019</u>				
Pooled separate accounts	\$ 945,922	N/A	Daily	1 day
<u>December 31, 2018</u>				
Pooled separate accounts	\$ 835,906	N/A	Daily	1 day

NOTE 5. INVESTMENTS AT CONTRACT VALUE

Common Collective Trust (CCT): The Plan holds investments in Morley Stable Value Fund and Principal Stable Value Institutional Fund, which is measured at Net Asset Value (NAV) and invested in various investment contracts. These investments are fully benefit responsive and are reported at contract value. The value of these investments were \$2,520,631 and \$2,160,901 as of December 31, 2019 and 2018, respectively.

Guaranteed Investment Contract (GIC): The plan holds numerous Guaranteed Investment Contracts with three, five, and seven year options and various maturities. These contracts are fully benefit responsive and are reported at contract value. The value of these contracts held by the plan was \$1,106,612 and \$1,070,583 as of December 31, 2019 and 2018, respectively.

The CCT and GIC fully benefit-responsive investment contracts with Principal Life Insurance Company maintain the contributions in general accounts. The accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The investment contracts issuer is contractually obligated to repay the principal and a special interest rate that is guaranteed to the Plan.

XENIUM 401(K) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 5. INVESTMENTS AT CONTRACT VALUE (continued)

Because the investment contracts are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to these investment contracts. The investment contracts are presented on the face of the statement of net assets available for benefits at contract value in arriving at net assets available for benefits. Contract value, as reported to the Plan by Principal Life Insurance Company, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction under ERISA. The Plan administrator believes that any events that would limit the Plan's ability to transact at contract value with participants are probable of not occurring.

The average yields earned by the investment contract are as follows:

	<u>2019</u>	<u>2018</u>
Blended net credit rating:		
Morley Stable Value Fund	2.47%	2.31%
Principal Stable Value Institutional Fund	2.52%	2.35%
Guaranteed Investment Contracts		
(average of all contracts held)		
3 years	0.75%	1.80%
5 years	0.95%	2.10%
7 years	1.10%	2.25%

XENIUM 401(K) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 5. INVESTMENTS AT CONTRACT VALUE (continued)

	<u>2019</u>	<u>2018</u>
Spot yield to maturity:		
Morley Stable Value Fund	2.16%	3.06%
Principal Stable Value Institutional Fund	2.20%	3.06%
Guaranteed Investment Contracts (contracts mature between 2018-2025)		
3 years	0.63-1.73%	0.21-1.60%
5 years	0.92-2.02%	0.69-1.59%
7 years	0.60-2.31%	0.60-2.23%

NOTE 6. PARTY IN INTEREST TRANSACTIONS

The following transactions qualify as party-in-interest transactions. Principal Life Insurance Company manages certain Plan investments, maintains individual account records and is the custodian of the Plan. National Financial Services, LLC serves as the broker/dealer for brokerage accounts. Direct compensation paid to these service providers were as follows:

	<u>2019</u>	<u>2018</u>
Principal Life Insurance Company	\$ 33,085	\$ 30,488
National Financial Services, LLC	--	7,632
Other	<u>3,460</u>	<u>1,472</u>
	<u>\$ 36,545</u>	<u>\$ 39,592</u>

Principal Life Insurance Company provides an annual reimbursement allowance to cover outside administration costs, legal fees and mailing costs. Pension Plan Specialists provides third-party administration services for the Plan. Houck Evarts & Company LLC provided audit services the Plan. Hill Ward Henderson provides legal services. KMS Financial Services serves as the broker/dealer for brokerage accounts. Indirect compensation paid to these service providers from the reimbursement allowance were as follows:

	<u>2019</u>	<u>2018</u>
Pension Plan Specialists	\$ 80,904	\$ 54,100
Houck Evarts & Company LLC	558	16,942
Hill Ward Henderson	945	4,130
Postage, mailing cost and miscellaneous	10,222	1,017
KMS Financial Services	24,197	--
Principal Life Insurance Company	1,373	--
Other	<u>--</u>	<u>3,811</u>
	<u>\$ 118,199</u>	<u>\$ 80,000</u>

XENIUM 401(K) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 7. PLAN TRANSFERS

During the 2019 plan year, seven employers adopted the plan and transferred in total assets of \$12,148,363. In addition, two participating employer elected to adopt their own plan and transferred out total assets of \$5,318,276 to other plans.

During the 2018 plan year, two employers adopted the plan and transferred in total assets of \$1,934,741. In addition, four participating employers elected to adopt their own plans and transferred out total assets of \$953,691 to other plans.

NOTE 8. CONCENTRATIONS OF CREDIT RISK

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

NOTE 9. TAX STATUS

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

NOTE 10. RISKS AND UNCERTAINTIES

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

XENIUM 401(K) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 11. PLAN TERMINATION

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

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

NOTE 12. SUBSEQUENT EVENTS

During 2020 a pandemic occurred, caused by the COVID-19 virus. This has had varied impact on the economy, but has not significantly impacted investment values as of the date of the date of this report. While the plan sponsor has had some co-employer clients adjust their service level, overall operations have not been significantly impacted by the pandemic.

During September 2020 there were severe wildfires in Oregon, resulting in the ordering of evacuations for over 10% of the state's population. While some participating employers were in areas impacted by the fires, no businesses were put out of business as a result of the fires. An increase in hardship distributions may be seen in 2020 as a result of the fires.

As of October 14, 2020, seven of the co-employers adopted their own plans and transferred to other plans. Assets transferred totaled \$10,149,452.

NOTE 13. REVISION OF PRIOR PERIOD FINANCIAL STATEMENTS

The financial statements issued for the period ending December 31, 2018 reported as receivable one participant loan with a balance of \$9,978 that was later determined to be part of a 2018 co-employer transfer out of the plan. 2018 Plan transfers were therefore understated by \$9,978. The Form 5500 for the period was corrected for this misstatement and filed on time. The prior period financials presented reflect this correction.

XENIUM 401(K) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and 2018

NOTE 14. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Net assets on the Form 5500 are reported on fair value. The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 for the years ended December 31, 2019 and 2018.

	<u>2019</u>	<u>2018</u>
Net assets available for benefits per financial statements	\$ 86,893,746	\$ 60,324,978
Current year adjustment of contract value investments to fair value	<u>20,058</u>	<u>(64,910)</u>
Net assets per Form 5500	<u>\$ 86,913,804</u>	<u>\$ 60,260,068</u>

The following is a reconciliation of the change in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2019:

	<u>2018</u>
Change in net assets available for benefits per the financial statements	\$ 26,568,768
Adjustment to net increase in fair value of investments	84,968
Transfers out of plan	5,318,276
Transfers into plan	<u>(12,148,363)</u>
Net income per Form 5500	<u>\$ 19,823,649</u>

SUPPLEMENTARY INFORMATION

XENIUM 401(K) RETIREMENT SAVINGS PLAN
EIN NO. 93-1277996, PN 006
SUPPLEMENTARY INFORMATION
December 31, 2019

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

(a) Party In Interest	(b) Identity of Issuer	(c) Description of Investment	(d) Cost**	(e) Current Value
*	Principal	Guaranteed Interest Acct (Interest rates up to 4.45%; maturing 2017-2022)	\$ --	\$ 1,090,839
	Morley	Morley Stable Value VI Fund	--	2,444,946
	Morley	Morley Stable Value Institutional Fund	--	111,517
*	Principal	Bond and Mortgage	--	1,282,022
*	Principal	US Property	--	945,922
*	Principal	Trust Income Fund	--	526,654
*	Principal	Trust Target 2010	--	1,239,826
*	Principal	Trust Target 2020	--	4,800,923
*	Principal	Trust Target 2030	--	16,140,433
*	Principal	Trust Target 2040	--	10,992,989
*	Principal	Trust Target 2050	--	7,694,182
*	Principal	Trust Target 2060	--	1,366,628
*	Principal	Large Cap Growth I	--	6,266,925
*	Principal	Large Cap S&P 500 Index	--	7,147,754
*	Principal	Mid Cap S&P 400 Index	--	2,292,683
*	Principal	Small Cap S&P 600 Index	--	2,929,921
*	Principal	Principal Financial Group, Inc	--	29,966
	American Century	Small Cap Value Fund	--	986,652
	American Funds	Washington Mutual investors Fund	--	725,977
	American Funds	EuroPacific Growth Fund	--	2,937,314
	Eaton Vance	SMID Cap A Fund	--	2,118,440
	Fidelity	Government Income Fund	--	652,879
	Fidelity	Large Cap Fund	--	699,011
	Prudential	Total Return Bond Fund	--	1,248,749
	Conestoga	Small Cap Investors Fund	--	1,626,960
	AllianzGI	NFJ Mid-Cap Value Admin	--	944,330
	MFS	Value Fun	--	1,414,967
	MFS	International New Discovery	--	1,628,327
	Pershing	Participant directed brokerage accounts	--	3,048,672
		Subtotal	--	85,336,408
		Participant Loans rates from 4.25% to 8.38%, maturing 2020-2034	--	1,284,506
			<u>\$ --</u>	<u>\$ 86,620,914</u>

*Party in interest

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

See accountants' report.

XENIUM 401(K) RETIREMENT SAVINGS PLAN
EIN 93-1277996 PLAN 006
Multiple Employer Plan Participating Employer Information 12/31/2019

(a) 4-Tell, Inc.	(b) 27-0758768	(c) 0.45%
(a) 24 Communications LLC	(b) 27-3780054	(c) 0.94%
(a) Absolute Recreation Management, Inc.	(b) 93-1280687	(c) 1.48%
(a) ARM Insight, Inc.	(b) 27-3009463	(c) 1.55%
(a) Assist Services, LLC	(b) 83-3111108	(c) 0.00%
(a) Avea Practice Solutions, LLC	(b) 82-4878771	(c) 0.47%
(a) Bird Control System Corp	(b) 81-2512983	(c) 0.25%
(a) Bodelin Inc	(b) 71-0876329	(c) 0.04%
(a) Brandlive Inc	(b) 46-1167350	(c) 1.24%
(a) BS2 Group, LLC	(b) 93-1307584	(c) 0.41%
(a) Camp Fire Columbia	(b) 93-0386901	(c) 1.54%
(a) Character, LLC	(b) 71-0865518	(c) 0.71%
(a) Charter School Capital, Inc.	(b) 02-0794278	(c) 8.75%
(a) Chown, Inc.	(b) 93-0139540	(c) 2.93%
(a) ClearlyRated	(b) 33-1050685	(c) 1.31%
(a) Columbia Construction Services	(b) 93-1213831	(c) 1.88%
(a) Columbia Investments, LTD	(b) 93-0864407	(c) 0.00%
(a) Court Street Consulting, LLC	(b) 26-0711239	(c) 0.08%
(a) Creative Performance	(b) 27-1888394	(c) 0.06%
(a) DevelopmentNow, Inc.	(b) 26-1208897	(c) 0.83%
(a) EAS2 Group, LLC	(b) 20-4305849	(c) 0.03%
(a) J Stork Enterprises, LLC	(b) 82-4170725	(c) 0.24%
(a) Electronic Controls Design	(b) 93-0564165	(c) 0.65%
(a) EPS2 Group, LLC	(b) 26-1620881	(c) 0.15%
(a) DELA Ventures, LLC	(b) 81-0944510	(c) 0.23%
(a) ES2 Group, LLC	(b) 83-0368730	(c) 0.00%
(a) DTMB Ventures, Inc.	(b) 81-0945777	(c) 0.15%
(a) ESS2 Group, LLC	(b) 20-3981320	(c) 0.08%
(a) EDJAS Corp	(b) 81-5387560	(c) 0.09%
(a) Express Healthcare Professionals	(b) 46-3726589	(c) 0.13%
(a) Phoenix Central S2, LLC	(b) 84-2072437	(c) 0.00%
(a) 14 Bridges Healthcare, LLC	(b) 82-1195688	(c) 0.23%
(a) Farmington Mobile Crushing, LLC	(b) 26-2074348	(c) 0.19%
(a) Fleet Concepts, Inc.	(b) 93-1031015	(c) 0.20%
(a) Fulcrum Products, Inc.	(b) 16-1641226	(c) 0.25%
(a) Gearhart Golf Links, LLC	(b) 93-1326302	(c) 0.48%
(a) TJM2 Pearl, LLC	(b) 56-2531233	(c) 0.82%
(a) GilbertS2, LLC	(b) 83-1421714	(c) 0.00%
(a) Glendale, LLC	(b) 47-3259853	(c) 0.01%
(a) Green Zebra Grocery, Inc.	(b) 46-4329441	(c) 0.27%
(a) GRS2 Group, LLC	(b) 26-1620866	(c) 0.12%
(a) Monfils Ventures, LLC	(b) 82-4171441	(c) 0.10%
(a) GSL Properties, Inc.	(b) 85-0325420	(c) 2.23%
(a) Health Republic Insurance Company	(b) 45-3261827	(c) 0.44%
(a) HS2 Group, LLC	(b) 92-0183410	(c) 0.02%
(a) Jacto, Inc.	(b) 93-1247861	(c) 0.31%
(a) KGS2 Group, LLC	(b) 11-3736458	(c) 0.07%
(a) J Loveless Enterprises, LLC	(b) 84-1745299	(c) 0.26%
(a) Literary Arts	(b) 93-0909494	(c) 0.98%
(a) LMS2 Group, LLC	(b) 20-4305968	(c) 0.46%
(a) LM Ventures, Inc.	(b) 26-2540414	(c) 0.24%
(a) LSS2 Group, LLC	(b) 20-3981399	(c) 0.13%
(a) LSS2 Ventures, LLC	(b) 82-4164568	(c) 0.22%
(a) LUMA KD, LLC	(b) 84-1745262	(c) 0.00%
(a) Lytics, Inc.	(b) 46-1135238	(c) 3.04%
(a) Metal Toad Media	(b) 27-2252941	(c) 1.61%
(a) MolecularMD Corp	(b) 20-3829030	(c) 5.09%
(a) Newport Pacific Corporation (Mo's Chowder)	(b) 93-0630764	(c) 2.37%

XENIUM 401(K) RETIREMENT SAVINGS PLAN

EIN 93-1277996 PLAN 006

Multiple Employer Plan Participating Employer Information 12/31/2019

(a) Norris & Stevens	(b) 93-0570087	(c) 0.12%
(a) Oakmont Advisors, LLC	(b) 81-2691083	(c) 0.42%
(a) Oregon Care Partners	(b) 47-1016787	(c) 0.01%
(a) Oregon Fruit Products, LLC	(b) 45-3451032	(c) 3.98%
(a) Oregon Vineyard Supply Co	(b) 93-1018111	(c) 5.39%
(a) Orpet, LLC	(b) 27-3072868	(c) 0.15%
(a) PacifiCap Properties Group, LLC	(b) 93-1261794	(c) 1.65%
(a) Parkway Financial, LLC	(b) 93-1311803	(c) 0.24%
(a) Partners on Demand, Inc	(b) 20-0487224	(c) 1.60%
(a) Synotac Design, LLC dba PixelSpoke	(b) 47-2145033	(c) 0.90%
(a) Portland Hospital Service Corporation	(b) 93-0588988	(c) 0.55%
(a) Printonia, LLC	(b) 27-4361579	(c) 0.22%
(a) Pull-It Corp	(b) 93-0569214	(c) 0.33%
(a) Pulse Health, LLC	(b) 26-1856393	(c) 1.29%
(a) RenoS2 Group, LLC	(b) 21-0517510	(c) 0.11%
(a) Reno Visionaries, LLC	(b) 81-3519634	(c) 0.30%
(a) RKS2 Group, LLC	(b) 20-3981216	(c) 0.14%
(a) RWK & Son, Inc.	(b) 46-4652013	(c) 0.30%
(a) Rose Agri-Seed, Inc	(b) 93-0584935	(c) 0.71%
(a) Roselawn Seed, Inc.	(b) 93-0574478	(c) 0.05%
(a) Pure-Seed Testing, Inc.	(b) 93-0630244	(c) 1.08%
(a) RuDom, LLC	(b) 47-5534371	(c) 1.05%
(a) Rusty Zipper	(b) 54-9133334	(c) 0.09%
(a) Siltronic Corporation	(b) 94-2518330	(c) 0.01%
(a) Human IT LLC dba Solutions iT	(b) 82-4423476	(c) 0.01%
(a) Somnique Health PC	(b) 45-4801614	(c) 0.67%
(a) Southwest Washington Regional Health Alliance	(b) 46-2164971	(c) 0.24%
(a) SS2 Group, LLC	(b) 93-1331866	(c) 0.07%
(a) Stafford Hills Management Co., LLC	(b) 27-4198620	(c) 0.42%
(a) State Investments, LLC	(b) 93-1133358	(c) 1.26%
(a) StormwaterRx, LLC	(b) 26-3224087	(c) 0.91%
(a) Sunstone Circuits, LLC	(b) 20-1868258	(c) 5.54%
(a) Supreme Perlite Company	(b) 93-0671660	(c) 2.05%
(a) TAZS2 Group, LLC	(b) 27-3088935	(c) 0.00%
(a) Young Staffing, LLC	(b) 84-2812192	(c) 0.05%
(a) Broker Knowledge Group, Inc. dba The Knowledge Coop	(b) 91-2183766	(c) 0.44%
(a) The Park Academy	(b) 20-2381913	(c) 0.67%
(a) The Stoller Group	(b) 93-0843891	(c) 2.75%
(a) LakewoodS2 Group, LLC	(b) 81-1924158	(c) 0.00%
(a) MES2 Group, LLC	(b) 45-5332522	(c) 0.04%
(a) MS2 Group, LLC	(b) 26-1691969	(c) 0.15%
(a) RMJS2 Group, LLC	(b) 90-0146640	(c) 0.12%
(a) Stoller Vineyards	(b) 93-1166609	(c) 4.95%
(a) Xenium Resources, Inc	(b) 93-1277996	(c) 6.56%
(a) The Wireless Source, LLC	(b) 93-1275615	(c) 0.54%
(a) United Fund Advisors, LLC	(b) 20-4000845	(c) 2.72%
(a) US Off Track	(b) 59-3523118	(c) 0.41%
(a) WCS2 Group, LLC	(b) 20-8284566	(c) 0.19%
(a) Cooksel Corporation	(b) 46-4308383	(c) 0.46%
(a) Woodburn Community Dental and Orthodontics	(b) 83-2503348	(c) 0.11%
(a) Whited Ventures, Inc	(b) 26-2540356	(c) 0.30%
(a) WS2 Group, LLC	(b) 52-2420798	(c) 0.69%
(a) YS2 Group, LLC	(b) 93-1307625	(c) 0.06%
(a) 3TDJ Enterprises, LLC	(b) 81-0945214	(c) 0.08%

Name of Plan:

Employer Identification No.: ► 93-1277996

Plan year (beginning/ending):▶ 01/01/2019/12/31/2019

Plan number:► 6

[illegible]

XENIUM 401(K) RETIREMENT SAVINGS PLAN
EIN 93-1277996 PLAN 006
SCHEDULE OF ASSETS HELD AT YEAREND 12/31/19
SCHEDULE H, PART IV, LINE 4i

(a)	(b) Identity of Issue	(c) Description of Investments	(d) Cost**	(e) Current Value
*	Principal Life Insurance	Guaranteed Interest - at interest rates of .60% to 2.31%, maturing 12/31/19 to 12/31/25	\$ 0	\$ 1,090,839
*	Principal Global Inv Trust	Morley Stable Value VI Fund	0	2,444,946
*	Principal Global Inv Trust	Principal Stable Value Inst	0	111,517
*	Principal Life Insurance	Principal Core Plus Bond Separate Account	0	1,282,022
*	Principal Life Insurance	Principal US Property Separate Account	0	945,922
*	Principal Global Inv Trust	Principal Lifetime Hybrid Inc. Cit	0	526,654
*	Principal Global Inv Trust	Principal Lifetime Hybrid 2010 Cit	0	1,239,826
*	Principal Global Inv Trust	Principal Lifetime Hybrid 2020 Cit	0	4,800,923
*	Principal Global Inv Trust	Principal Lifetime Hybrid 2030 Cit	0	16,140,433
*	Principal Global Inv Trust	Principal Lifetime Hybrid 2040 Cit	0	10,992,989
*	Principal Global Inv Trust	Principal Lifetime Hybrid 2050 Cit	0	7,694,182
*	Principal Global Inv Trust	Principal Lifetime Hybrid 2060 Cit	0	1,366,628
*	Principal Life Insurance	Principal LgCap S&P 500 Index Separate Account	0	7,147,754
*	Principal Life Insurance	LargeCap Growth I Separate Account	0	6,266,925
*	Principal Life Insurance	Principal MidCap S&P 400 Index Separate Account	0	2,292,683
*	Principal Life Insurance	Principal SmCap S&P 600 Index Separate Account	0	2,929,921
*	Principal Life Insurance	Principal Fin Group, Inc. Stock Separate Account	0	29,966
	Fidelity Investments	Fidelity Advisor Govt Income M Fund	0	652,879
	PGIM Investments	PGIM Total Return Bond A Fund	0	1,248,749
	American Funds Svc Co	AM Funds Wash Mutual Inv R4 Fund	0	725,977
	Fidelity Investments	Fidelity Advisor Large Cap A Fund	0	699,011
	MFS Inv Mgt	MFS Value R3 Fund	0	1,414,967
	Allianz Global Inv	Allianz Global Inv NFJ MDCP Val Adm Fund	0	944,330
	American Century	Am Cent Sm Cap Val A Fund	0	986,652
	Conestoga Capital	Conestoga Small Cap Inv Fund	0	1,626,960
	Eaton Vance Mgt	Eaton Vance Atlanta Capital SMID Cap A Fund	0	2,118,440
	American Funds Svc Co	American Funds Europacific Growth R5 Fund	0	2,937,314
	MFS Inv Mgt	MFS International New Discovery R3 Fund	0	1,628,327
	Various	Participant-Directed Brokerage Accounts	0	3,048,672
		Subtotal	\$ 0	\$ 85,336,408
			0	
*	Principal	Participant Loans - at interest rates ranging from 4.25%-8.38%, maturing 2020 - 2034	0	1,284,506
		Total	\$ 0	\$ 86,620,914

* Party-in-interest

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