

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A This return/report is for:	<div>☐ a multiemployer plan;</div> <div>☒ a single-employer plan;</div> <div>☐ a multiple-employer plan; or</div> <div>☐ a DFE (specify) ____</div>
B This return/report is:	<div>☐ the first return/report;</div> <div>☐ the final return/report;</div> <div>☐ an amended return/report;</div> <div>☐ a short plan year return/report (less than 12 months).</div>
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	<div>☒ Form 5558;</div> <div>☐ automatic extension;</div> <div>☐ the DFVC program;</div> <div>☐ special extension (enter description)</div>

Part II	Basic Plan Information—enter all requested information
1a Name of plan	1b Three-digit plan number (PN) ▶ 001
MURRAY ENERGY CORPORATION SAVINGS AND SECURITY PLAN	1c Effective date of plan 03/01/1996
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)	2b Employer Identification Number (EIN) 34-1956752
MURRAY ENERGY CORPORATION	2c Sponsor's telephone number 740-926-1351
153 HIGHWAY 7 SOUTH POWHATAN POINT, OH 43942	2d Business code (see instructions) 212110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	PAUL PICCOLINI
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") MURRAY ENERGY CORPORATION 153 HIGHWAY 7 SOUTH POWHATAN POINT, OH 43942	3b Administrator's EIN 34-1956752 3c Administrator's telephone number 740-926-1351
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name KENAMERICAN RESOURCES, INC.	4b EIN 61-1264385 4c PN 001	
5 Total number of participants at the beginning of the plan year	5	2310
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	1766
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	614
d Subtotal. Add lines 6a , 6b , and 6c	6d	2380
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	1
f Total. Add lines 6d and 6e	6f	2381
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	2151
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	127
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 Characteristic Codes in the instructions:
2E 2G 2J 2K 3H 2R 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic 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) ☐ **A** (Insurance Information)
(4) ☒ **C** (Service Provider Information)
(5) ☒ **D** (DFE/Participating Plan Information)
(6) ☐ **G** (Financial Transaction Schedules)

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A Name of plan MURRAY ENERGY CORPORATION SAVINGS AND SECURITY PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MURRAY ENERGY CORPORATION	D Employer Identification Number (EIN) 34-1956752

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
DIVERSIFIED INVESTMENT ADVISORS
13-3689044

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

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

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
28		1831	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

DIVERSIFIED INVESTMENTADVISORS

13-3689044

(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?
15		18266	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

NATIONAL FINANCIAL SERVICES

04-3523567

(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?
33		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 ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan MURRAY ENERGY CORPORATION SAVINGS AND SECURITY PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 MURRAY ENERGY CORPORATION	D Employer Identification Number (EIN) 34-1956752	

Part I	Asset and Liability Statement
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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)	201107	224882
(2) Participant contributions	1b(2)	39152	
(3) Other.....	1b(3)	3570	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	109775	462352
(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)	3605382	5823641
(9) Value of interest in common/collective trusts.....	1c(9)	11806186	20285040
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	44416002	93222545
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	885257	2073138

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	61066431	122091598

Liabilities

g Benefit claims payable	1g	49536	104156
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	49536	104156

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	61016895	121987442
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	7386836	
(B) Participants	2a(1)(B)	9650759	
(C) Others (including rollovers)	2a(1)(C)	69019	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		17106614

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	57	
(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)	251363	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		251420

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
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(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

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	378798	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		378798
(6) Net investment gain (loss) from common/collective trusts	2b(6)		58593
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		18893771
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		0
c Other income.....	2c		26211
d Total income. Add all income amounts in column (b) and enter total.....	2d		36715407

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	17172985	
(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)		17172985
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	47746	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		47746
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		17220731

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		19494676
l Transfers of assets:			
(1) To this plan.....	2l(1)		41490385
(2) From this plan	2l(2)		14514

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: CIUNI & PANICHI, INC.

(2) EIN: 34-1322309

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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
OHIO VALLEY SAVINGS AND SECURITY PLAN	34-1586391	001

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>MURRAY ENERGY CORPORATION SAVINGS AND SECURITY PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MURRAY ENERGY CORPORATION</u>	D Employer Identification Number (EIN) <u>34-1956752</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
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>22-3513863</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	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 providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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

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

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

Schedule R (Form 5500) 2009
v.092308.1

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 items 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 items 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 items 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 items 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 items 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 items 13e(1) and 13e(2).)

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

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

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

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

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

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

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

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

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

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

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

- 19** If the total number of participants is 1,000 or more, complete items (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 item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____



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Murray Energy Corporation Security and Savings Plan

001

34-1956752

MEC Accountants Opinion

Independent Auditors' Report

Plan Administrator
Murray Energy Corporation Savings and Security Plan

We were engaged to audit the financial statements of Murray Energy Corporation Savings and Security Plan (formerly KenAmerican Employee Personal Retirement Plan) (the "Plan") as of December 31, 2009 and 2008, and for the year ended December 31, 2009, and the supplemental schedules as of and for the year ended December 31, 2009, as listed in the accompanying index. These financial statements and schedules are the responsibility of the Plan's management.

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 4, which was certified by Merrill Lynch Trust Company (subsequent to November 1, 2009, known as Bank of America, N.A.) and State Street Bank and Trust Company, the trustees of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that State Street Bank and Trust Company held the investment assets and executed investment transactions from October 1, 2009 to December 31, 2009, and that Merrill Lynch Trust Company held the Plan's investment assets and executed investment transactions as of December 31, 2008 and for the period January 1, 2009 to September 30, 2009. The Plan Administrator has obtained certifications from the trustees as of December 31, 2009 and 2008, and for the year ended December 31, 2009, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedules taken as a whole. The form and content of the information included in the financial statements and 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.

Ciuni & Panichi, Inc.

Cleveland, Ohio
August 17, 2010



C&P Advisors, LLC

Ciuni & Panichi, Inc.

Joel Strom Associates LLC

C&P Wealth Management, LLC

25201 Chagrin Boulevard
Cleveland, Ohio 44122.5683
p. 216.831.7171
f. 216.831.3020
www.cp-advisors.com

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Murray Energy Corporation Savings and Security Plan
Supplemental Schedule (Unaudited)

Schedule H, Line 4j – Schedule of Reportable Transactions

FEIN: 34-1956752 Plan # 001

For the year ended December 31, 2009

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (including interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain (loss)
<u>Single Transaction:</u>								
	Merrill Lynch Retirement Preservation Trust	\$ -	\$21,670,553	\$ -	\$ -	\$21,670,553	\$21,670,553	\$ -
	AllianceBernstein International Growth Fund CL A	-	6,919,093	-	-	6,919,093	6,919,093	-
	AllianceBernstein International Value Fund CL A	-	5,362,578	-	-	5,362,578	5,362,578	-
	American AMCAP Fund CL R4	-	16,822,207	-	-	16,822,207	16,822,207	-
	Blackrock U.S. Government Income Fund CL A	-	17,114,222	-	-	17,114,222	17,114,222	-
	John Hancock Classic Value Fund CL A	-	15,455,877	-	-	15,455,877	15,455,877	-
	The Oakmark Equity and Income Fund CL II	-	3,548,839	-	-	3,548,839	3,548,839	-
	Oppenheimer Main Street Small Cap Fund CL A	-	6,007,116	-	-	6,007,116	6,007,116	-
	Victory Diversified Stock Fund	-	3,957,666	-	-	3,957,666	3,957,666	-
	Diversified Stable Pooled Fund	21,005,625	-	-	-	21,005,625	21,005,625	-
	American Funds EuroPacific Growth Fund	13,794,383	-	-	-	13,794,383	13,794,383	-
	American Funds Fundamental Investors Fund	4,307,293	-	-	-	4,307,293	4,307,293	-
	American Funds Growth Fund of America	16,822,831	-	-	-	16,822,831	16,822,831	-
	Baron Small Cap Fund	3,150,723	-	-	-	3,150,723	3,150,723	-
	Black Rock Equity Dividend Fund	15,456,480	-	-	-	15,456,480	15,456,480	-
	JPMorgan Government Bond Select	17,168,248	-	-	-	17,168,248	17,168,248	-
	Oakmark Equity and Income Fund	3,549,052	-	-	-	3,549,052	3,549,052	-
	PIMCO Total Return Fund	4,919,493	-	-	-	4,919,493	4,919,493	-

Murray Energy Corporation Savings and Security Plan

Supplemental Schedule (Unaudited)

FEIN: 34-1956752

Plan #001

December 31, 2009

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

(a)	(b)	(c)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Current value
	Registered Investment Companies:		
	American Funds EuroPacific Growth Fund	Registered Investment Company	\$ 14,514,770
	American Funds Fundamental Investors Fund	Registered Investment Company	4,803,564
	American Funds Growth Fund of America	Registered Investment Company	17,876,771
	Baron Small Cap Fund	Registered Investment Company	3,347,702
	Black Rock Equity Dividend Fund	Registered Investment Company	16,402,010
	DFA Emerging Markets Portfolio	Registered Investment Company	451,250
	First American Real Estate Securities Fund	Registered Investment Company	220,486
	Ivy Asset Strategy Fund	Registered Investment Company	1,297,502
	JPMorgan Government Bond Select	Registered Investment Company	15,865,742
	Prudential Jennison Natural Resources Fund	Registered Investment Company	2,092,736
	Mainstay High Yield Corporate Bond	Registered Investment Company	239,502
	Oakmark Equity and Income Fund	Registered Investment Company	3,848,056
	PIMCO Total Return Fund	Registered Investment Company	5,277,660
	Janus Perkins Mid Cap Value Fund	Registered Investment Company	1,037,315
	T. Rowe Price Mid Cap Growth Fund	Registered Investment Company	1,298,362
	TAP Institutional Inflation-Protected Securities Fund	Registered Investment Company	167,204
	Target Small Cap Value Fund	Registered Investment Company	3,199,076
	Vanguard 500 Index Fund	Registered Investment Company	468,019
	Vanguard Mid Cap Index Fund	Registered Investment Company	814,818
	Total Registered Investment Companies		<u>93,222,545</u>
	Self-Directed Brokerage Accounts:		
	Schwab Personal Choice Retirement Account	Common Stocks	<u>2,073,138</u>
	Common Collective Trust:		
*	Diversified Stable Pooled Fund	Common/Collective Trust	<u>20,285,040</u>
	Cash and Cash Equivalents:		
*	State Street Bank and Trust	Cash Reserves	<u>462,352</u>
	Loans:		
*	Participant Loans	Interest rate 2.13% to 9.90%, cost \$0	<u>5,823,641</u>
	Total Investments at December 31, 2009		<u>\$ 121,866,716</u>

* Indicates a party-in-interest

Murray Energy Corporation Savings and Security Plan**Statements of Net Assets Available for Benefits****December 31, 2009 and 2008**

	<u>2009</u>	<u>2008</u>
Assets:		
Investments, at fair value:		
Registered investment companies	\$ 93,222,545	\$ 44,416,002
Common/collective trust	20,285,040	11,806,186
Self-directed brokerage accounts	2,073,138	885,257
Cash equivalents	462,352	109,775
Investments, at estimated fair value:		
Participant loans	<u>5,823,641</u>	<u>3,605,382</u>
Total investments	<u>121,866,716</u>	<u>60,822,602</u>
Receivables:		
Employer contributions	224,882	201,107
Participant contributions	-	39,152
Accrued income	<u>-</u>	<u>3,570</u>
Total receivables	<u>224,882</u>	<u>243,829</u>
Net assets available for benefits at fair value	122,091,598	61,066,431
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>(31,319)</u>	<u>1,906,028</u>
Net assets available for benefits	\$ <u>122,060,279</u>	\$ <u>62,972,459</u>

The accompanying notes are an integral part of these financial statements

Murray Energy Corporation Savings and Security Plan**Statement of Changes in Net Assets Available for Benefits****For the year ended December 31, 2009**

Investment income:

Net appreciation in fair value of investments	\$ 15,647,621
Interest and dividends	<u>2,023,825</u>
	<u>17,671,446</u>

Contributions:

Employer	7,386,836
Participant	9,650,759
Rollover	<u>69,019</u>
	<u>17,106,614</u>

Total investment income and contributions 34,778,060

Deductions from net assets attributed to:

Benefits paid to participants	17,118,365
Administrative expenses	<u>47,746</u>
Total deductions	<u>17,166,111</u>

Net increase 17,611,949

Transfers to another plan (14,514)

Transfers of assets from related plans due to merger (Note 12) 41,490,385

Net assets available for benefits:

Beginning of year	<u>62,972,459</u>
End of year	\$ <u>122,060,279</u>

The accompanying notes are an integral part of these financial statements

Murray Energy Corporation Savings and Security Plan

Notes to Financial Statements

December 31, 2009 and 2008

Note 1: Description of Plan

The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of Andalex Resources, Inc.; Ohio Valley Resources, Inc.; The Ohio Valley Coal Company; Maple Creek Mining, Inc.; KenAmerican Resources, Inc.; The American Coal Company; American Energy Corporation; OhioAmerican Energy, Inc.; Genwal Resources, Inc.; UtahAmerican Energy, Inc.; and West Ridge Resources, Inc. (collectively the "Company") who are not covered by a collective bargaining agreement, who are employees of an affiliate that is not a participating employer and are not leased or intern employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act (ERISA).

Effective October 1, 2009, the Ohio Valley Savings and Security Plan ("OVCC Plan") and the UtahAmerican Energy Employee Personal Retirement Plan ("UEI" Plan) were merged into the Plan (Note 12) and the Plan's name was changed from the KenAmerican Employee Personal Retirement Plan to the Murray Energy Corporation Savings and Security Plan.

Contributions

Each year, participants may contribute up to 100 percent of compensation, as defined in the Plan agreement. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers registered investment companies, a common/collective trust, participant self-directed brokerage accounts, and cash equivalents as investment options for participants. The Company contributes 100 percent of the first eight percent of base compensation that a participant contributes to the Plan. Contributions are subject to certain limitations.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocation of (a) the Company's contribution and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Murray Energy Corporation Savings and Security Plan

Notes to Financial Statements

December 31, 2009 and 2008

Note 1: Description of Plan (continued)

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. All contributions for those employees hired at the following locations on or before the following dates are 100 percent vested: KenAmerican Resources, Inc. (7/1/2004); UtahAmerican Energy, Inc. (6/30/2004); and The Ohio Valley Coal Company (9/30/2006). All other participants are vested in the Company's contribution portion of their accounts based on years of continuous service. A participant is 100 percent vested after 5 years of credited service.

Participant Loans

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at rates that range from 2.13 percent to 9.90 percent, which are commensurate with local prevailing rates as determined by the Plan Administrator. Principal and interest is paid in level payments through after-tax payroll deductions on at least a quarterly basis.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account, if not greater than \$5,000. If the participant's account is greater than \$5,000, the distribution shall be by lump sum payment or by periodic payments. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution or as an automatic rollover. The normal form of payment is lump sum unless a written request is made and approved.

Forfeited Accounts

At December 31, 2009 and 2008, forfeited non-vested accounts totaled \$456,157 and \$768,571, respectively. Forfeited amounts are used to restore participant's forfeitures when re-employed, to offset Plan expenses, or to reduce future employer contributions. In 2009, employer contributions were reduced by \$789,437 from forfeited non-vested accounts.

Murray Energy Corporation Savings and Security Plan

Notes to Financial Statements

December 31, 2009 and 2008

Note 2: Summary of Significant Accounting Policies

Basis of Presentation

On September 30, 2009, the Plan adopted authoritative guidance issued by the Financial Accounting Standards Board ("FASB") which established the FASB Accounting Standards Codification ("ASC") as the single source of authoritative accounting principles generally accepted in the United States of America. The Plan has modified its disclosures in this report to comply with the requirements. Accordingly, references to authoritative accounting principles after the effective date will reference the codification and not the previous accounting guidance. The adoption of the guidance did not have a material effect on the Plan's statements of net assets available for benefits or the statement of changes in net assets available for benefits.

Basis of Accounting and Use of Estimates

The accompanying financial statements are prepared on the accrual basis of accounting. The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

In accordance with the "Financial Services" topic of the FASB ASC, investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts, because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in investment contracts through a common/collective trust. Contract value for this collective trust is based on the net asset value of the fund as reported by the investment advisor. As required by the ASC, the statement of net assets available for benefits presents the fair value of the investment in the common/collective trust, as well as the adjustment of the investment in the common/collective trust from fair value to contract value related to the investment contracts. The statement of changes in net assets available for benefits is prepared on a contract value basis.

Payment of Benefits

Benefits are recorded when paid.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Murray Energy Corporation Savings and Security Plan

Notes to Financial Statements

December 31, 2009 and 2008

Note 2: Summary of Significant Accounting Policies (continued)

Administrative Expenses

Certain transaction fees and basic account fees are charged to the accounts of Plan participants benefiting from the related service. All other expenses of the Plan are paid by the Company.

Transfers

Prior to the merger (Note 12), in the normal course of business, employees may have ceased employment to work for a related entity. Transfers to and from other plans represent the transfer of participant account balances to or from the related entity's plan.

Subsequent Events

In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through August 17, 2010, the date the financial statements were available to be issued.

Note 3: Administration of Plan Assets

Certain administrative functions are performed by officers and employees of the Company. No such officer or employee of the Company receives compensation from the Plan.

Note 4: Trustee Certification

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Merrill Lynch Trust Company (subsequent to November 1, 2009, known as Bank of America, N.A.) ("Merrill Lynch"), the trustee of the Plan through October 1, 2009, has certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2008, Note 5 (2008), and the related investment activity reflected in the statement of changes in net assets available for benefits and the supplemental schedule: Schedule H, Line 4j – Schedule of Reportable Transactions for the period January 1, 2009 to October 1, 2009. State Street Bank and Trust ("State Street"), the trustee of the Plan subsequent to October 1, 2009, has certified to the completeness and accuracy of all investments reflected on the accompanying statement of net assets available for benefits as of December 31, 2009, Note 5 (2009), the supplemental schedule: Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2009, and the related investment activity reflected in the statement of changes in net assets available for benefits and the supplemental schedule: Schedule H, Line 4j – Schedule of Reportable Transactions for the period October 1, 2009 to December 31, 2009.

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Notes to Financial Statements

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Note 5: Investments (Unaudited)

The following presents investments that represent five percent or more of the Plan's net assets.

	2009	2008
Alliance Bernstein International Growth Fund	\$ **	\$ 3,285,365
Alliance Bernstein International Value Fund	**	3,750,748
American AMCAP Fund	**	7,279,740
Blackrock U.S. Government Income Fund	**	12,404,809
John Hancock Classic Value Fund	**	9,125,330
Merrill Lynch Retirement Preservation Trust	**	13,712,214♦
Oppenheimer Main Street Fund	**	4,404,090
Participant loans	**	3,605,382
American Funds EuroPacific Growth Fund	14,514,770	**
American Funds Growth Fund of America	17,876,771	**
Black Rock Equity Dividend Fund	16,402,010	**
Diversified Stable Pooled Fund	20,253,721♦	**
JPMorgan Government Bond Select	15,865,742	**

** Does not represent 5 percent or more of the Plan's net assets at December 31.

♦Represents contract value.

During 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$15,647,621 as follows:

Registered investment companies	\$ 15,268,823
Self-directed brokerage accounts	<u>378,798</u>
	<u>\$ 15,647,621</u>

Note 6: Fair Value Measurements

The "Fair Value Measurements" topic of the FASB ASC establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under the "Fair Value Measurement" topic are described below:

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

Murray Energy Corporation Savings and Security Plan

Notes to Financial Statements

December 31, 2009 and 2008

Note 6: Fair Value Measurements (continued)

Level 2 Inputs to the valuation methodology include:

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

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

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

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

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

Registered investment companies: Mutual funds are valued at the net asset value of shares held by the Plan at year end.

Self-directed brokerage accounts: Mutual funds are valued at the net asset value of shares held by the Plan at year end. Common stocks are valued at the closing price reported on national securities exchanges. Money market accounts are valued at cost, which approximates fair value.

Common/collective trust: Valued based on the fair value of the collective trust's underlying investments as based on information reported by the investment advisor using the audited financial statements of the collective trust at year end.

Participant loans: Valued at amortized cost, which approximates fair value.

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

Murray Energy Corporation Savings and Security Plan

Notes to Financial Statements

December 31, 2009 and 2008

Note 6: Fair Value Measurements (continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008:

	Level 1	Level 2	Level 3	12/31/09
Registered investment companies	\$ 93,222,545	\$ -	\$ -	\$ 93,222,545
Self-directed brokerage accounts	2,073,138	-	-	2,073,138
Common/collective trust	-	20,285,040	-	20,285,040
Participant loans	-	-	5,823,641	5,823,641
	<u>\$ 95,295,683</u>	<u>\$ 20,285,040</u>	<u>\$ 5,823,641</u>	<u>\$ 121,404,364</u>

	Level 1	Level 2	Level 3	12/31/08
Registered investment companies	\$ 44,416,002	\$ -	\$ -	\$ 44,416,002
Self-directed brokerage accounts	885,257	-	-	885,257
Common/collective trust	-	11,806,186	-	11,806,186
Participant loans	-	-	3,605,382	3,605,382
	<u>\$ 45,301,259</u>	<u>\$ 11,806,186</u>	<u>\$ 3,605,382</u>	<u>\$ 60,712,827</u>

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2009:

	Participant Loans
Balance, beginning of year	\$ 3,605,382
Purchases, sales, issuances, and settlements (net)	1,102,698
Transfer of loan balances from related plans (Note 12)	<u>1,115,561</u>
Balance, end of year	<u>\$ 5,823,641</u>

Note 7: Party-in-Interest Transactions

Certain Plan investments were managed by Merrill Lynch. Merrill Lynch was the trustee as defined by the Plan until October 1, 2009 and, therefore, these transactions qualified as party-in-interest transactions. Fees paid by the Plan for administrative services totaled \$18,266 during the year ended December 31, 2009.

Certain Plan investments are managed by Diversified Investment Advisors. Diversified Investment Advisors is a third party administrator and a recordkeeper to the Plan. Diversified Investment Advisors is therefore a party-in-interest. Fees paid by the Plan for administrative services totaled \$29,480 during the year ended December 31, 2009.

Murray Energy Corporation Savings and Security Plan

Notes to Financial Statements

December 31, 2009 and 2008

Note 7: Party-in-Interest Transactions (continued)

Certain Plan participants transferred account balances from the Plan to the OVCC Plan, a plan sponsored by a related party of the Company. These transfers therefore qualify as related party transactions. During 2009, transfers from the Plan to the OVCC Plan totaled \$14,514.

Note 8: Plan Termination

Although it has not expressed any intention 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 percent vested in their employer contributions.

Note 9: Tax Status

The Plan obtained its latest prototype determination letter on March 31, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in accordance with the applicable sections of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan trustee believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

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 investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amount reported in the statement of net assets available for benefits.

Note 11: Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2009 and 2008, to Form 5500:

	2009	2008
Net assets available for benefits per the financial statements	\$ 122,060,279	\$ 62,972,459
Add (less): Adjustment from fair value to contract value for fully benefit-responsive investment contracts	31,319	(1,906,028)
Less: Amounts allocated to withdrawing participants at end of year	(104,156)	(49,536)
Net assets available for benefits per the Form 5500	\$ <u>121,987,442</u>	\$ <u>61,016,895</u>

Murray Energy Corporation Savings and Security Plan

Notes to Financial Statements

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Note 11: Reconciliation of Financial Statements to Form 5500 (continued)

The following is a reconciliation of the net increase in net assets available for benefits in the statement of changes per the financial statements for the year ended December 31, 2009, to Form 5500:

Net increase per the financial statements	\$ 17,611,949
Add: Amounts allocated to withdrawing participants at beginning of year	49,536
Less: Amounts allocated to withdrawing participants at end of year	(104,156)
Add: Adjustment for the change from the prior year to the current year in fair value to contract value for fully benefit-responsive investment contracts	<u>1,937,347</u>
Net increase per Form 5500	\$ <u>19,494,676</u>

Amounts allocated to withdrawing participants are recorded on the Form 5500 for benefit claims that have been processed and approved for payment prior to year end, but not yet paid as of that date. In addition, Form 5500 requires investment contracts held in common/collective trusts to be reported at fair value.

Note 12: Plan Merger

Effective October 1, 2009, the OVCC Plan and the UEI Plan, which were plans sponsored by related parties of the Company, were merged into the Plan. Concurrent with the merger, the Plan changed its name from the KenAmerican Employee Personal Retirement Plan to the Murray Energy Corporation Savings and Security Plan.

On the effective date of the merger, all assets and obligations of the OVCC Plan and the UEI Plan became the responsibility of the Plan. Assets of \$26,892,774 and \$14,597,611, from the OVCC Plan and UEI Plan respectively, were transferred to the Plan on October 1, 2009.