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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                            |                                                                                                                                                                                                                                                      |
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| <b>Part I</b>                                                                              | <b>Annual Report Identification Information</b>                                                                                                                                                                                                      |
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009 |                                                                                                                                                                                                                                                      |
| <b>A</b> This return/report is for:                                                        | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                                    |
| <b>B</b> This return/report is:                                                            | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input checked="" type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                 | <input checked="" type="checkbox"/>                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                        | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                            |

|                                                                                                                                                                                                           |                                                                                                                                                                              |
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| <b>Part II</b>                                                                                                                                                                                            | <b>Basic Plan Information</b> —enter all requested information                                                                                                               |
| <b>1a</b> Name of plan<br>NEW ERA OHIO 401(K) PLAN                                                                                                                                                        | <b>1b</b> Three-digit plan number (PN) ▶ 001                                                                                                                                 |
|                                                                                                                                                                                                           | <b>1c</b> Effective date of plan<br>07/01/2005                                                                                                                               |
| <b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.)<br>NEW ERA OHIO, LLC<br><br>520 WEST MULBERRY STREET<br>BRYAN, OH 43506 | <b>2b</b> Employer Identification Number (EIN)<br>20-2828152<br><b>2c</b> Sponsor's telephone number<br>419-633-1434<br><b>2d</b> Business code (see instructions)<br>333900 |

**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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 07/28/2011 | JERRY KNEIPP                                                 |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                 |                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>NEW ERA OHIO, LLC<br><br>520 WEST MULBERRY STREET<br>BRYAN, OH 43506 | <b>3b</b> Administrator's EIN<br>20-2828152<br><br><b>3c</b> Administrator's telephone number<br>419-633-1434 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                       |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>4</b> 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:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                         |          |     |
|-------------------------------------------------------------------------|----------|-----|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 175 |
|-------------------------------------------------------------------------|----------|-----|

|                                                                                                                                                        |           |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |     |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 143 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 0   |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 5   |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 148 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 0   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 148 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> | 27  |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> | 0   |

|                                                                                                                                      |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) ..... | <b>7</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|

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

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

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

**a Pension Schedules**

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

**b General Schedules**

- (1) ☒ **H** (Financial Information)  
 (2) ☐ **I** (Financial Information – Small Plan)  
 (3) ☐ **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<br/>Internal Revenue Service</div> <div>Department of Labor<br/>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

|                                                                                                |                                                                         |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <div>A Name of plan</div> <div>NEW ERA OHIO 401(K) PLAN</div>                                  | <div>B Three-digit plan number (PN)</div> <div>▶</div> <div>001</div>   |
|                                                                                                |                                                                         |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>NEW ERA OHIO, LLC</div> | <div>D Employer Identification Number (EIN)</div> <div>20-2828152</div> |

Part I

Service Provider Information (see instructions)

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)

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04-2647786

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 64 65                         | RECORDKEEPER                                                                                             | 1035                                                                          | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

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

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

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

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

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

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

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

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

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

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

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><u>NEW ERA OHIO 401(K) PLAN</u>                                                                                                                                                                                                                 | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>001</u>                                                                                               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>NEW ERA OHIO, LLC</u>                                                                                                                                                                                | <b>D</b> Employer Identification Number (EIN)<br><br><u>20-2828152</u>                                                                                                                                                                                                       |                                                                                                          |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement                                                                      |                 | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                                                                                                    |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                                                                                      |                 |                       |                 |
| <b>a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Total noninterest-bearing cash .....                                                               | <b>1a</b>       |                       |                 |
| <b>b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Receivables (less allowance for doubtful accounts):                                                |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(1)</b> Employer contributions .....                                                            | <b>1b(1)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(2)</b> Participant contributions .....                                                         | <b>1b(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(3)</b> Other .....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | General investments:                                                                               |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    | 28269                 | 24874           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(2)</b> U.S. Government securities .....                                                        | <b>1c(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(A)</b> Preferred .....                                                                         | <b>1c(3)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(B)</b> All other .....                                                                         | <b>1c(3)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(A)</b> Preferred .....                                                                         | <b>1c(4)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(B)</b> Common .....                                                                            | <b>1c(4)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(5)</b> Partnership/joint venture interests .....                                               | <b>1c(5)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(7)</b> Loans (other than to participants) .....                                                | <b>1c(7)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(8)</b> Participant loans .....                                                                 | <b>1c(8)</b>    | 1312                  | 576             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 300689                | 492094          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(15)</b> Other .....                                                                            | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 330270                | 517544          |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |        |        |
|-----------------------------------------------------------|-----------|--------|--------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 330270 | 517544 |
|-----------------------------------------------------------|-----------|--------|--------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> |            |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 103742     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 103742    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 200        |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 77         |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 277       |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 7739       |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 7739      |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            |           |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            |           |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            | 120448    |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 232206    |

**Expenses**

|                                                                                            |              |       |       |
|--------------------------------------------------------------------------------------------|--------------|-------|-------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |       |       |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 43897 |       |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> |       |       |
| (3) Other .....                                                                            | <b>2e(3)</b> |       |       |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |       | 43897 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |       |       |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |       |       |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |       |       |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> |       |       |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> |       |       |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> |       |       |
| (4) Other .....                                                                            | <b>2i(4)</b> | 1035  |       |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |       | 1035  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |       | 44932 |

**Net Income and Reconciliation**

|                                                                               |              |  |        |
|-------------------------------------------------------------------------------|--------------|--|--------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 187274 |
| <b>l</b> Transfers of assets:                                                 |              |  |        |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  |        |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |        |

**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: PENROD AND GEORGE

(2) EIN: 34-1176143

**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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>a</b> 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>b</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  |        |
| <b>c</b> 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  |        |
| <b>d</b> 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  |        |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 100000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |        |
| <b>g</b> 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  |        |
| <b>h</b> 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  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |        |
| <b>j</b> 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  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     | X  |        |
| <b>n</b> 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. ....                                                                                                                        |     | X  |        |

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

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

**5b(1)** Name of plan(s)

**5b(2)** EIN(s)

**5b(3)** PN(s)

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

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

|                                                                                           |                                                                    |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>NEW ERA OHIO 401(K) PLAN</u>                                  | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>NEW ERA OHIO, LLC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>20-2828152</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>04-6568107</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> |          |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                             |                              |                             |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                             |                              |
| <b>5</b> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year .....                                                                                                                                                                                                                                                                                 | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                             |                              |
| <b>c</b> 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).....                                                                                                                                                                                                             | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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?.....                                                                                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                                |                                   |                                   |                               |                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> 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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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): \_\_\_\_\_

**NEW ERA OHIO  
401(k) PLAN**

**FINANCIAL STATEMENTS AND**

**SUPPLEMENTARY INFORMATION**

**Year Ended December 31, 2009**

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To the Plan Administrator  
New Era Ohio 401 (k) Plan  
Bryan, Ohio

Independent Auditor's Report

We were engaged to audit the financial statements of the New Era Ohio 401(k) 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 table of contents. 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 C, which was certified by Fidelity Management Trust Company, the trustee 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 the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008, 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 trustee, have been audited by us in accordance with U.S. generally accepted auditing standards 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.

*Penrod & George*

September 13, 2010

**NEW ERA OHIO 401 (k) PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
December 31, 2009 and 2008

|                                           | <u>2009</u>              | <u>2008</u>              |
|-------------------------------------------|--------------------------|--------------------------|
| <b>ASSETS</b>                             |                          |                          |
| Investments                               |                          |                          |
| Shares of registered investment companies | \$ 492,094               | \$ 300,689               |
| Money market account                      | 24,874                   | 28,269                   |
| Loans to participants                     | 576                      | 1,312                    |
| Total investments                         | <u>517,544</u>           | <u>330,270</u>           |
| Receivables                               |                          |                          |
| Participant contributions                 | <u>-</u>                 | <u>-</u>                 |
|                                           | <u>-</u>                 | <u>-</u>                 |
| <b>TOTAL ASSETS</b>                       | <u><u>\$ 517,544</u></u> | <u><u>\$ 330,270</u></u> |
| <b>LIABILITIES</b>                        |                          |                          |
| Accrued expenses                          | <u>-</u>                 | <u>-</u>                 |
| <b>TOTAL LIABILITIES</b>                  | <u>-</u>                 | <u>-</u>                 |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>  | <u><u>\$ 517,544</u></u> | <u><u>\$ 330,270</u></u> |

See accompanying notes and accountant's report.

**NEW ERA OHIO 401 (k) PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
Year Ended December 31, 2009

**ADDITIONS**

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments

\$ 128,187  
277  
128,464

Interest income

Contributions:

Participant

103,742

**TOTAL ADDITIONS** 232,206

**DEDUCTIONS**

Deductions from net assets attributed to:

Benefits paid to participants

43,897

Administrative expenses

1,035

**TOTAL DEDUCTIONS** 44,932

**NET INCREASE** 187,274

**NET ASSETS AVAILABLE FOR BENEFITS**

Beginning of year

330,270

**END OF YEAR** \$ 517,544

See accompanying notes and accountant's report.

**NEW ERA OHIO 401 (k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
December 31, 2009 and 2008

**NOTE A - DESCRIPTION OF PLAN**

The following description of New Era Ohio, LLC ("Company") 401(k) Plan ("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 the Company who are age eighteen or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions. Each year, participants may contribute 1% to 85% of pretax annual compensation, as defined in the Plan. 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 contribution plans. The Company may make a discretionary matching contribution based on a percentage of employee pretax contributions, excluding any catch-up contributions. The Company made no discretionary matching contributions for 2009 and 2008.

Participant Accounts. Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) Plan Earnings. 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.

Vesting. Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after four years of credited service.

Participant Loans. Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50% of their vested account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the Plan administrator.

Investment Options. Upon enrollment in the Plan, a participant may direct contributions in 1% increments in any of thirty-nine investment options.

**Fidelity Retirement Money Market Portfolio** - The Fund seeks to obtain as high a level of current income as is consistent with the preservation of capital and liquidity. The Fund primarily invests in U.S. dollar-denominated money market securities and repurchase agreements for those securities.

**Fidelity Intermediate Bond Fund** - The Fund seeks a high level of current income. The Fund primarily invests at least 80% of its assets in investment-grade debt securities of all types and repurchase agreements for those securities (those of medium and high quality).

**Fidelity Investment Grade Bond Fund** - The Fund seeks a high level of income. The Fund primarily invests at least 80% of its assets in investment-grade debt securities of all types, and in repurchase agreements for those securities.

**NEW ERA OHIO 401 (k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
December 31, 2009 and 2008

**Fidelity Short-Term Bond Fund** - The Fund seeks to obtain a high level of current income consistent with the preservation of capital. The Fund primarily invests at least 80% of its assets in investment-grade debt securities of all types, and repurchase agreements for those securities.

**Fidelity Puritan Fund** - The Fund seeks to provide income and capital growth consistent with reasonable risk. The Fund primarily invests approximately 60% of its assets in stocks and other equity securities, and the remainder in bonds and other debt securities, including lower-quality debt securities, when the outlook for the markets is neutral.

**Fidelity Equity-Income Fund** - The Fund seeks reasonable income. The Fund primarily invests at least 80% of its assets in income-producing equity securities, which tends to lead to investments in large cap "value" stocks.

**Fidelity Equity-Income II Fund** - The Fund seeks reasonable income. The Fund primarily invests at least 80% of its assets in income-producing equity securities, which tends to lead to investments in large cap "value" stocks.

**Fidelity Value Fund** - The Fund seeks capital appreciation. The Fund primarily invests in common stocks. The Fund invests in securities of companies that possess valuable fixed assets or that the manager believes are undervalued in the marketplace in relation to factors such as assets, earnings, or growth potential. The Fund may invest in securities of domestic and foreign issuers.

**Fidelity Dividend Growth Fund** - The Fund seeks capital appreciation. The Fund primarily invests at least 80% of its assets in equity securities. Normally invests in common stocks of companies that pay dividends or that Fidelity Management & Research Company believes have the potential to pay dividends in the future. The Fund may invest in securities of domestic and foreign issuers.

**Fidelity Export and Multinational Fund** - The Fund seeks long-term growth of capital. The Fund primarily invests in common stocks, including "growth" and "value" stocks, or both. The Fund normally invests in securities of U.S. companies that are expected to benefit from exporting or selling their goods or services outside the United States. Export and multinational companies can be significantly affected by political, economic, and regulatory developments in foreign markets.

**Fidelity Fund** - The Fund seeks long-term capital growth. The Fund primarily invests in common stocks. The Fund may invest in securities of domestic and foreign issuers.

**Spartan Total Market Index Fund** - The Fund seeks to provide investment results that correspond to the total return of a broad range of United States stocks. The Fund normally invests at least 80% of its assets in common stocks included in the Dow Jones U.S. Total Stock Market Index, which represents the performance of a broad range of U.S. stocks.

**NEW ERA OHIO 401 (k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
December 31, 2009 and 2008

**Fidelity Leveraged Company Stock Fund** - The Fund seeks capital appreciation. The Fund primarily invests at least 80% of its assets in common stocks of leveraged companies (companies that issue lower-quality debt and companies with leveraged capital structures).

**Fidelity Value Strategies Fund** - The Fund seeks capital appreciation. The Fund primarily invests in common stocks of companies that the manager believes are undervalued in the marketplace in relation to factors such as the company's assets, sales, earnings, or growth potential (stocks of these companies are often called 'value' stocks). The Fund focuses its investments in securities issued by medium-sized companies, but may also invest substantially in securities issued by larger or smaller companies. The Fund may also invest its assets in securities of domestic and foreign issuers.

**Spartan Extended Market Index Fund** - The Fund seeks to provide investment results that correspond to the total return of stocks of small to mid-cap U.S. companies. The Fund normally invests at least 80% of its assets in common stocks included in the Dow Jones U.S. Completion Total Stock Market Index, which represents the performance of stocks of small to mid-capitalization U.S. companies. Investments in smaller companies may involve more risk than those of larger, more well known companies.

**Fidelity Small Cap Value Fund** - The Fund seeks capital appreciation. The Fund normally invests at least 80% of the Fund's assets in securities of companies with small market capitalizations. The Fund's manager generally defines small market capitalization companies as those companies with market capitalization similar to companies in the Russell 2000 Index or the S&P Small Cap 600 Index.

**Fidelity Blue Chip Growth Fund** - The Fund seeks growth of capital over the long term. The Fund invests primarily in common stocks of well-known and established companies. The Fund normally invests at least 80% of its assets in blue chip companies. The Fund may invest in securities of domestic and foreign issuers.

**Fidelity Capital Appreciation Fund** - The Fund seeks capital appreciation. The Fund invests primarily in common stocks. The Fund may invest in securities of domestic and foreign issuers.

**Fidelity Fifty** - The Fund seeks capital appreciation. The Fund primarily invests in common stocks of companies that the manager believes have the greatest potential for growth. The Fund normally invests in 50-60 stocks of both domestic and foreign issuers.

**Fidelity Large Cap Stock Fund** - The Fund seeks long-term growth of capital. The Fund invests at least 80% of its assets in common stocks of companies with large market capitalizations (similar to companies in the Russell 1000 Index or the S&P 500). The Fund may invest in securities of domestic and foreign issuers.

**NEW ERA OHIO 401 (k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
December 31, 2009 and 2008

**Fidelity OTC Portfolio** - The Fund seeks capital appreciation. The Fund primarily invests in common stocks. The Fund normally invests at least 80% of its assets in securities principally traded on the NASDAQ or another over-the-counter (OTC) market, which has more small and medium-sized companies than other markets. The Fund invests more than 25% of total assets in the technology sector. The Fund may invest in securities of domestic and foreign issuers.

**Fidelity Aggressive Growth Fund** - The Fund seeks capital appreciation. The Fund primarily invests in common stocks. The Fund invests in companies that the manager believes offer the potential for accelerated earnings or revenue growth. The Fund focuses on investments in medium-sized companies, but may invest substantially in larger or smaller companies. The Fund may invest in securities of domestic and foreign issuers.

**Fidelity Mid Cap Growth Fund** - The Fund seeks long-term growth of capital. The Fund primarily invests at least 80% of its assets in securities of companies with medium market capitalizations (those with market capitalizations similar to companies in the Russell Midcap Index or the S&P MidCap 400 Index). The Fund may also invest in companies with smaller or larger market capitalizations. The Fund may invest in securities of domestic and foreign issuers.

**Fidelity Small Cap Retirement Fund** - The Fund seeks long-term growth of capital. The Fund primarily invests in common stocks. The Fund normally invests at least 80% of its assets in securities of companies with small market capitalization (those with market capitalization similar to companies in the Russell 2000 Index or the S&P SmallCap 600 Index). The Fund may invest in securities of domestic and foreign issuers.

**Fidelity International Capital Appreciation Fund** - The Fund seeks long-term growth of capital. The Fund primarily invests in foreign securities, including securities of issuers located in emerging markets. The Fund normally invests primarily in common stocks.

**Fidelity Overseas Fund** - The Fund seeks long-term growth of capital. The Fund primarily invests at least 80% of its assets in foreign securities. The Fund normally invests primarily in common stocks.

**Fidelity Real Estate Investment Portfolio** - The Fund normally invests at least 80% of assets in securities of companies principally engaged in the real estate industry and other real estate related investments. Normally investing primarily in common stocks.

**Fidelity Freedom Income Fund** - The Fund seeks high current income and, as a secondary objective, some capital appreciation for those already in retirement. The Fund primarily invests approximately 35% in investment grade fixed income funds, 5% in high yield fixed income funds, 40% in short-term funds and 20% in domestic equity funds.

**NEW ERA OHIO 401 (k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
December 31, 2009 and 2008

**Fidelity Freedom 2000 Fund** - The Fund seeks high total return until its target retirement date. Thereafter the Fund's objective will be to seek high current income and, as a secondary objective, capital appreciation. The Fund's ultimate asset allocation (10 to 15 years after the year 2000) will be approximately 20% in domestic equity funds, 35% in investment grade fixed income funds, 5% in high yield fixed-income funds and 40% in short-term funds.

**Fidelity Freedom 2010 Fund** - The Fund seeks high total return until its target retirement date. Thereafter the Fund's objective will be to seek high current income and, as a secondary objective, capital appreciation. The Fund's ultimate asset allocation (10 to 15 years after the year 2010) will be approximately 20% in domestic equity funds, 35% in investment grade fixed income funds, 5% in high yield fixed-income funds and 40% in short-term funds.

**Fidelity Freedom 2020 Fund** - The Fund seeks high total return until its target retirement date. Thereafter the Fund's objective will be to seek high current income and, as a secondary objective, capital appreciation. The Fund's ultimate asset allocation (10 to 15 years after the year 2020) will be approximately 20% in domestic equity funds, 35% in investment grade fixed income funds, 5% in high yield fixed-income funds and 40% in short-term funds.

**Fidelity Freedom 2030 Fund** - The Fund seeks high total return until its target retirement date. Thereafter the Fund's objective will be to seek high current income and, as a secondary objective, capital appreciation. The Fund's ultimate asset allocation (10 to 15 years after the year 2030) will be approximately 20% in domestic equity funds, 35% in investment grade fixed income funds, 5% in high yield fixed-income funds and 40% in short-term funds.

**Fidelity Freedom 2040 Fund** - The Fund seeks high total return until its target retirement date. Thereafter the Fund's objective will be to seek high current income and, as a secondary objective, capital appreciation. The Fund's ultimate asset allocation (10 to 15 years after the year 2040) will be approximately 20% in domestic equity funds, 35% in investment grade fixed income funds, 5% in high yield fixed-income funds and 40% in short-term funds.

**Fidelity Freedom 2005 Fund** - The Fund seeks high total return until its target retirement date. Thereafter the Fund's objective will be to seek high current income and, as a secondary objective, capital appreciation. The Fund's ultimate asset allocation (10 to 15 years after the year 2005) will be approximately 20% in domestic equity funds, 35% in investment grade fixed income funds, 5% in high yield fixed-income funds and 40% in short-term funds.

**NEW ERA OHIO 401 (k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
December 31, 2009 and 2008

**Fidelity Freedom 2015 Fund** - The Fund seeks high total return until its target retirement date. Thereafter the Fund's objective will be to seek high current income and, as a secondary objective, capital appreciation. The Fund's ultimate asset allocation (10 to 15 years after the year 2015) will be approximately 20% in domestic equity funds, 35% in investment grade fixed income funds, 5% in high yield fixed-income funds and 40% in short-term funds.

**Fidelity Freedom 2025 Fund** - The Fund seeks high total return until its target retirement date. Thereafter the Fund's objective will be to seek high current income and, as a secondary objective, capital appreciation. The Fund's ultimate asset allocation (10 to 15 years after the year 2025) will be approximately 20% in domestic equity funds, 35% in investment grade fixed income funds, 5% in high yield fixed-income funds and 40% in short-term funds.

**Fidelity Freedom 2035 Fund** - The Fund seeks high total return until its target retirement date. Thereafter the Fund's objective will be to seek high current income and, as a secondary objective, capital appreciation. The Fund's ultimate asset allocation (10 to 15 years after the year 2035) will be approximately 20% in domestic equity funds, 35% in investment grade fixed income funds, 5% in high yield fixed-income funds and 40% in short-term funds.

**Fidelity Freedom 2045 Fund** - The Fund seeks high total return until its target retirement date. Thereafter the Fund's objective will be to seek high current income and, as a secondary objective, capital appreciation. The Fund's ultimate asset allocation (10 to 15 years after the year 2045) will be approximately 20% in domestic equity funds, 35% in investment grade fixed income funds, 5% in high yield fixed-income funds and 40% in short-term funds.

**Fidelity Freedom 2050 Fund** - The Fund seeks high total return until its target retirement date. Thereafter the Fund's objective will be to seek high current income and, as a secondary objective, capital appreciation. The Fund's ultimate asset allocation (10 to 15 years after the year 2050) will be approximately 20% in domestic equity funds, 35% in investment grade fixed income funds, 5% in high yield fixed-income funds and 40% in short-term funds.

Participants may change their investment options daily.

Payment of Benefits. On termination of service for any reason, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or installment payments.

Forfeitures. Forfeitures shall be applied to reduce the contributions of the Company's next payable under the Plan.

Administrative Expenses. The Plan pays all trustee fees, except participant loan fees.

**NEW ERA OHIO 401 (k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
December 31, 2009 and 2008

**NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the plan administrator to make 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 stated at fair value. Shares of registered investment companies are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end.

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.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

The Plan performed subsequent events procedures through September 13, 2010, the date financial statements were available to be issued. The Company has not evaluated any subsequent events after this date related to these financial statements.

The Company plans to terminate the Plan in 2010. Final distributions will be determined based on all participants being 100% vested and will be made as soon as possible after the termination date, which is yet to be determined.

**NEW ERA OHIO 401 (k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
December 31, 2009 and 2008

**NOTE C - INVESTMENTS**

The Plan's assets are held by Fidelity Management Trust Company at December 31, 2009 and 2008. The current trustee has no discretionary authority for sales and purchases of investments. The following table presents the fair values of investments at December 31, 2009 and 2008, which was certified by the trustee:

|                                                  | Fair Value |          |
|--------------------------------------------------|------------|----------|
|                                                  | 2009       | 2008     |
| Shares of registered investment companies:       |            |          |
| Fidelity Fund                                    | \$ 2,702   | \$ 1,603 |
| Fidelity Puritan Fund                            | 18,573     | 10,601   |
| Fidelity Value Strategies Fund                   | 506        | 930      |
| Fidelity Equity Income Fund                      | 37,362     | 17,040   |
| Fidelity Investment Grade Bond Fund              | 9,232      | 7,793    |
| Fidelity Intermediate Bond Fund                  | 7,468      | 5,107    |
| Fidelity Value Fund                              | 11,900     | 5,909    |
| Fidelity OTC Portfolio Fund                      | 618        | 613      |
| Fidelity Overseas Fund                           | 9,293      | 5,692    |
| Fidelity Leveraged Company Stock Fund            | 27,571     | 13,465   |
| Fidelity Real Estate Investment Fund             | 13,012     | 4,445    |
| Fidelity Capital Appreciation Fund               | 2,912      | 1,743    |
| Fidelity Blue Chip Growth Fund                   | 26,859     | 16,617   |
| Fidelity Equity Income Fund II                   | 4,101      | 2,510    |
| Fidelity Aggressive Growth Fund                  | 11,022     | 7,754    |
| Fidelity Dividend Growth Fund                    | 33,304     | 18,820   |
| Fidelity Export & Multinational Fund             | 52,230     | 26,210   |
| Fidelity International Capital Appreciation Fund | 16,691     | 10,013   |
| Fidelity Large Cap Stock Fund                    | 16,602     | 10,010   |
| Fidelity Freedom 2000 Fund                       | 14         | 12       |
| Fidelity Freedom 2010 Fund                       | 451        | 355      |
| Fidelity Freedom 2020 Fund                       | 1,569      | 1,166    |
| Fidelity Freedom 2030 Fund                       | 61,120     | 46,138   |
| Spartan Total Market Index Fund                  | 35,809     | 16,718   |
| Spartan Extended Market Index Fund               | -          | 797      |
| Fidelity Short Term Bond Fund                    | 10,395     | 7,521    |
| Fidelity Fifty Fund                              | 572        | 369      |
| Fidelity Freedom 2040 Fund                       | 27,151     | 15,328   |
| Fidelity Mid Cap Growth Fund                     | 13,095     | 5,914    |
| Fidelity Freedom 2015 Fund                       | 10,892     | 25,226   |
| Fidelity Freedom 2025 Fund                       | 15,015     | 2,602    |
| Fidelity Small Cap Value Fund                    | 7,500      | 6,767    |
| Fidelity Freedom 2045 Fund                       | 6,553      | 4,901    |
| Total shares of registered investment companies  | 492,094    | 300,689  |

**NEW ERA OHIO 401 (k) PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
December 31, 2009 and 2008

|                                       |                   |                   |
|---------------------------------------|-------------------|-------------------|
| Money Market Account                  |                   |                   |
| Fidelity Retirement Money Market Fund | <u>24,874</u>     | <u>28,269</u>     |
| Total money market accounts           | 24,874            | 28,269            |
| Loans to participants                 | <u>576</u>        | <u>1,312</u>      |
|                                       | <u>\$ 517,544</u> | <u>\$ 330,270</u> |

The following table presents transactions in the trust fund for the year ended December 31, 2009, which were certified by the trustee:

|                                               |                  |                   |
|-----------------------------------------------|------------------|-------------------|
| Trust assets at beginning of the year         |                  | \$ 330,270        |
| Add:                                          |                  |                   |
| Net appreciation in fair value of investments |                  | 128,187           |
| Interest                                      |                  | 277               |
| Contributions:                                |                  |                   |
| Participants                                  |                  | <u>103,742</u>    |
|                                               | Total additions  | <u>232,206</u>    |
| Deduct:                                       |                  |                   |
| Benefits paid to participants                 |                  | 43,897            |
| Administrative expenses                       |                  | <u>1,035</u>      |
|                                               | Total deductions | <u>44,932</u>     |
|                                               | Net increase     | <u>187,274</u>    |
| Trust assets at end of year                   |                  | <u>\$ 517,544</u> |

**NOTE D - FAIR VALUE MEASUREMENTS**

Financial Accounting Standards Board (FASB) ASC 820, Fair Value Measurements and Disclosures (previously know as FASB Statement No. 157), 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 FASB ASC 820 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.

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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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Mutual funds - Valued at the net asset value ("NAV") of shares held by the plan at year end.

The method 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 method is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008.

| Assets at Fair Value as of December 31, 2009 |           |         |         |            |
|----------------------------------------------|-----------|---------|---------|------------|
|                                              | Level 1   | Level 2 | Level 3 | Total      |
| Mutual Funds                                 | \$492,094 | -       | -       | \$ 492,094 |
| Total assets at fair value                   | \$492,094 | -       | -       | \$ 492,094 |
| Assets at Fair Value as of December 31, 2008 |           |         |         |            |
|                                              | Level 1   | Level 2 | Level 3 | Total      |
| Mutual Funds                                 | \$300,689 | -       | -       | \$ 300,689 |
| Total assets at fair value                   | \$300,689 | -       | -       | \$ 300,689 |

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**NOTE E - PLAN TERMINATION**

The Company plans to terminate the Plan in 2010. Final distributions will be determined based on all participants being 100% vested and will be made as soon as possible after the termination date, which is yet to be determined.

**NOTE F - 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 amounts reported in the statement of net assets available for benefits.

SUPPLEMENTARY INFORMATION

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December 31, 2009

EIN 20-2828152

Plan No. 001

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

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current Value |
|-----|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | Fidelity Management Trust Company                         | Registered Investment Company<br>FID Fidelity                                                              | \$ -     | \$ 2,702          |
|     | Fidelity Management Trust Company                         | Registered Investment Company<br>FID Puritan                                                               | -        | 18,573            |
|     | Fidelity Management Trust Company                         | Registered Investment Company<br>FID Value Strategies                                                      | -        | 506               |
|     | Fidelity Management Trust Company                         | Registered Investment Company<br>FID Equity Income                                                         | -        | 37,362            |
|     | Fidelity Management Trust Company                         | Registered Investment Company<br>Fidelity Invst Gr Bd                                                      | -        | 9,232             |
|     | Fidelity Management Trust Company                         | Registered Investment Company<br>FID Intermed Bond                                                         | -        | 7,468             |
|     | Fidelity Management Trust Company                         | Registered Investment Company<br>FID Value                                                                 | -        | 11,900            |
|     | Fidelity Management Trust Company                         | Registered Investment Company<br>FID OTC Portfolio                                                         | -        | 618               |
|     | Fidelity Management Trust Company                         | Registered Investment Company<br>FID Overseas                                                              | -        | 9,293             |

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|-----|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | Fidelity Management Trust Company                         | Registered Investment Company<br>FID Leveraged Co Stk                                                      | -        | 27,571            |
|     | Fidelity Management Trust Company                         | Registered Investment Company<br>FID Real Estate Invs                                                      | -        | 13,012            |
|     | Fidelity Management Trust Company                         | Registered Investment Company<br>FID Cap Appreciation                                                      | -        | 2,912             |
|     | Fidelity Management Trust Company                         | Registered Investment Company<br>FID Blue Chip Growth                                                      | -        | 26,859            |
|     | Fidelity Management Trust Company                         | Registered Investment Company<br>FID Equity Income II                                                      | -        | 4,101             |
|     | Fidelity Management Trust Company                         | Registered Investment Company<br>FID Aggr Growth                                                           | -        | 11,022            |
|     | Fidelity Management Trust Company                         | Registered Investment Company<br>FID Dividend Growth                                                       | -        | 33,304            |
|     | Fidelity Management Trust Company                         | Registered Investment Company<br>FID Exp & Multinatl                                                       | -        | 52,230            |
|     | Fidelity Management Trust Company                         | Registered Investment Company<br>FID Intl Cap Apprec                                                       | -        | 16,691            |

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|-----|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | Fidelity Management Trust Company                         | Registered Investment Company                                                                              |          |                   |
|     |                                                           | FID Large Cap Stock                                                                                        | -        | 16,602            |
|     | Fidelity Management Trust Company                         | Registered Investment Company                                                                              |          |                   |
|     |                                                           | FID Freedom 2000                                                                                           | -        | 14                |
|     | Fidelity Management Trust Company                         | Registered Investment Company                                                                              |          |                   |
|     |                                                           | FID Freedom 2010                                                                                           | -        | 451               |
|     | Fidelity Management Trust Company                         | Registered Investment Company                                                                              |          |                   |
|     |                                                           | FID Freedom 2020                                                                                           | -        | 1,569             |
|     | Fidelity Management Trust Company                         | Registered Investment Company                                                                              |          |                   |
|     |                                                           | FID Freedom 2030                                                                                           | -        | 61,120            |
|     | Fidelity Management Trust Company                         | Registered Investment Company                                                                              |          |                   |
|     |                                                           | Sptn Total Mkt Index                                                                                       | -        | 35,809            |
|     | Fidelity Management Trust Company                         | Registered Investment Company                                                                              |          |                   |
|     |                                                           | Sptn Extn Mkt Index                                                                                        | -        | -                 |
|     | Fidelity Management Trust Company                         | Registered Investment Company                                                                              |          |                   |
|     |                                                           | FID Short Term Bond                                                                                        | -        | 10,395            |
|     | Fidelity Management Trust Company                         | Registered Investment Company                                                                              |          |                   |
|     |                                                           | FID Fifty                                                                                                  | -        | 572               |

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|-----|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | Fidelity Management Trust Company                         | Money Market                                                                                               |          |                   |
|     |                                                           | Fidelity Retire Mmkt                                                                                       | -        | 24,874            |
|     | Fidelity Management Trust Company                         | Registered Investment Company                                                                              |          |                   |
|     |                                                           | FID Freedom 2040                                                                                           | -        | 27,151            |
|     | Fidelity Management Trust Company                         | Registered Investment Company                                                                              |          |                   |
|     |                                                           | FID Mid Cap Growth                                                                                         | -        | 13,095            |
|     | Fidelity Management Trust Company                         | Registered Investment Company                                                                              |          |                   |
|     |                                                           | FID Freedom 2015                                                                                           | -        | 10,892            |
|     | Fidelity Management Trust Company                         | Registered Investment Company                                                                              |          |                   |
|     |                                                           | FID Freedom 2025                                                                                           | -        | 15,015            |
|     | Fidelity Management Trust Company                         | Registered Investment Company                                                                              |          |                   |
|     |                                                           | FID Small Cap Value                                                                                        | -        | 7,500             |
|     | Fidelity Management Trust Company                         | Registered Investment Company                                                                              |          |                   |
|     |                                                           | FID Freedom 2045                                                                                           | -        | 6,553             |
|     | Participant Loans                                         | Participant loan                                                                                           |          |                   |
|     |                                                           | 9/15/10, 8%                                                                                                | -        | 576               |

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|-----|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | Fidelity Management Trust Company                         | Registered Investment Company<br>FID Fidelity                                                                    | \$ -     | \$ 2,702          |
|     | Fidelity Management Trust Company                         | Registered Investment Company<br>FID Puritan                                                                     | -        | 18,573            |
|     | Fidelity Management Trust Company                         | Registered Investment Company<br>FID Value Strategies                                                            | -        | 506               |
|     | Fidelity Management Trust Company                         | Registered Investment Company<br>FID Equity Income                                                               | -        | 37,362            |
|     | Fidelity Management Trust Company                         | Registered Investment Company<br>Fidelity Invst Gr Bd                                                            | -        | 9,232             |
|     | Fidelity Management Trust Company                         | Registered Investment Company<br>FID Intermed Bond                                                               | -        | 7,468             |
|     | Fidelity Management Trust Company                         | Registered Investment Company<br>FID Value                                                                       | -        | 11,900            |
|     | Fidelity Management Trust Company                         | Registered Investment Company<br>FID OTC Portfolio                                                               | -        | 618               |
|     | Fidelity Management Trust Company                         | Registered Investment Company<br>FID Overseas                                                                    | -        | 9,293             |

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|-----|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | Fidelity Management Trust Company                         | Registered Investment Company<br>FID Leveraged Co Stk                                                            | -        | 27,571            |
|     | Fidelity Management Trust Company                         | Registered Investment Company<br>FID Real Estate Invs                                                            | -        | 13,012            |
|     | Fidelity Management Trust Company                         | Registered Investment Company<br>FID Cap Appreciation                                                            | -        | 2,912             |
|     | Fidelity Management Trust Company                         | Registered Investment Company<br>FID Blue Chip Growth                                                            | -        | 26,859            |
|     | Fidelity Management Trust Company                         | Registered Investment Company<br>FID Equity Income II                                                            | -        | 4,101             |
|     | Fidelity Management Trust Company                         | Registered Investment Company<br>FID Aggr Growth                                                                 | -        | 11,022            |
|     | Fidelity Management Trust Company                         | Registered Investment Company<br>FID Dividend Growth                                                             | -        | 33,304            |
|     | Fidelity Management Trust Company                         | Registered Investment Company<br>FID Exp & Multinatl                                                             | -        | 52,230            |
|     | Fidelity Management Trust Company                         | Registered Investment Company<br>FID Intl Cap Apprec                                                             | -        | 16,691            |

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|-----|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | Fidelity Management Trust Company                         | Registered Investment Company                                                                                    |          |                   |
|     |                                                           | FID Large Cap Stock                                                                                              | -        | 16,602            |
|     | Fidelity Management Trust Company                         | Registered Investment Company                                                                                    |          |                   |
|     |                                                           | FID Freedom 2000                                                                                                 | -        | 14                |
|     | Fidelity Management Trust Company                         | Registered Investment Company                                                                                    |          |                   |
|     |                                                           | FID Freedom 2010                                                                                                 | -        | 451               |
|     | Fidelity Management Trust Company                         | Registered Investment Company                                                                                    |          |                   |
|     |                                                           | FID Freedom 2020                                                                                                 | -        | 1,569             |
|     | Fidelity Management Trust Company                         | Registered Investment Company                                                                                    |          |                   |
|     |                                                           | FID Freedom 2030                                                                                                 | -        | 61,120            |
|     | Fidelity Management Trust Company                         | Registered Investment Company                                                                                    |          |                   |
|     |                                                           | Sptn Total Mkt Index                                                                                             | -        | 35,809            |
|     | Fidelity Management Trust Company                         | Registered Investment Company                                                                                    |          |                   |
|     |                                                           | Sptn Extnd Mkt Index                                                                                             | -        | -                 |
|     | Fidelity Management Trust Company                         | Registered Investment Company                                                                                    |          |                   |
|     |                                                           | FID Short Term Bond                                                                                              | -        | 10,395            |
|     | Fidelity Management Trust Company                         | Registered Investment Company                                                                                    |          |                   |
|     |                                                           | FID Fifty                                                                                                        | -        | 572               |

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|-----|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | Fidelity Management Trust Company                         | Money Market                                                                                                     |          |                   |
|     |                                                           | Fidelity Retire Mmkt                                                                                             | -        | 24,874            |
|     | Fidelity Management Trust Company                         | Registered Investment Company                                                                                    |          |                   |
|     |                                                           | FID Freedom 2040                                                                                                 | -        | 27,151            |
|     | Fidelity Management Trust Company                         | Registered Investment Company                                                                                    |          |                   |
|     |                                                           | FID Mid Cap Growth                                                                                               | -        | 13,095            |
|     | Fidelity Management Trust Company                         | Registered Investment Company                                                                                    |          |                   |
|     |                                                           | FID Freedom 2015                                                                                                 | -        | 10,892            |
|     | Fidelity Management Trust Company                         | Registered Investment Company                                                                                    |          |                   |
|     |                                                           | FID Freedom 2025                                                                                                 | -        | 15,015            |
|     | Fidelity Management Trust Company                         | Registered Investment Company                                                                                    |          |                   |
|     |                                                           | FID Small Cap Value                                                                                              | -        | 7,500             |
|     | Fidelity Management Trust Company                         | Registered Investment Company                                                                                    |          |                   |
|     |                                                           | FID Freedom 2045                                                                                                 | -        | 6,553             |
|     | Participant Loans                                         | Participant loan                                                                                                 |          |                   |
|     |                                                           | 9/15/10, 8%                                                                                                      | -        | 576               |

See accountant's report.