# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

**2012**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 04/01/2012 and ending 03/31/2013

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
ALLIED MINERAL PRODUCTS, INC. EMPLOYEES' STOCK OWNERSHIP PLAN & TRUST

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 04/01/1967

**2a** Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

ALLIED MINERAL PRODUCTS, INC.

2700 SCIOTO PARKWAY
COLUMBUS, OH 43221-4660

**2b** Employer Identification Number (EIN) 31-0643264

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

**2d** Business code (see instructions) 423500

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 01/14/2014 | JONATHAN TABOR |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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

Preparer's telephone number (optional)

| | | |
|---|---|---|
| **3a** Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address | **3b** Administrator's EIN | |
| | **3c** Administrator's telephone number | |
| **4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: | **4b** EIN | |
| **a** Sponsor's name | **4c** PN | |
| **5** Total number of participants at the beginning of the plan year | **5** | 299 |
| **6** Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**). | | |
| **a** Active participants | **6a** | 319 |
| **b** Retired or separated participants receiving benefits | **6b** | 1 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 38 |
| **d** Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 358 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** Total. Add lines **6d** and **6e** | **6f** | 358 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 345 |
| **h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 6 |
| **7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2O 2P 3H

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

**9a** Plan funding arrangement (check all that apply)

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

**9b** Plan benefit arrangement (check all that apply)

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

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

**a Pension Schedules**

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

**b General Schedules**

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

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2012**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2012 or fiscal plan year beginning 04/01/2012 and ending 03/31/2013

| **A** Name of plan | **B** Three-digit plan number (PN) ▶ |
|---|---|
| ALLIED MINERAL PRODUCTS, INC. EMPLOYEES' STOCK OWNERSHIP PLAN & TRUST | 001 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500 | **D** Employer Identification Number (EIN) |
| ALLIED MINERAL PRODUCTS, INC. | 31-0643264 |

## 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)

NORTH STAR TRUST COMPANY

36-4181671

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 26 | NONE | 67293 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

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

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

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

**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)

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

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

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

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

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

## Part I Service Provider Information (continued)

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

# SCHEDULE G (Form 5500)

Department of Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## Financial Transaction Schedules

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

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

OMB No. 1210-0110

**2012**

**This Form is Open to Public Inspection.**

For calendar plan year 2012 or fiscal plan year beginning 04/01/2012 and ending 03/31/2013

**A** Name of plan
ALLIED MINERAL PRODUCTS, INC. EMPLOYEES' STOCK OWNERSHIP PLAN & TRUST

**B** Three-digit plan number (PN) ▶ 001

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

**D** Employer Identification Number (EIN)
31-0643264

## Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible

Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

| (a) | (b) Identity and address of obligor | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |
|---|---|---|
| ☐ | | |

| | Amount received during reporting year | | | Amount overdue | |
|---|---|---|---|---|---|
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| | | | | | |

| (a) | (b) Identity and address of obligor | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |
|---|---|---|
| ☐ | | |

| | Amount received during reporting year | | | Amount overdue | |
|---|---|---|---|---|---|
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| | | | | | |

| (a) | (b) Identity and address of obligor | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |
|---|---|---|
| ☐ | | |

| | Amount received during reporting year | | | Amount overdue | |
|---|---|---|---|---|---|
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| | | | | | |

| (a) | (b) Identity and address of obligor | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |
|---|---|---|
| | | |

| | Amount received during reporting year | | | Amount overdue | |
|---|---|---|---|---|---|
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| | | | | | |

| (a) | (b) Identity and address of obligor | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |
|---|---|---|
| | | |

| | Amount received during reporting year | | | Amount overdue | |
|---|---|---|---|---|---|
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| | | | | | |

| (a) | (b) Identity and address of obligor | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |
|---|---|---|
| | | |

| | Amount received during reporting year | | | Amount overdue | |
|---|---|---|---|---|---|
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| | | | | | |

| (a) | (b) Identity and address of obligor | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |
|---|---|---|
| | | |

| | Amount received during reporting year | | | Amount overdue | |
|---|---|---|---|---|---|
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| | | | | | |

| (a) | (b) Identity and address of obligor | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |
|---|---|---|
| | | |

| | Amount received during reporting year | | | Amount overdue | |
|---|---|---|---|---|---|
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| | | | | | |

## Part II Schedule of Leases in Default or Classified as Uncollectible

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization, or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) |
|---|---|---|---|
| ☐ | | | |

| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
|---|---|---|---|---|---|
| | | | | | |

| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization, or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) |
|---|---|---|---|
| ☐ | | | |

| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
|---|---|---|---|---|---|
| | | | | | |

| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization, or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) |
|---|---|---|---|
| ☐ | | | |

| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
|---|---|---|---|---|---|
| | | | | | |

| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization, or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) |
|---|---|---|---|
| ☐ | | | |

| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
|---|---|---|---|---|---|
| | | | | | |

| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization, or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) |
|---|---|---|---|
| ☐ | | | |

| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
|---|---|---|---|---|---|
| | | | | | |

| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization, or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) |
|---|---|---|---|
| ☐ | | | |

| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
|---|---|---|---|---|---|
| | | | | | |

## Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

| **(a)** Identity of party involved | **(b)** Relationship to plan, employer, or other party-in-interest | **(c)** Description of transaction including maturity date, rate of interest, collateral, par or maturity value | **(d)** Purchase price |
|---|---|---|---|
| | | | |

| **(e)** Selling price | **(f)** Lease rental | **(g)** Transaction expenses | **(h)** Cost of asset | **(i)** Current value of asset | **(j)** Net gain (or loss) on each transaction |
|---|---|---|---|---|---|
| | | | | | |

| **(a)** Identity of party involved | **(b)** Relationship to plan, employer, or other party-in-interest | **(c)** Description of transaction including maturity date, rate of interest, collateral, par or maturity value | **(d)** Purchase price |
|---|---|---|---|
| | | | |

| **(e)** Selling price | **(f)** Lease rental | **(g)** Transaction expenses | **(h)** Cost of asset | **(i)** Current value of asset | **(j)** Net gain (or loss) on each transaction |
|---|---|---|---|---|---|
| | | | | | |

| **(a)** Identity of party involved | **(b)** Relationship to plan, employer, or other party-in-interest | **(c)** Description of transaction including maturity date, rate of interest, collateral, par or maturity value | **(d)** Purchase price |
|---|---|---|---|
| | | | |

| **(e)** Selling price | **(f)** Lease rental | **(g)** Transaction expenses | **(h)** Cost of asset | **(i)** Current value of asset | **(j)** Net gain (or loss) on each transaction |
|---|---|---|---|---|---|
| | | | | | |

| **(a)** Identity of party involved | **(b)** Relationship to plan, employer, or other party-in-interest | **(c)** Description of transaction including maturity date, rate of interest, collateral, par or maturity value | **(d)** Purchase price |
|---|---|---|---|
| | | | |

| **(e)** Selling price | **(f)** Lease rental | **(g)** Transaction expenses | **(h)** Cost of asset | **(i)** Current value of asset | **(j)** Net gain (or loss) on each transaction |
|---|---|---|---|---|---|
| | | | | | |

| **(a)** Identity of party involved | **(b)** Relationship to plan, employer, or other party-in-interest | **(c)** Description of transaction including maturity date, rate of interest, collateral, par or maturity value | **(d)** Purchase price |
|---|---|---|---|
| | | | |

| **(e)** Selling price | **(f)** Lease rental | **(g)** Transaction expenses | **(h)** Cost of asset | **(i)** Current value of asset | **(j)** Net gain (or loss) on each transaction |
|---|---|---|---|---|---|
| | | | | | |

| **(a)** Identity of party involved | **(b)** Relationship to plan, employer, or other party-in-interest | **(c)** Description of transaction including maturity date, rate of interest, collateral, par or maturity value | **(d)** Purchase price |
|---|---|---|---|
| | | | |

| **(e)** Selling price | **(f)** Lease rental | **(g)** Transaction expenses | **(h)** Cost of asset | **(i)** Current value of asset | **(j)** Net gain (or loss) on each transaction |
|---|---|---|---|---|---|
| | | | | | |

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**2012**

**This Form is Open to Public Inspection**

For calendar plan year 2012 or fiscal plan year beginning 04/01/2012 and ending 03/31/2013

**A** Name of plan
ALLIED MINERAL PRODUCTS, INC. EMPLOYEES' STOCK OWNERSHIP PLAN & TRUST

**B** Three-digit plan number (PN) ▶ 001

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

**D** Employer Identification Number (EIN)
31-0643264

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 244193 | 387212 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | 8299 | 9387 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 3232042 | 543538 |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 6994055 | 10327844 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | 123083454 | 133585386 |
| **(2)** Employer real property | 1d(2) | | |
| **e** Buildings and other property used in plan operation | 1e | | |
| **f** Total assets (add all amounts in lines 1a through 1e) | 1f | 133562043 | 144853367 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | 0 | 0 |
| **h** Operating payables | 1h | | |
| **i** Acquisition indebtedness | 1i | | |
| **j** Other liabilities | 1j | | |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 133562043 | 144853367 |

## Part II Income and Expense Statement

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

| Income | | (a) Amount | (b) Total |
|---|---|---|---|
| **a Contributions:** | | | |
| **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 2590912 | |
| **(B)** Participants | 2a(1)(B) | | |
| **(C)** Others (including rollovers) | 2a(1)(C) | | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 2590912 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 2596 | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 2596 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | 725118 | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 725118 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 93849 | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 93849 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | 10554954 | |
| **(B)** Other | 2b(5)(B) | | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 10554954 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| c Other income | 2c | | 8676540 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 22643969 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 11285352 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 11285352 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: **(1)** Professional fees | 2i(1) | 67293 | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 67293 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 11352645 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 11291324 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

**(1)** [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

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

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |

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

**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) |
|---|---|---|
| | | |
| | | |
| | | |

## Part V Trust Information (optional)

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Retirement Plan Information

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

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

OMB No. 1210-0110

**2012**

**This Form is Open to Public Inspection.**

For calendar plan year 2012 or fiscal plan year beginning 04/01/2012 and ending 03/31/2013

**A** Name of plan
ALLIED MINERAL PRODUCTS, INC. EMPLOYEES' STOCK OWNERSHIP PLAN & TRUST

**B** Three-digit plan number (PN) ▶ 001

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

**D** Employer Identification Number (EIN)
31-0643264

## Part I Distributions

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

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

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

EIN(s): 31-0643264

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. ..... **3** 34

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Rea & associates a brighter way

January 13, 2014

To the Plan Administrator,
Allied Mineral Products, Inc. Employees' Stock Ownership Plan and Trust

INDEPENDENT AUDITOR'S REPORT

**Report on the Financial Statements**
We were engaged to audit the accompanying statements of the Allied Mineral Products, Inc. Employees' Stock Ownership Plan and Trust (the "Plan") as of March 31, 2013 and 2012, which comprise the statements of net assets available for benefits, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

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

**Basis for Disclaimer of Opinion**
As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by NorthStar Trust Company, the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of March 31, 2013 and 2012, and for the years then ended, that the information provided to the Plan Administrator by the trustee is complete and accurate.

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



Rea & Associates, Inc.
5775 Perimeter Dr. | Suite 200 | Dublin, OH 43017-3224
: 614.889.8725 | f: 614.889.0159 | www.reacpa.com

**Other Matter**
The supplemental schedule of assets held for investment as of March 31, 2013 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

Rea & Associates, Inc.

ALLIED MINERAL PRODUCTS, INC.
EMPLOYEES' STOCK OWNERSHIP PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF MARCH 31, 2013 AND 2012

| | March 31, 2013 | March 31, 2012 |
|---|---|---|
| ASSETS: | | |
| INVESTMENTS, at fair value: | | |
| Money market fund | $ 543,538 | $ 3,232,042 |
| Mutual funds | 4,890,915 | 2,205,961 |
| Collective investment trust | 5,436,929 | 4,788,094 |
| Allied Mineral Products, Inc. common stock | 133,585,386 | 123,083,454 |
| Total investments at fair value | 144,456,768 | 133,309,551 |
| Employer contribution receivable | 387,212 | 244,193 |
| Accrued interest and dividends | 9,387 | 8,299 |
| NET ASSETS AVAILABLE FOR PLAN BENEFITS | 144,853,367 | 133,562,043 |

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

ALLIED MINERAL PRODUCTS, INC.
EMPLOYEES' STOCK OWNERSHIP PLAN AND TRUST

STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED MARCH 31, 2013 AND 2012

| | 2013 | 2012 |
|---|---|---|
| ADDITIONS TO NET ASSETS: | | |
| Employer contribution | $ 2,590,912 | $ 2,404,193 |
| Investment income: | | |
| Interest and dividends | 171,251 | 104,716 |
| Dividends and distributions from Allied Mineral Products, Inc. | 9,233,002 | 9,267,573 |
| Net appreciation in fair value of mutual fund investments | 146,871 | 137,893 |
| Net appreciation in fair value of Allied Mineral Products, Inc. investment | 10,501,932 | 15,448,788 |
| TOTAL ADDITIONS | 22,643,968 | 27,363,163 |
| DEDUCTIONS FROM NET ASSETS: | | |
| Distributions paid to participants | 11,285,352 | 7,693,413 |
| Administrative expenses | 67,292 | 59,926 |
| TOTAL DEDUCTIONS | 11,352,644 | 7,753,339 |
| NET INCREASE IN NET ASSETS AVAILABLE FOR PLAN BENEFITS | 11,291,324 | 19,609,824 |
| NET ASSETS AVAILABLE FOR PLAN BENEFITS - Beginning of year | 133,562,043 | 113,952,219 |
| NET ASSETS AVAILABLE FOR PLAN BENEFITS - End of year | $ 144,853,367 | $ 133,562,043 |

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

ALLIED MINERAL PRODUCTS, INC.
EMPLOYEES' STOCK OWNERSHIP PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

## NOTE 1: PLAN DESCRIPTION

### General

The Allied Mineral Products, Inc. Employees' Stock Ownership Plan and Trust (the "Plan") was formed on April 1, 1976 by Allied Mineral Products, Inc. (the "Plan Sponsor" or the "Company"). The Plan is a noncontributory defined contribution plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Information concerning benefits, allocations, forfeitures, and other provisions under the Plan is included in the Allied Mineral Products, Inc. Employees' Stock Ownership Plan and Trust Agreement which is available for review by participants. Participants should refer to this document for more complete information.

### ESOP Contributions

Contributions to the Plan are determined at the discretion of the Board of Directors of the Plan Sponsor and are subject to Internal Revenue Service limitations.

### Participant Accounts

Individual accounts are maintained for each plan participant to reflect the participant's entire interest under the Plan. Each participant's account is credited with the Plan Sponsor's contribution, net gains and losses on investments, and reduced by distributions from the participant's account. As of each valuation date, the Plan allocates earnings (losses) into each participants account so that the total of all participant account balance equals the fair market value of the ESOP trust fund as of each valuation date. The Company's contributions are allocated to eligible participants' accounts based on the ratio of each eligible participant's compensation for the year to the total compensation for all participants. A participant is entitled to that benefit which his or her account can provide.

### Eligibility

A non-leased employee of the Company becomes eligible as a participant in the Plan upon reaching age 18 and completing 500 hours of service. Participation commences on the entry date, which is the first day of the plan year in which you first become eligible.

### Voting Rights

The Plan Administrator has the right to direct the Trustee as to the voting of allocated and unallocated shares of Company Stock in any matter which any other shares of the Company may be voted, except that the Participants shall have the right to direct the Trustee as to the voting of stock allocated to their account in certain matters.

### Vesting

Employer contributions to the Plan vest 20% at the end of the second year of participation and an additional 20% each year thereafter until fully vested.

### Forfeitures

Forfeitures are allocated to participant accounts as provided by the Plan document. There were no unallocated forfeitures as of March 31, 2013 and 2012.

NOTES TO FINANCIAL STATEMENTS

NOTE 1: PLAN DESCRIPTION (Continued)

Diversification
Pursuant to Code Section 401(a)(28), a qualified participant shall be permitted to direct the Plan as to the investment of up to 25% of the Participant's stock account at any time during the participant's qualified election period, except that, as of the sixth year of such period, the Participant may direct the Plan as to the investments of up to 50% of the stock account.

Payment of Benefits
Upon termination of service, a participant whose vested account balance is under $25,000 is eligible for immediate withdrawal. If the participant's vested account balance exceeds $25,000 there is a five year waiting period for withdrawal. Distributions due to death, disability or retirement are eligible for immediate withdrawal of 80% of their vested account balance, with remaining balance payable upon the next stock valuation.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Accounting standards require that investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statements of Net Assets Available for Benefits presents the contract value of the investment contracts since contract value approximates fair value. The Statements of Changes in Net Assets Available for Benefits are prepared on a contract value.

Use of Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts and disclosures. Actual results could differ from those estimates. The Plan relies significantly on the use of estimates in determining the valuation of the Allied Mineral Products, Inc. common stock, which is the primary Plan investment.

Investment Valuation and Income Recognition
Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

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

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investments in money market funds are valued at cost, which approximates market. Investments in mutual funds are stated at fair value as determined by quoted market prices. The fair value of the investment in common collective trust is equal to the sum of the fair market value of all of the fund's investments. Investments in Allied Mineral Products, Inc. common stock are stated at the estimated fair value based on valuation reports prepared by an independent appraiser as of March 31, 2013 and 2012, and dated September 2013 and 2012, respectively.

During 2013 and 2012, the Plan was invested in The Morley Stable Value Fund and the Mellon Stable Value Fund, collective trusts, which invest in fully benefit responsive investment contracts. There are currently no redemption restrictions on these investments. These investment contracts are recorded at contract value, which approximates fair value. The contract value represents contributions plus earnings, less participant withdrawals and administrative expenses. The fair value of the investments was determined based on the quoted market values of the underlying investments, as the collective trust itself is not actively traded on an exchange.

Benefit Payments
Benefit payments are recorded when paid.

Administrative Expenses
Trustee expenses are paid by the Plan and administrative expenses are paid by the Plan Sponsor as provided by the Plan document.

Recent Accounting Pronouncements
In May 2011, the FASB issued ASU 2011-04, Amendments to Achieve Common Fair Value Measurements and Disclosure Requirements in U.S. GAAP and IFRS, (ASU 2011-04). ASU 2011-04 amended ASC 820, Fair Value Measurements. This update changes certain fair value measurement principles and enhances the disclosure requirements particularly for Level 3 fair value measurements. The amendments are to be applied prospectively and are effective for annual periods beginning after December 15, 2011. See Note 4 for disclosures on investments.

Recent Accounting Pronouncements (Continued)
In October 2012, the FASB issued ASU 2012-04, Technical Corrections and Improvements. The amendments in this Update cover a wide range of Topics in the Accounting Standards Codification, including plan accounting. These amendments include technical corrections and improvements to the Accounting Standards Codification and conforming amendments related to fair value measurements. The amendments in this update will generally be effective for fiscal periods beginning after December 15, 2013, for non-public entities, except for amendments in this update where there was no transition guidance which were immediately effective upon issuance. The adoption of immediately effective amendments was not significant to these financial statements. The adoption of ASU 2012-04 is not expected to have a material impact on subsequent periods.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Reclassifications
Certain 2012 financial information has been reclassified to conform to the 2013 presentation. The reclassifications have no impact on the previously reported change in net assets.

Subsequent Events
In evaluating events that may have a material impact on the financial statements, the Company has considered activities through January 13, 2014, the date the financial statements were available to be issued.

NOTE 3: INFORMATION PREPARED AND CERTIFIED BY NORTHSTAR TRUST COMPANY

The following is a summary of the Plan's asset information as of March 31, 2013 and 2012, and for the years then ended, included throughout the Plan's financial statements and supplemental schedules, that was prepared by or derived from information provided by the trustee and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that information provided to the Plan Administrator by the trustee is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations of Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedule related to the following assets:

| | March 31, 2013 | March 31, 2012 |
|---|---|---|
| Investments, at fair value: | | |
| Mutual Funds | $ 4,890,915 | $ 2,205,961 |
| Collective Investment Trusts | $ 5,436,929 | $ 4,788,094 |
| Money Market Fund | $ 543,538 | $ 3,232,042 |
| Allied Mineral Products, Inc. Common Stock | $133,585,386 | $123,083,454 |

NorthStar Trust Company also certified to the completeness and accuracy of the $10,648,803 and $15,586,681 of net appreciation in fair value of investments and $9,404,253 and $9,372,289 of interest, distributions and dividends related to the aforementioned assets for the years ended March 31, 2013 and 2012, respectively.

NOTES TO FINANCIAL STATEMENTS

NOTE 4: INVESTMENTS

The Plan's investments, which exceeded five percent of net assets available for benefits as of March 31, 2013 and 2012, are as follows:

| | 2013 | 2012 |
|---|---|---|
| Common stock - Allied Mineral Products, Inc. | $133,585,386 | $123,083,454 |

NOTE 5: FAIR VALUE MEASUREMENTS

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

- Level 1 – quoted prices in active markets for identical assets.
- Level 2 – other significant inputs (including quoted prices of similar securities, interest rates, prepayment speeds, credit risk, etc.)
- Level 3 – significant unobservable inputs (which may include the Plan's own assumptions in determining the fair value of investments).

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes to the methodologies used at March 31, 2013 and 2012.

*Common stocks:* Valued by independent valuation.

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

*Collective investment trust:* Valued based on the NAV of units of the collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimating fair value.

The NAV is based upon the fair value of the underlying investments comprising the trust less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

*Money market fund:* Valued at cost which approximates fair value.

NOTES TO FINANCIAL STATEMENTS

NOTE 5: FAIR VALUE MEASUREMENTS (Continued)

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

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

Assets at Fair Value as of March 31, 2013

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Allied Mineral Products, Inc. common stock | $ - | $ - | $133,585,386 | $133,585,386 |
| Mutual funds: | | | | |
| Fixed income | 4,890,915 | - | - | 4,890,915 |
| Collective investment trusts: | | | | |
| Fixed income | - | - | 5,436,929 | 5,436,929 |
| Money market fund | - | 543,538 | - | 543,538 |
| Total assets at fair value | $ 4,890,915 | $543,538 | $139,022,315 | $144,456,768 |

Assets at Fair Value as of March 31, 2012

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Allied Mineral Products, Inc. common stock | $ - | $ - | $123,083,454 | $123,083,454 |
| Mutual funds: | | | | |
| Fixed income | 2,205,961 | - | - | 2,205,961 |
| Collective investment trusts: | | | | |
| Fixed income | - | - | 4,788,094 | 4,788,094 |
| Money market fund | - | 3,232,042 | - | 3,232,042 |
| Total assets at fair value | $ 2,205,961 | $3,232,042 | $127,871,548 | $133,309,551 |

NOTE 5: FAIR VALUE MEASUREMENTS (Continued)

The following table summarizes investments measured at fair value based on net asset value (NAV) per share as of March 31, 2013 and 2012, respectively.

Assets at Fair Value Based on NAV Per Share as of March 31, 2013

| | Fair Value | Unfunded Commitments | Redemption Frequency | Redemption Notice Period |
|---|---|---|---|---|
| Stable Value Funds (a) | $5,436,929 | n/a | Daily | None |

Assets at Fair Value Based on NAV Per Share as of March 31, 2012

| | Fair Value | Unfunded Commitments | Redemption Frequency | Redemption Notice Period |
|---|---|---|---|---|
| Stable Value Funds (a) | $4,788,094 | n/a | Daily | None |

(a) This category includes stable value collective funds. The objectives of the funds are to provide preservation of capital, relatively stable returns consistent with its comparatively low risk profile, and liquidity for benefit responsive plan or participant payments. The funds primarily consist of a diversified portfolio of stable value investment contracts issued by life insurance companies, banks and other financial institutions, the performance of which may be predicated on underlying fixed income investments. The funds are designed for long-term retirement investing.

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

We evaluate the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the year ended March 31, 2013, there were no transfers in or out of Level 3.

NOTE 5: FAIR VALUE MEASUREMENTS (Continued)

The tables below sets forth a summary of the changes in fair value of the Plan's Level 3 assets for the years ended March 31:

| | 2013 | |
|---|---|---|
| | Allied Mineral Products, Inc. common stock | Collective investment trusts |
| Balance, beginning of the year | $ 123,083,454 | $ 4,788,094 |
| Purchases | - | 6,197,059 |
| Sales | - | (5,531,439) |
| Change in fair value | 10,501,932 | (16,785) |
| Balance, end of the year | $ 133,585,386 | $ 5,436,929 |

| | 2012 | |
|---|---|---|
| | Allied Mineral Products, Inc. common stock | Collective investment trusts |
| Balance, beginning of the year | $ 107,634,666 | $ 3,771,462 |
| Purchases | - | 5,564,659 |
| Sales | - | (4,554,379) |
| Change in fair value | 15,448,788 | 6,352 |
| Balance, end of the year | $ 123,083,454 | $ 4,788,094 |

NOTE 6: RELATED PARTY TRANSACTIONS

Certain Plan investments include shares of the Plan Sponsor. Allied Mineral Products, Inc. is the Plan Sponsor and therefore, these transactions qualify as related party transactions.

NOTE 7: PLAN TERMINATION

The Plan was adopted with the expectation that it will continue indefinitely; however, the Plan Sponsor reserves the right to terminate the Plan in whole or in part or suspend contributions thereto. In the event of the termination of the Plan or suspension of contributions, each participant will be immediately entitled to full vesting in the entire amount of their respective account.

## NOTE 8: TAX STATUS

The Plan obtained its latest determination letter dated February 21, 2013, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has since been amended. The Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require management of an organization to evaluate tax positions taken by the organization and recognize a tax liability if the organization has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service. Plan management has analyzed the tax positions taken by the Plan, and has concluded that as of March 31, 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements.

There are currently no audits for any tax periods in progress. Plan management believes it is no longer subject to income tax examinations for years prior to 2010.

## NOTE 9: RISKS AND UNCERTAINTIES

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

ALLIED MINERAL PRODUCTS, INC.

EMPLOYEES' STOCK OWNERSHIP PLAN AND TRUST

FORM 5500, SCHEDULE H, PART IV, LINE 4i,
SCHEDULE OF ASSETS HELD FOR INVESTMENT
PURPOSES AT END OF YEAR
AS OF MARCH 31, 2013

EIN: 31-0643264
Plan Number: 001

| (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 |
|---|---|---|---|---|
| * | Allied Mineral Products, Inc. | Common stock | $ 7,811,763 | $133,585,386 |
| * | Morley Stable Value Fund | Collective investment trust | 2,700,530 | 2,718,395 |
| * | Fidelity Institutional Money Market | Money market | 543,538 | 543,538 |
| * | Mellon Stable Value Fund | Collective investment trust | 2,718,534 | 2,718,534 |
| * | Doubleline Core Fixed Income Fund | Mutual Fund | 817,942 | 812,980 |
| * | Templeton Global Bond Fund | Mutual fund | 806,987 | 814,608 |
| * | Pimco Total Return Fund | Mutual fund | 1,099,829 | 1,087,587 |
| * | Acadian Emerging Markets Debt Fund | Mutual fund | 542,049 | 544,536 |
| * | Vanguard Inflation-Protected | Mutual fund | 554,633 | 544,396 |
| * | Western Asset Core Bond Fund | Mutual fund | 1,086,502 | 1,086,808 |
| | | Total investments | | $ 144,456,768 |

* Party-in-interest

Note: This schedule is based on information which has been certified as complete and accurate by NorthStar Trust Company, the custodian of the Plan.

ALLIED MINERAL PRODUCTS, INC.

EMPLOYEES' STOCK OWNERSHIP PLAN AND TRUST

FORM 5500, SCHEDULE H, PART IV, LINE 4i,
SCHEDULE OF ASSETS HELD FOR INVESTMENT
PURPOSES AT END OF YEAR
AS OF MARCH 31, 2013

EIN: 31-0643264
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| (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 |
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| * | Allied Mineral Products, Inc. | Common stock | $ 7,811,763 | $133,585,386 |
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| * | Doubleline Core Fixed Income Fund | Mutual Fund | 817,942 | 812,980 |
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| * | Western Asset Core Bond Fund | Mutual fund | 1,086,502 | 1,086,808 |
| | | Total investments | | $144,456,768 |

* Party-in-interest

Note: This schedule is based on information which has been certified as complete and accurate by NorthStar Trust Company, the custodian of the Plan.

Rea & associates a brighter way

January 13, 2014

To the Plan Administrator,
Allied Mineral Products, Inc. Employees' Stock Ownership Plan and Trust

INDEPENDENT AUDITOR'S REPORT

**Report on the Financial Statements**
We were engaged to audit the accompanying statements of the Allied Mineral Products, Inc. Employees' Stock Ownership Plan and Trust (the "Plan") as of March 31, 2013 and 2012, which comprise the statements of net assets available for benefits, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

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

**Basis for Disclaimer of Opinion**
As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by NorthStar Trust Company, the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of March 31, 2013 and 2012, and for the years then ended, that the information provided to the Plan Administrator by the trustee is complete and accurate.

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



Rea & Associates, Inc.
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**Other Matter**
The supplemental schedule of assets held for investment as of March 31, 2013 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

Rea & Associates, Inc.

ALLIED MINERAL PRODUCTS, INC.
EMPLOYEES' STOCK OWNERSHIP PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF MARCH 31, 2013 AND 2012

| | March 31, 2013 | March 31, 2012 |
|---|---|---|
| ASSETS: | | |
| INVESTMENTS, at fair value: | | |
| Money market fund | $ 543,538 | $ 3,232,042 |
| Mutual funds | 4,890,915 | 2,205,961 |
| Collective investment trust | 5,436,929 | 4,788,094 |
| Allied Mineral Products, Inc. common stock | 133,585,386 | 123,083,454 |
| Total investments at fair value | 144,456,768 | 133,309,551 |
| Employer contribution receivable | 387,212 | 244,193 |
| Accrued interest and dividends | 9,387 | 8,299 |
| NET ASSETS AVAILABLE FOR PLAN BENEFITS | 144,853,367 | 133,562,043 |

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

ALLIED MINERAL PRODUCTS, INC.
EMPLOYEES' STOCK OWNERSHIP PLAN AND TRUST

STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED MARCH 31, 2013 AND 2012

| | 2013 | 2012 |
|---|---|---|
| ADDITIONS TO NET ASSETS: | | |
| Employer contribution | $ 2,590,912 | $ 2,404,193 |
| Investment income: | | |
| Interest and dividends | 171,251 | 104,716 |
| Dividends and distributions from Allied Mineral Products, Inc. | 9,233,002 | 9,267,573 |
| Net appreciation in fair value of mutual fund investments | 146,871 | 137,893 |
| Net appreciation in fair value of Allied Mineral Products, Inc. investment | 10,501,932 | 15,448,788 |
| TOTAL ADDITIONS | 22,643,968 | 27,363,163 |
| DEDUCTIONS FROM NET ASSETS: | | |
| Distributions paid to participants | 11,285,352 | 7,693,413 |
| Administrative expenses | 67,292 | 59,926 |
| TOTAL DEDUCTIONS | 11,352,644 | 7,753,339 |
| NET INCREASE IN NET ASSETS AVAILABLE FOR PLAN BENEFITS | 11,291,324 | 19,609,824 |
| NET ASSETS AVAILABLE FOR PLAN BENEFITS - Beginning of year | 133,562,043 | 113,952,219 |
| NET ASSETS AVAILABLE FOR PLAN BENEFITS - End of year | $ 144,853,367 | $ 133,562,043 |

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

ALLIED MINERAL PRODUCTS, INC.
EMPLOYEES' STOCK OWNERSHIP PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

## NOTE 1: PLAN DESCRIPTION

### General

The Allied Mineral Products, Inc. Employees' Stock Ownership Plan and Trust (the "Plan") was formed on April 1, 1976 by Allied Mineral Products, Inc. (the "Plan Sponsor" or the "Company"). The Plan is a noncontributory defined contribution plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Information concerning benefits, allocations, forfeitures, and other provisions under the Plan is included in the Allied Mineral Products, Inc. Employees' Stock Ownership Plan and Trust Agreement which is available for review by participants. Participants should refer to this document for more complete information.

### ESOP Contributions

Contributions to the Plan are determined at the discretion of the Board of Directors of the Plan Sponsor and are subject to Internal Revenue Service limitations.

### Participant Accounts

Individual accounts are maintained for each plan participant to reflect the participant's entire interest under the Plan. Each participant's account is credited with the Plan Sponsor's contribution, net gains and losses on investments, and reduced by distributions from the participant's account. As of each valuation date, the Plan allocates earnings (losses) into each participants account so that the total of all participant account balance equals the fair market value of the ESOP trust fund as of each valuation date. The Company's contributions are allocated to eligible participants' accounts based on the ratio of each eligible participant's compensation for the year to the total compensation for all participants. A participant is entitled to that benefit which his or her account can provide.

### Eligibility

A non-leased employee of the Company becomes eligible as a participant in the Plan upon reaching age 18 and completing 500 hours of service. Participation commences on the entry date, which is the first day of the plan year in which you first become eligible.

### Voting Rights

The Plan Administrator has the right to direct the Trustee as to the voting of allocated and unallocated shares of Company Stock in any matter which any other shares of the Company may be voted, except that the Participants shall have the right to direct the Trustee as to the voting of stock allocated to their account in certain matters.

### Vesting

Employer contributions to the Plan vest 20% at the end of the second year of participation and an additional 20% each year thereafter until fully vested.

### Forfeitures

Forfeitures are allocated to participant accounts as provided by the Plan document. There were no unallocated forfeitures as of March 31, 2013 and 2012.

NOTES TO FINANCIAL STATEMENTS

NOTE 1: PLAN DESCRIPTION (Continued)

Diversification
Pursuant to Code Section 401(a)(28), a qualified participant shall be permitted to direct the Plan as to the investment of up to 25% of the Participant's stock account at any time during the participant's qualified election period, except that, as of the sixth year of such period, the Participant may direct the Plan as to the investments of up to 50% of the stock account.

Payment of Benefits
Upon termination of service, a participant whose vested account balance is under $25,000 is eligible for immediate withdrawal. If the participant's vested account balance exceeds $25,000 there is a five year waiting period for withdrawal. Distributions due to death, disability or retirement are eligible for immediate withdrawal of 80% of their vested account balance, with remaining balance payable upon the next stock valuation.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Accounting standards require that investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statements of Net Assets Available for Benefits presents the contract value of the investment contracts since contract value approximates fair value. The Statements of Changes in Net Assets Available for Benefits are prepared on a contract value.

Use of Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts and disclosures. Actual results could differ from those estimates. The Plan relies significantly on the use of estimates in determining the valuation of the Allied Mineral Products, Inc. common stock, which is the primary Plan investment.

Investment Valuation and Income Recognition
Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

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

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investments in money market funds are valued at cost, which approximates market. Investments in mutual funds are stated at fair value as determined by quoted market prices. The fair value of the investment in common collective trust is equal to the sum of the fair market value of all of the fund's investments. Investments in Allied Mineral Products, Inc. common stock are stated at the estimated fair value based on valuation reports prepared by an independent appraiser as of March 31, 2013 and 2012, and dated September 2013 and 2012, respectively.

During 2013 and 2012, the Plan was invested in The Morley Stable Value Fund and the Mellon Stable Value Fund, collective trusts, which invest in fully benefit responsive investment contracts. There are currently no redemption restrictions on these investments. These investment contracts are recorded at contract value, which approximates fair value. The contract value represents contributions plus earnings, less participant withdrawals and administrative expenses. The fair value of the investments was determined based on the quoted market values of the underlying investments, as the collective trust itself is not actively traded on an exchange.

Benefit Payments
Benefit payments are recorded when paid.

Administrative Expenses
Trustee expenses are paid by the Plan and administrative expenses are paid by the Plan Sponsor as provided by the Plan document.

Recent Accounting Pronouncements
In May 2011, the FASB issued ASU 2011-04, Amendments to Achieve Common Fair Value Measurements and Disclosure Requirements in U.S. GAAP and IFRS, (ASU 2011-04). ASU 2011-04 amended ASC 820, Fair Value Measurements. This update changes certain fair value measurement principles and enhances the disclosure requirements particularly for Level 3 fair value measurements. The amendments are to be applied prospectively and are effective for annual periods beginning after December 15, 2011. See Note 4 for disclosures on investments.

Recent Accounting Pronouncements (Continued)
In October 2012, the FASB issued ASU 2012-04, Technical Corrections and Improvements. The amendments in this Update cover a wide range of Topics in the Accounting Standards Codification, including plan accounting. These amendments include technical corrections and improvements to the Accounting Standards Codification and conforming amendments related to fair value measurements. The amendments in this update will generally be effective for fiscal periods beginning after December 15, 2013, for non-public entities, except for amendments in this update where there was no transition guidance which were immediately effective upon issuance. The adoption of immediately effective amendments was not significant to these financial statements. The adoption of ASU 2012-04 is not expected to have a material impact on subsequent periods.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Reclassifications
Certain 2012 financial information has been reclassified to conform to the 2013 presentation. The reclassifications have no impact on the previously reported change in net assets.

Subsequent Events
In evaluating events that may have a material impact on the financial statements, the Company has considered activities through January 13, 2014, the date the financial statements were available to be issued.

NOTE 3: INFORMATION PREPARED AND CERTIFIED BY NORTHSTAR TRUST COMPANY

The following is a summary of the Plan's asset information as of March 31, 2013 and 2012, and for the years then ended, included throughout the Plan's financial statements and supplemental schedules, that was prepared by or derived from information provided by the trustee and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that information provided to the Plan Administrator by the trustee is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations of Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedule related to the following assets:

| | March 31, 2013 | March 31, 2012 |
|---|---|---|
| Investments, at fair value: | | |
| Mutual Funds | $ 4,890,915 | $ 2,205,961 |
| Collective Investment Trusts | $ 5,436,929 | $ 4,788,094 |
| Money Market Fund | $ 543,538 | $ 3,232,042 |
| Allied Mineral Products, Inc. Common Stock | $133,585,386 | $123,083,454 |

NorthStar Trust Company also certified to the completeness and accuracy of the $10,648,803 and $15,586,681 of net appreciation in fair value of investments and $9,404,253 and $9,372,289 of interest, distributions and dividends related to the aforementioned assets for the years ended March 31, 2013 and 2012, respectively.

NOTES TO FINANCIAL STATEMENTS

NOTE 4: INVESTMENTS

The Plan's investments, which exceeded five percent of net assets available for benefits as of March 31, 2013 and 2012, are as follows:

| | 2013 | 2012 |
|---|---|---|
| Common stock - Allied Mineral Products, Inc. | $133,585,386 | $123,083,454 |

NOTE 5: FAIR VALUE MEASUREMENTS

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

- Level 1 – quoted prices in active markets for identical assets.
- Level 2 – other significant inputs (including quoted prices of similar securities, interest rates, prepayment speeds, credit risk, etc.)
- Level 3 – significant unobservable inputs (which may include the Plan's own assumptions in determining the fair value of investments).

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes to the methodologies used at March 31, 2013 and 2012.

*Common stocks:* Valued by independent valuation.

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

*Collective investment trust:* Valued based on the NAV of units of the collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimating fair value.

The NAV is based upon the fair value of the underlying investments comprising the trust less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

*Money market fund:* Valued at cost which approximates fair value.

NOTES TO FINANCIAL STATEMENTS

NOTE 5: FAIR VALUE MEASUREMENTS (Continued)

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

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

Assets at Fair Value as of March 31, 2013

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Allied Mineral Products, Inc. common stock | $ - | $ - | $133,585,386 | $133,585,386 |
| Mutual funds: | | | | |
| Fixed income | 4,890,915 | - | - | 4,890,915 |
| Collective investment trusts: | | | | |
| Fixed income | - | - | 5,436,929 | 5,436,929 |
| Money market fund | - | 543,538 | - | 543,538 |
| Total assets at fair value | $ 4,890,915 | $543,538 | $139,022,315 | $144,456,768 |

Assets at Fair Value as of March 31, 2012

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Allied Mineral Products, Inc. common stock | $ - | $ - | $123,083,454 | $123,083,454 |
| Mutual funds: | | | | |
| Fixed income | 2,205,961 | - | - | 2,205,961 |
| Collective investment trusts: | | | | |
| Fixed income | - | - | 4,788,094 | 4,788,094 |
| Money market fund | - | 3,232,042 | - | 3,232,042 |
| Total assets at fair value | $ 2,205,961 | $3,232,042 | $127,871,548 | $133,309,551 |

NOTE 5: FAIR VALUE MEASUREMENTS (Continued)

The following table summarizes investments measured at fair value based on net asset value (NAV) per share as of March 31, 2013 and 2012, respectively.

Assets at Fair Value Based on NAV Per Share as of March 31, 2013

| | Fair Value | Unfunded Commitments | Redemption Frequency | Redemption Notice Period |
|---|---|---|---|---|
| Stable Value Funds (a) | $5,436,929 | n/a | Daily | None |

Assets at Fair Value Based on NAV Per Share as of March 31, 2012

| | Fair Value | Unfunded Commitments | Redemption Frequency | Redemption Notice Period |
|---|---|---|---|---|
| Stable Value Funds (a) | $4,788,094 | n/a | Daily | None |

(a) This category includes stable value collective funds. The objectives of the funds are to provide preservation of capital, relatively stable returns consistent with its comparatively low risk profile, and liquidity for benefit responsive plan or participant payments. The funds primarily consist of a diversified portfolio of stable value investment contracts issued by life insurance companies, banks and other financial institutions, the performance of which may be predicated on underlying fixed income investments. The funds are designed for long-term retirement investing.

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

We evaluate the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the year ended March 31, 2013, there were no transfers in or out of Level 3.

NOTE 5: FAIR VALUE MEASUREMENTS (Continued)

The tables below sets forth a summary of the changes in fair value of the Plan's Level 3 assets for the years ended March 31:

| | 2013 | |
|---|---|---|
| | Allied Mineral Products, Inc. common stock | Collective investment trusts |
| Balance, beginning of the year | $ 123,083,454 | $ 4,788,094 |
| Purchases | - | 6,197,059 |
| Sales | - | (5,531,439) |
| Change in fair value | 10,501,932 | (16,785) |
| Balance, end of the year | $ 133,585,386 | $ 5,436,929 |

| | 2012 | |
|---|---|---|
| | Allied Mineral Products, Inc. common stock | Collective investment trusts |
| Balance, beginning of the year | $ 107,634,666 | $ 3,771,462 |
| Purchases | - | 5,564,659 |
| Sales | - | (4,554,379) |
| Change in fair value | 15,448,788 | 6,352 |
| Balance, end of the year | $ 123,083,454 | $ 4,788,094 |

NOTE 6: RELATED PARTY TRANSACTIONS

Certain Plan investments include shares of the Plan Sponsor. Allied Mineral Products, Inc. is the Plan Sponsor and therefore, these transactions qualify as related party transactions.

NOTE 7: PLAN TERMINATION

The Plan was adopted with the expectation that it will continue indefinitely; however, the Plan Sponsor reserves the right to terminate the Plan in whole or in part or suspend contributions thereto. In the event of the termination of the Plan or suspension of contributions, each participant will be immediately entitled to full vesting in the entire amount of their respective account.

## NOTE 8: TAX STATUS

The Plan obtained its latest determination letter dated February 21, 2013, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has since been amended. The Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require management of an organization to evaluate tax positions taken by the organization and recognize a tax liability if the organization has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service. Plan management has analyzed the tax positions taken by the Plan, and has concluded that as of March 31, 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements.

There are currently no audits for any tax periods in progress. Plan management believes it is no longer subject to income tax examinations for years prior to 2010.

## NOTE 9: RISKS AND UNCERTAINTIES

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

ALLIED MINERAL PRODUCTS, INC.

EMPLOYEES' STOCK OWNERSHIP PLAN AND TRUST

FORM 5500, SCHEDULE H, PART IV, LINE 4i,
SCHEDULE OF ASSETS HELD FOR INVESTMENT
PURPOSES AT END OF YEAR
AS OF MARCH 31, 2013

EIN: 31-0643264
Plan Number: 001

| (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 |
|---|---|---|---|---|
| * | Allied Mineral Products, Inc. | Common stock | $ 7,811,763 | $133,585,386 |
| * | Morley Stable Value Fund | Collective investment trust | 2,700,530 | 2,718,395 |
| * | Fidelity Institutional Money Market | Money market | 543,538 | 543,538 |
| * | Mellon Stable Value Fund | Collective investment trust | 2,718,534 | 2,718,534 |
| * | Doubleline Core Fixed Income Fund | Mutual Fund | 817,942 | 812,980 |
| * | Templeton Global Bond Fund | Mutual fund | 806,987 | 814,608 |
| * | Pimco Total Return Fund | Mutual fund | 1,099,829 | 1,087,587 |
| * | Acadian Emerging Markets Debt Fund | Mutual fund | 542,049 | 544,536 |
| * | Vanguard Inflation-Protected | Mutual fund | 554,633 | 544,396 |
| * | Western Asset Core Bond Fund | Mutual fund | 1,086,502 | 1,086,808 |
| | | Total investments | | $ 144,456,768 |

* Party-in-interest

Note: This schedule is based on information which has been certified as complete and accurate by NorthStar Trust Company, the custodian of the Plan.