

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 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information	
1a Name of plan <u>DOLET HILLS LIGNITE COMPANY, L.L.C. 401K SAVINGS PLAN</u>	1b Three-digit plan number (PN) ▶	<u>003</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>DOLET HILLS LIGNITE COMPANY, L.L.C.</u> <u>377 HWY 522</u> <u>MANSFIELD, LA 71052-4707</u>	1c Effective date of plan <u>08/01/1986</u>	
	2b Employer Identification Number (EIN) <u>72-1501539</u>	
	2c Sponsor's telephone number <u>318-871-3810</u>	
	2d Business code (see instructions) <u>212110</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2014	GREGORY A. WRIGHT
	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 ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address DOLET HILLS LIGNITE COMPANY, L.L.C. 377 HWY 522 MANSFIELD, LA 71052-4707		3b Administrator's EIN 72-1501539 3c Administrator's telephone number 318-872-6300
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year		5 278
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 254
b Retired or separated participants receiving benefits		6b 4
c Other retired or separated participants entitled to future benefits.....		6c 15
d Subtotal. Add lines 6a , 6b , and 6c		6d 273
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e 1
f Total. Add lines 6d and 6e		6f 274
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 268
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2G 2J 2K 3D		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013	
A Name of plan DOLET HILLS LIGNITE COMPANY, L.L.C. 401K SAVINGS PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 DOLET HILLS LIGNITE COMPANY, L.L.C.	D Employer Identification Number (EIN) 72-1501539

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

(a) Name of insurance carrier
PRUDENTIAL RETIREMENT & ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	35394	274	01/01/2013	12/31/2013

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	15908594
5 Current value of plan's interest under this contract in separate accounts at year end	5	4068548

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

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

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

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

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

b Balance at the end of the previous year	7b	14667592
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c Additions: (1) Contributions deposited during the year	7c(1)	1907836	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	350558	
(4) Transferred from separate account	7c(4)	458302	
(5) Other (specify below)	7c(5)	3023	

▶ TRANSFERS IN

(6) Total additions	7c(6)	2719719
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d Total of balance and additions (add lines 7b and 7c(6))	7d	17387311
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1461717	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)	17000	
(4) Other (specify below)	7e(4)		

(5) Total deductions	7e(5)	1478717
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	15908594
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013	
A Name of plan DOLET HILLS LIGNITE COMPANY, L.L.C. 401K SAVINGS PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 DOLET HILLS LIGNITE COMPANY, L.L.C.	D Employer Identification Number (EIN) 72-1501539

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

WERNTZ & ASSOCIATES, INC

2020 EAST 70TH STREET
SHREVEPORT, LA 71135

72-0684309

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 15	TPA	12917	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 ☐

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>DOLET HILLS LIGNITE COMPANY, L.L.C. 401K SAVINGS PLAN</u>		B Three-digit plan number (PN) <u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>DOLET HILLS LIGNITE COMPANY, L.L.C.</u>		D Employer Identification Number (EIN) <u>72-1501539</u>
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>OAKMARK EQUITY & INCOME CL I</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT & ANNUITY CO</u>		
c EIN-PN <u>06-1050034-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1283970</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CORE BOND FUND/PIMCO</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT & ANNUITY CO.</u>		
c EIN-PN <u>06-1050034-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>259335</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERNATIONAL GROWTH/ARTISAN</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT & ANNUITY CO</u>		
c EIN-PN <u>06-1050034-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>247823</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JANUS ADVISOR BALANCED ACCT</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT & ANNUITY CO.</u>		
c EIN-PN <u>06-1050034-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>343013</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO SMALL CAP</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT & ANNUITY CO</u>		
c EIN-PN <u>06-1050034-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>469768</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LIFETIME AGGRESSIVE GROWTH</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT & ANNUITY CO</u>		
c EIN-PN <u>06-1050034-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>81857</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LIFETIME GROWTH FUND</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT & ANNUITY CO</u>		
c EIN-PN <u>06-1050034-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>141936</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: **LIFETIME BALANCED FUND****b** Name of sponsor of entity listed in (a): **PRUDENTIAL RETIREMENT & ANNUITY CO**

c EIN-PN 06-1050034-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 79087
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LIFETIME CONSERVATIVE GROWTH FUND****b** Name of sponsor of entity listed in (a): **PRUDENTIAL RETIREMENT & ANNUITY CO**

c EIN-PN 06-1050034-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34922
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LIFETIME INCOME & EQUITY FUND****b** Name of sponsor of entity listed in (a): **PRUDENTIAL RETIREMENT & ANNUITY CO**

c EIN-PN 06-1050034-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20653
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LARGE CAP VALUE/WELLINGTON MGMT****b** Name of sponsor of entity listed in (a): **PRUDENTIAL RETIREMENT & ANNUITY CO.**

c EIN-PN 06-1050034-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 153122
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a Name of MTIA, CCT, PSA, or 103-12 IE: **SMALL CAP GROWTH/AIM****b** Name of sponsor of entity listed in (a): **PRUDENTIAL RETIREMENT & ANNUITY CO**

c EIN-PN 06-1050034-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 182305
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a Name of MTIA, CCT, PSA, or 103-12 IE: **DRYDEN S&P 500 INDEX FUND****b** Name of sponsor of entity listed in (a): **PRUDENTIAL RETIREMENT & ANNUITY CO.**

c EIN-PN 06-1050034-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 478548
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a Name of MTIA, CCT, PSA, or 103-12 IE: **ALLIANZ NFJ FUND****b** Name of sponsor of entity listed in (a): **PRUDENTIAL RETIREMENT & ANNUITY CO**

c EIN-PN 06-1050034-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 239073
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TROWE GROWTH STOCK****b** Name of sponsor of entity listed in (a): **PRUDENTIAL RETIREMENT & ANNUITY CO**

c EIN-PN 06-1050034-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 292206
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

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 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>DOLET HILLS LIGNITE COMPANY, L.L.C. 401K SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DOLET HILLS LIGNITE COMPANY, L.L.C.</u>	D Employer Identification Number (EIN) <u>72-1501539</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1	Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets			
a	Total noninterest-bearing cash	1a	0	0
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	554559	628886
	(2) Participant contributions.....	1b(2)	0	37069
	(3) Other.....	1b(3)	0	174
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	0	0
	(2) U.S. Government securities	1c(2)	0	0
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)	0	0
	(B) All other.....	1c(3)(B)	0	0
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)	0	0
	(B) Common.....	1c(4)(B)	0	0
	(5) Partnership/joint venture interests	1c(5)	0	0
	(6) Real estate (other than employer real property).....	1c(6)	0	0
	(7) Loans (other than to participants)	1c(7)	0	0
	(8) Participant loans.....	1c(8)	734727	832441
	(9) Value of interest in common/collective trusts	1c(9)	0	0
	(10) Value of interest in pooled separate accounts	1c(10)	3575719	4068548
	(11) Value of interest in master trust investment accounts	1c(11)	0	0
	(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	0	239073
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	14667595	15908594
	(15) Other.....	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	19532600	21714785

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	38	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	38	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	19532562	21714785
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1097262	
(B) Participants	2a(1)(B)	1065154	
(C) Others (including rollovers)	2a(1)(C)	20000	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2182416

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	350558	
(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)	33452	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		384010

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	4086	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4086

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	774361	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		774361

		(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		
d Total income. Add all income amounts in column (b) and enter total	2d		3344873

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1149733	
(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)		1149733
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	12917	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		12917
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1162650

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2182223
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) ☒ Disclaimer (4) ☐ Adverse

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

☒ Yes ☐ No

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

(1) Name: **TMCE, LLP**

(2) EIN: **45-3564278**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

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 2013 This Form is Open to Public Inspection.	
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013					
A Name of plan DOLET HILLS LIGNITE COMPANY, L.L.C. 401K SAVINGS PLAN				B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 DOLET HILLS LIGNITE COMPANY, L.L.C.				D Employer Identification Number (EIN) 72-1501539	
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): 20-2633227 26-0010549					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....				3	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____					
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....				6a	
b Enter the amount contributed by the employer to the plan for this plan year.....				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.					
Schedule R (Form 5500) 2013 v. 130118					

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): _____

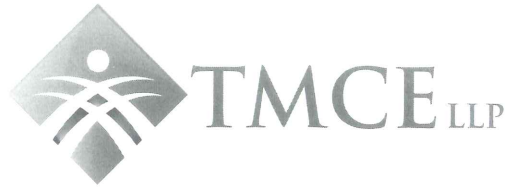
**DOLET HILLS LIGNITE COMPANY
401(K) SAVINGS PLAN**

FINANCIAL STATEMENTS

DECEMBER 31, 2013
AND
DECEMBER 31, 2012

DOLET HILLS LIGNITE COMPANY 401(K) SAVINGS PLAN
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CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

INDEPENDENT AUDITORS' REPORT

Plan Administrator
DOLET HILLS LIGNITE COMPANY 401(K) SAVINGS PLAN
Mansfield, Louisiana

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Dolet Hills Lignite Company 401(k) Savings Plan, which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' 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 10, which was certified by Prudential Retirement Insurance and Annuity Company, the custodians of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2013 and 2012, that the information provided to the plan administrator by the custodian is complete and accurate.

ONE BELLEMEAD CENTRE • 6425 YOUREE DRIVE, SUITE 480 • SHREVEPORT, LOUISIANA 71105
PHONE: (318) 227-1600 • FAX: (318) 868-5338

137 SHELBYVILLE STREET • CENTER, TEXAS 75935 • PHONE: (936) 598-2964 • FAX: (936) 598-8560
TOLL FREE: 800-264-2281

WEBSITE: TMCECPAS.COM

Disclaimer of Opinion

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

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held at End of Year, which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

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

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

TMCE, LLC

TMCE, LLP
Shreveport, Louisiana
October 6, 2014

DOLET HILLS LIGNITE COMPANY 401(K) SAVINGS PLAN

Statements of Net Assets Available for Benefits

For the Years Ended December 31, 2013 and 2012

	3	
	2013	2012
ASSETS		
Investments, at fair value (Note 4)		
Guaranteed income fund	\$ 26,767,162	\$ 22,606,641
Pooled separate accounts	<u>-</u>	<u>-</u>
Total assets held for investment	26,767,161	22,606,641
Receivables:		
Employer contributions	739,245	720,643
Participant contributions	4,613	17,638
Notes receivable from participants	<u>387,096</u>	<u>348,183</u>
Total receivables	<u>1,130,954</u>	<u>1,086,465</u>
TOTAL ASSETS	\$ 27,898,115	\$ 23,693,106
LIABILITIES	-	38
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	<u>27,898,115</u>	<u>23,693,068</u>
Adjustment from fair value to contract value for interest in collective trust relating to fully benefit-responsive investment contract	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 27,898,115</u>	<u>\$ 23,693,068</u>

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

DOLET HILLS LIGNITE COMPANY 401(K) SAVINGS PLAN

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2013

	4
	<u>2013</u>
Additions	
Additions to net assets attributed to:	
Investment income	
Net appreciation in fair value of investments	\$ 1,923,097
Interest and dividends	<u>1,027,882</u>
Total investment income (loss)	2,950,979
Interest income on notes receivable from participants	8,711
Contributions	
Employer	739,226
Participants	465,450
Rollover	<u>1,061,591</u>
Total contributions	2,266,267
Total Additions	<u>5,225,957</u>
Deductions	
Deductions from net assets attributed to:	
Benefits paid to participants	861,333
Administrative expenses	<u>159,612</u>
Total Deductions	1,020,945
Net increase (decrease)	<u>4,205,011</u>
Net Assets Available for Benefits:	
Beginning of year	<u>23,693,068</u>
End of year	<u>\$ 27,898,115</u>

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

DOLET HILLS LIGNITE COMPANY 401(K) SAVINGS PLAN

Notes to the Financial Statements

December 31, 2013 and 2012

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NOTE 1 – DESCRIPTION OF PLAN

The following description of the DOLET HILLS LIGNITE COMPANY (the “Company”) 401(K) SAVINGS PLAN (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan is a tax-qualified defined contribution plan under Section 401(a) of the Internal Revenue Code which provides retirement, disability or death benefits for full-time employees of the Company, without consideration of age or service requirements. A participant is eligible for employer profit sharing contributions on the day the participant first performs an hour of service as an eligible employee. The Plan is subject to various provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

The Plan is an amendment and restatement of a pre-existing plan which was originally effective as of August 1, 1986.

Contributions and Allocations

Each year, participants may contribute up to eighty percent (80%) of pretax annual compensation (“eligible compensation” as defined under the Plan), not to exceed maximum annual contribution limits established by the Federal Government. The elective deferral limitations for 2013 and 2012 amounted to \$17,500 and \$17,000, respectively. In addition, during the year which a participant attains age fifty (50) and in subsequent years, the participant may elect to make additional unmatched, pretax “catch up” contributions of up to \$5,500 in 2013 and 2012.

Participants direct the investment of their contributions into various investment options offered by the Plan.

The Company may make non-elective contributions to the plan. The Company’s non-elective contribution is allocated to eligible participants based upon their compensation in proportion to the compensation of all participants eligible to receive an allocation for the allocation period. An allocation of the Company’s non-elective contribution shall be made to each participant during the plan year that is employed as of the last day of the plan year, or has died, retired, or become totally disabled during the plan year.

A matching contribution by the Company for the plan year is discretionary for each plan year. Matching contributions shall be equal to one hundred percent (100%) of a participant’s elective deferrals, including catch-up contributions, not to exceed four percent (4%) of the participant’s total compensation.

Participant Accounts

Under the Plan, elective deferrals made by participants and any employer contributions are placed into investment accounts, as directed by the participant, which are then credited with gains and losses at each valuation date. Valuation is performed daily. The benefit to which a participant is entitled is the benefit that can be provided from the participants vested account.

Vesting

Under the Plan, participants are immediately vested in their elective deferral contributions and all employer contributions, plus actual earnings thereon.

DOLET HILLS LIGNITE COMPANY 401(K) SAVINGS PLAN

Notes to the Financial Statements

December 31, 2013 and 2012

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NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Notes Receivable from Participants

Participants may borrow, from their fund accounts, a minimum of \$1,000 up to the lesser of \$50,000 or fifty percent (50%) of their account balance. Participants may not have more than one (1) outstanding loan at a time. Loan repayment periods may not extend past five years.

Loans must be secured with an irrevocable pledge and assignment of the participant's vested interest in his or her account.

Loans bear interest at a fixed rate established by the Plan Administrator, set at one percent higher than the bank prime rate when the loan is made. In no circumstances may the rate be less than Prime plus 1%.

Principal and interest is paid ratably as of each payroll withholding period by the participant through payroll deductions.

Payment of Benefits

On termination of service for reasons other than death, participant accounts with vested interest valued at less than one thousand dollars (\$1,000) will be distributed in the form of a lump-sum distribution of the participant's total account balance. Participant accounts with vested interest valued at greater than one thousand dollars (\$1,000), a participant may elect to receive the value of the vested interest in his or her account as a lump-sum distribution or as partial payments in amounts requested from time to time. Upon death, a participant's beneficiaries must distribute the entire account balance before December 31 of the calendar year containing the fifth anniversary of the participant's death.

In-service distributions of a participant's vested interest are permitted by the Plan for participants that have attained age fifty-nine and one-half (59 ½.).

Hardship distributions are permitted by the Plan. These distributions are allowed only in circumstances to pay for immediate and heavy financial need, as defined by the plan.

The Plan permits rollover contributions to the Plan. Rollover contributions remain in segregated rollover accounts and may be withdrawn by the participant at any time.

The Plan administrator may delay payment to participants for a reasonable time for administrative convenience.

Forfeited Accounts

Forfeitures are amounts which cannot be paid to terminated participants because they were not one hundred percent (100%) vested upon separation from service with the Company. All plan participants are fully vested in employee deferral, employer matching and discretionary contributions. Therefore, there are no forfeited accounts.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

DOLET HILLS LIGNITE COMPANY 401(K) SAVINGS PLAN

Notes to the Financial Statements

December 31, 2013 and 2012

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NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Use of Estimates

The preparation of financial statements in conformity with GAAP requires the Plan administrator to make estimates and assumptions that affect the reported amounts of net assets available for Plan benefits at the date of the financial statements and the changes in net assets available for Plan benefits during the reporting period and, when applicable, the disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value except for its investment contract (the fixed rate fund) which is valued at contract value (NOTE 4.)

The fair value of the participation units owned by the plan in insurance company pooled separate accounts is based on quoted redemption values.

Net appreciation in the fair value of Plan assets reflected in the Plan's statement of changes in net assets available for benefits includes realized capital gains and losses, interest and unrealized appreciation or depreciation. Purchases and sales of units of participation in the insurance company pooled separate account are recorded on a trade-date basis. Interest and dividends are recorded when received.

Notes Receivable from Participants

Loans are stated at unpaid principal balances plus accrued but unpaid interest. Interest on loans is recognized over the term of the loan and is calculated using the simple-interest method on principal amounts outstanding.

All loans are secured by an irrevocable pledge and assignment of the participant's vested account interest. Therefore, an allowance for loan losses account is not necessary.

Loan defaults are considered to have occurred if any scheduled payment remains unpaid as of the end of the last day of the calendar quarter following the calendar quarter in which the required payment was due.

Payment of Benefits

Benefits are recorded when paid.

Administration Expenses

Although not required, the Company, as Plan Sponsor, may pay the related costs of administering the Plan. Expenses paid by the Company on behalf of the Plan are not reflected in the financial statements of the Plan.

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.

DOLET HILLS LIGNITE COMPANY 401(K) SAVINGS PLAN

Notes to the Financial Statements

December 31, 2013 and 2012

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES (Continued)

Investments Contract with Insurance Company

The Plan has a fully benefit-responsive investment contract with Prudential Retirement Insurance and Annuity Company ("Prudential"). The Guaranteed Income Fund (GIF) is a group annuity product issued by Prudential Retirement Insurance and Annuity Company (PRIAC). Amounts contributed to the contract are deposited in PRIAC's general account. Payment obligations and the fulfillment of any guarantees specified in the group annuity contract are insurance claims supported by the full faith and credit of PRIAC. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at contract value. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the plan.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2013 and 2012 totaled \$15,908,594 and \$14,667,592, respectively. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are reviewed on a semi-annual basis for resetting.

Generally, there are no events that could limit the ability of the plan to transact at contract value paid within 90 days or in certain rate-based circumstances, paid over time.

The guaranteed investment contract does not permit the insurance entity to terminate the agreement prior to the scheduled maturity date.

	<u>2013</u>	<u>2012</u>
Average yields:		
Based on actual earnings	2.25%	2.60%
Based on interest credited to participants	2.25%	2.60%

DOLET HILLS LIGNITE COMPANY 401(K) SAVINGS PLAN

Notes to the Financial Statements

December 31, 2013 and 2012

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NOTE 3 – INVESTMENTS

The following table represents the fair value of investments based upon quoted market values, as determined by the custodians, which exceed five percent (5%) of the Plan's net assets:

	<u>2013</u>	<u>2012</u>
Investments at contract value:		
Guaranteed income fund	\$ 301,399	\$ 299,924
Investments at fair value:		
Insurance company pooled separate accounts		
Oakmark Equity Income Fund	\$ 168	\$ 34

All investments are participant directed.

During 2013, the Plan's investments (including gains and losses on investments bought, sold and held during the year) appreciated in value by \$774,361 as follows:

Insurance company pooled separate accounts (participant directed)	\$ <u>1,923,097</u>
	\$ <u><u>1,923,097</u></u>

NOTE 4 – FAIR VALUE MEASUREMENTS

The framework of measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy described as follows:

- Level 1 inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
- Level 2 inputs to the valuation methodology include the following:
 - o Quoted prices for similar assets or liabilities in active markets
 - o Quoted prices for identical or similar assets or liabilities in inactive markets
 - o Inputs other than quoted prices that are observable for the asset or liability
 - o Inputs that are derived principally from, or corroborated by, observable market data by correlation or other means

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

DOLET HILLS LIGNITE COMPANY 401(K) SAVINGS PLAN

Notes to the Financial Statements

December 31, 2013 and 2012

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NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

- Level 3 inputs to the valuation methodology are unobservable and significant to the fair value measurement

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012.

Guaranteed Income Account

General account of undivided funds valued at the amount of deposits made into the contract plus earnings less withdrawals and fees.

Insurance Company Pooled Separate Accounts

Plan assets are represented by a "unit of account" and a per unit value whose value is the result of the accumulated values of the underlying investments. While the majority of the underlying asset values are based on quoted prices, the net asset value (NAV) of the pooled separate accounts is not publically quoted. The NAV is reported by the fund managers as of the financial statement date based on recent transaction prices. The pooled separate accounts held by the Plan provide for daily redemptions by the Plan at reported NAV with no advance communication required. The Plan is permitted to redeem investment units at NAV on the measurement date.

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 fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the plan's fair value measurements at December 31, 2013 and 2012, respectively:

Assets at fair value as of December 31, 2013				
	Level 1	Level 2	Level 3	Total
Guaranteed income fund	\$ -	\$ -	\$ 301,399	\$ 301,399
Pooled separate accounts				
Allocation/Balanced	-	410,961	-	410,961
Large cap	-	862,559	-	862,559
Small cap	-	2,374	-	2,374
International/Global	-	5,510	-	5,510
Bond	-	8,213	-	8,213
Total pooled separate accounts	-	1,289,617	-	1,289,617
Total assets at fair value	\$ -	\$ 1,289,617	\$ 301,399	\$ 1,591,015

DOLET HILLS LIGNITE COMPANY 401(K) SAVINGS PLAN

Notes to the Financial Statements

December 31, 2013 and 2012

11**NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)**

Assets at fair value as of December 31, 2012				
	Level 1	Level 2	Level 3	Total
Guaranteed income fund	\$ -	\$ -	\$ 299,924	\$ 299,924
Pooled separate accounts				
Allocation/Balanced	-	1,492,325	-	1,492,325
Large cap	-	911,941	-	911,941
Small cap	-	492,898	-	492,898
International/Global	-	373,246	-	373,246
Bond	-	305,309	-	305,309
Total pooled separate accounts	-	3,575,719	-	3,575,719
Total assets at fair value	\$ -	\$ 3,575,719	\$ 299,924	\$ 3,875,643

The table below sets forth a summary of changes in the fair value of the plan's level 3 assets for the year ended December 31, 2013 and 2012:

	2013	2012
Additions to net assets attributed to:		
Investment income		
Interest and dividends	\$ 350,558	\$ 382,210
Total investment income	350,558	382,210
Contributions		
Employer	-	318,377
Participants	1,907,836	1,500,371
Total contributions	1,907,836	1,818,748
Total additions	2,258,394	2,200,958
Net transfers	444,325	515,664
Deductions from net assets attributed to:		
Benefits paid to participants	1,461,717	2,597,759
Total deductions	1,461,717	2,597,759
Net increase (decrease)	1,241,002	118,863
Contract value to fair value adjustment	-	-
Net assets at fair value		
Beginning of year	14,667,592	14,548,729
End of year	\$ 15,908,594	\$ 14,667,592

DOLET HILLS LIGNITE COMPANY 401(K) SAVINGS PLAN

Notes to the Financial Statements

December 31, 2013 and 2012

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NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

Qualitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table represents the plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments as of December 31, 2013, and the significant unobservable inputs and the ranges of values for those inputs:

Instrument	Fair Value	Principal Valuation Technique	Significant Inputs	Observable or Unobservable	Range of Significant Input Values
Guaranteed Income Fund (GIF)	\$ 15,908,594	Fair value = Contract value	Deposits	Observable	
			Earnings at guaranteed crediting rate	Unobservable	Gross guaranteed crediting rate must be greater than or equal to the contractual minimum crediting rate
			Withdrawals	Observable	
			Fees	Observable	

NOTE 5 – RELATED PARTY TRANSACTIONS

For the periods involved the Plan's assets were invested in mutual fund portfolios managed by Prudential Retirement Insurance and Annuity Company, the Custodians of the Plan. These transactions qualify as parties-in-interest. Other parties-in-interest include Werntz and Associates who served as record keepers of the Plan and the Dolet Hills Lignite Company, Inc., the Plan sponsor.

NOTE 6 – PLAN AMENDMENT OR TERMINATION

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan at any time. The Company may also amend the Plan. However, no amendment can reduce benefits already earned by the participants. In the event of termination, participants are entitled to the full amount in their account as of the date of termination, regardless of the percent vested at the time of termination.

DOLET HILLS LIGNITE COMPANY 401(K) SAVINGS PLAN

Notes to the Financial Statements

December 31, 2013 and 2012

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NOTE 7 – TAX STATUS

The Plan obtained its latest determination letter on August 10, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

U.S. GAAP require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

NOTE 8 – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2013 and 2012 to Schedule H of Form 5500:

	<u>2013</u>	<u>2012</u>
Net assets available for benefits per the financial statements	\$ 27,898,115	\$ 23,693,068
Amounts allocated to withdrawing participants	<u>-</u>	<u>-</u>
Net assets available for benefits per Form 5500 Schedule H	<u>\$ 27,898,115</u>	<u>\$ 23,693,068</u>

NOTE 9 – SUBSEQUENT EVENTS

Subsequent events were evaluated through October 6, 2014, which is the date the financial statements were available to be issued.

DOLET HILLS LIGNITE COMPANY 401(K) SAVINGS PLAN

Notes to the Financial Statements

December 31, 2013 and 2012

14**NOTE 10 – INFORMATION CERTIFIED BY CUSTODIAN (UNAUDITED)**

The following information regarding investment activity has been certified as complete and accurate pursuant to 29 CFR 2520.103-5(c) by Prudential Retirement Insurance and Annuity Company, and has not been audited by the Plan's independent accountants at and for the years ended December 31, 2013 and 2012:

	<u>2013</u>	<u>2012</u>
Fixed Income:		
Guaranteed Income Fund	\$ 301,399	\$ 299,924
Pooled Separate Accounts:		
Invesco Small Cap Growth Strategy Fund	1,372	1,142
Allianz NFJ International Value Fund	5,350	4,040
Wells Fargo Small Cap Value Strategy Fund	1,002	759
Oakmark Equity and Income Fund	169	34
PIMCO Core Plus Bond Fund	8,213	6,148
Artisan International Growth Fund	160	31
Janus Advisor Balanced Strategy Fund	2,534	35
Lifetime Aggressive Growth Fund	69,753	21,727
Lifetime Growth Fund	2,215	74
Lifetime Balanced Fund	11,896	4,553
Lifetime Conservative Growth Fund	396,364	395,903
Lifetime Income and Equity Fund	291,536	533,961
Wellington Large Cap Value Fund	49,879	91,533
Dryden S&P 500 Index	231,756	252,054
T. Rowe Price Growth Stock Strategy Fund	217,420	252,495
Total assets held by the Custodian	\$ 20,216,215	\$ 1,864,415
Investment income:		
Dividends	\$ 1,027,882	\$ 902,701
Net appreciation (depreciation) in fair value of investments	\$ 1,923,097	\$ 1,748,404

SUPPLEMENTAL SCHEDULE

DOLET HILLS LIGNITE COMPANY 401(K) SAVINGS PLAN

Supplemental Schedule

December 31, 2013

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SCHEDULE H LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**PLAN 003****EIN 72-1501539****DECEMBER 31, 2013**

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Fair Value
	<u>Fixed Income Account</u>			
*	Prudential	Guaranteed Income Fund	** \$	301,399
	<u>Pooled Separate Accounts</u>			
*	Prudential	Invesco Small Cap Growth Strategy Fund	**	1,372
*	Prudential	Allianz NFJ International Value Fund	**	5,350
*	Prudential	Wells Fargo Small Cap Value Strategy Fund	**	1,002
*	Prudential	Oakmark Equity and Income Fund	**	169
*	Prudential	PIMCO Core Plus Bond Fund	**	8,213
*	Prudential	Artisan International Growth Fund	**	160
*	Prudential	Janus Advisor Balanced Strategy Fund	**	2,534
*	Prudential	Lifetime Aggressive Growth Fund	**	69,753
*	Prudential	Lifetime Growth Fund	**	2,215
*	Prudential	Lifetime Balanced Fund	**	11,896
*	Prudential	Lifetime Conservative Growth Fund	**	396,364
*	Prudential	Lifetime Income and Equity Fund	**	291,536
*	Prudential	Wellington Large Cap Value Fund	**	49,879
*	Prudential	Dryden S&P 500 Index	**	231,756
*	Prudential	T. Rowe Price Growth Stock Strategy Fund	**	217,420
	<u>Notes and mortgages:</u>			
*	Participant notes receivable	Promissory notes, various interest rates and maturities	**	387,096
				<u>\$ 21,048,656</u>

* Represents a party-in-interest.

** Information on the cost basis of investments has been excluded, as all investments are participant directed.

See accompanying independent auditors' report.

LAN NAME: DOLET HILLS LIGNITE CO.

LAN SPONSOR EIN: 363173535

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES FOR PLAN YEAR 2013

(b)	(c)	(d)	(e)
IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE	COST	CURRENT VALUE
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	GUARANTEED INCOME FUND	15,908,594	15,908,594
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	INTERNL GROWTH/ARTISAN	169,455	247,823
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	LCV/WELLINGTON MGMT	108,442	153,122
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	CORE PLUS BOND/PIMCO	225,240	259,335
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	SA/T ROWE PR GR STK STRAT	196,513	292,206
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	SA/JANUS BALANCED STRAT	233,372	343,013
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	SA/INV SM CAP GROW STRAT	113,446	182,305
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	SA/OAK EQ & INC STRAT	875,344	1,283,970
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	SA/WF SM CAP VAL STRAT	358,369	469,768
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	LIFETIME AGGRESSIVE	58,186	81,857
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	LIFETIME GROWTH FD	106,096	141,937
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	LIFETIME BALANCED FD	58,390	79,087
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	LIFETIME CONSERVATIVE	26,764	34,922
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY	LIFETIME INCOME&EQUITY	17,783	20,653