

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 2014 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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>HOPEDALE MINING LLC 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>04/17/2004</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>04/17/2004</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>04/17/2004</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>HOPEDALE MINING LLC</u> <u>PO BOX 415 86900 SINFIELD ROAD</u> <u>HOPEDALE, OH 43976</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>77-0619060</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>740-937-2225</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>212110</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>77-0619060</u>	2c Plan Sponsor's telephone number <u>740-937-2225</u>	2d Business code (see instructions) <u>212110</u>	
2b Employer Identification Number (EIN) <u>77-0619060</u>					
2c Plan Sponsor's telephone number <u>740-937-2225</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.	08/07/2015	JOHN DUMBOLA
	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	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: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 202
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 176
a(2) Total number of active participants at the end of the plan year	6a(2) 165
b Retired or separated participants receiving benefits	6b 1
c Other retired or separated participants entitled to future benefits.....	6c 22
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 188
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 188
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 183
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 2F 2G 2J 2K 3D 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) ☒ 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)

Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning **01/01/2014** and ending **12/31/2014**

A Name of plan HOPEDALE MINING LLC 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 HOPEDALE MINING LLC	D Employer Identification Number (EIN) 77-0619060	

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

GREAT WEST LIFE AND ANNUITY

(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
84-0467907	68322	938065-01	63	01/01/2014	12/31/2014

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	

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

(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	3017437
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

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 ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year.....	7b	3091972
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c Additions: (1) Contributions deposited during the year.....	7c(1)	392441	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	36716	
(4) Transferred from separate account.....	7c(4)	229416	
(5) Other (specify below)	7c(5)	0	
▶			

(6) Total additions..... **7c(6)** 658573

d Total of balance and additions (add lines 7b and 7c(6))	7d	3750545
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	585583	
(2) Administration charge made by carrier	7e(2)	513	
(3) Transferred to separate account.....	7e(3)	147012	
(4) Other (specify below)	7e(4)		
▶			

(5) Total deductions..... **7e(5)** 733108

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	3017437
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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
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan HOPEDALE MINING LLC 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 HOPEDALE MINING LLC	D Employer Identification Number (EIN) 77-0619060	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

MCF ADVISORS, LLC

50 E RIVERCENTER BLVD STE 300
COVINGTON, KY 41011

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	38372	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ADVISED ASSET GROUP

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	12425	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	3250	Yes ☒ No ☐	Yes ☒ No ☐	0	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: DEAN DORTON ALLEN FORD, PLLC	b EIN: 27-3858252
c Position: CPA FIRM	
d Address: 106 WEST VINE STREET SUITE 600 LEXINGTON, KY 40507	e Telephone: 859-255-2341

Explanation: INDEPENDENCE CONCERNS

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 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 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>HOPEDALE MINING LLC 401(K) PLAN</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HOPEDALE MINING LLC</u>		D Employer Identification Number (EIN) <u>77-0619060</u>

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other.....	1b(3)	0	0
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)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	13259817	13137627
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	3091972	3017437
(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	16351789	16155064

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	16351789	16155064
---	-----------	----------	----------

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)	1087517	
(B) Participants	2a(1)(B)	906333	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1993850
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	36716	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		36716
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	481859	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		481859
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		421228
c Other income.....	2c		38372
d Total income. Add all income amounts in column (b) and enter total.....	2d		2972025

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3114703	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		3114703
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	15675	
(3) Investment advisory and management fees.....	2i(3)	38372	
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		54047
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3168750

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-196725
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: FAULKNER KING AND WENZ, PSC

(2) EIN: 61-1038574

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		2100
4b		X	

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 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 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>HOPEDALE MINING LLC 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HOPEDALE MINING LLC</u>	D Employer Identification Number (EIN) <u>77-0619060</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>20-3691708</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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): _____

Hopedale Mining LLC 401(k) Plan

*** * * ***

**Financial Statements and
Independent Auditor's Report
December 31, 2014 and 2013**

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FAULKNER, KING, & WENZ, PSC
CERTIFIED PUBLIC ACCOUNTANTS

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Independent Auditors' Report

Hopedale Mining LLC 401(k) Plan
Lexington, Kentucky

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Hopedale Mining LLC 401(k) Plan, which comprise the statement of net assets available for benefits as of December 31, 2014, and the related statements 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

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 an 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 by Great-West Retirement Services (also known as "Empower"), a division of Great-West Life & Annuity Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. 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 year ended December 31, 2014, that the information provided to the Plan Administrator by the custodian 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 on the 2014 financial statements. Accordingly, we do not express an opinion on the 2014 financial statements referred to in the first paragraph.

Other Matter – Supplemental Schedules

The supplemental Schedule of Delinquent Participant Contributions and the Schedule of Assets (Held at end of Year) as of or for the year ended December 31, 2014, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part 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 schedules referred to above.

Other Matter – 2013 Financial Statements

The financial statements of the Plan as of December 31, 2013, were audited by predecessor auditors. 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 (ERISA), the Plan Administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by Great-West Retirement Services, a division of Great-West Life & Annuity Insurance Company, the custodian of the Plan. Their report, dated July 1, 2014, indicated that (a) because of the significance of the information they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Custodian, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

The form and content of the information included in the 2014 financial statements and supplemental schedules, 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.

Fauller King & Wenz, PSC

Mt. Sterling, Kentucky
July 24, 2015

HOPEDALE MINING LLC 401(K) PLAN

Statements of Net Assets Available for Benefits

December 31, 2014 and 2013

		<u>2014</u>	<u>2013</u>
	Assets		
Investments, at fair value		\$ 16,155,064	\$ 16,351,789
Receivables:			
Participant contributions		2,100	-
Employer contributions		<u>385,456</u>	<u>413,750</u>
Net assets available for benefits		<u>\$ 16,542,620</u>	<u>\$ 16,765,539</u>

See accompanying notes.

HOPEDALE MINING LLC 401(K) PLAN

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2014

Additions to net assets attributed to:

Net appreciation in fair value of investments	\$ 459,600
Interest and dividends	<u>518,575</u>

Total investment income	978,175
-------------------------	---------

Contributions:

Participant	908,433
Employer	<u>1,059,223</u>

Total contributions	<u>1,967,656</u>
---------------------	------------------

Total additions	2,945,831
-----------------	-----------

Deductions from net assets attributed to:

Benefits paid to participants	3,114,703
Administrative expenses	<u>54,047</u>

Total deductions	<u>3,168,750</u>
------------------	------------------

Net decrease	(222,919)
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Net assets available for benefits:

Beginning of year	<u>16,765,539</u>
-------------------	-------------------

End of year	<u><u>\$ 16,542,620</u></u>
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See accompanying notes.

HOPEDALE MINING LLC 401(K) PLAN

Notes to the Financial Statements

1. Description of the Plan

The following description of the Hopedale Mining LLC 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan adoption agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all employees of Hopedale Mining LLC, as well as Rhino Resources Inc., the co-sponsor (the Plan Sponsor or Administrator). Management of the Plan Sponsor control and manage the operation and administration of the Plan. Empower Retirement Services (Empower), a division of Great-West Life & Annuity Insurance Company (GWLA), serves as the custodian of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as well as applicable sections of the Internal Revenue Code (IRC).

Eligibility

Employees are eligible to participate in the Plan on their hire date. Eligible participants can enter the Plan on the first day of the month on or following their date of hire. At that time, participants can begin deferring compensation into the Plan, and become eligible for the employer safe harbor enhanced matching, additional discretionary matching, and discretionary nonelective contributions.

Contributions

Participants may contribute up to the maximum allowable annual contribution as defined by the IRC. Participants may also contribute amounts representing distributions from other qualified defined contribution plans.

The Plan Sponsor makes safe harbor enhanced matching contributions of 100% of the first 6% of included compensation that a participant contributes to the Plan. For the year ended December 31, 2014, safe harbor enhanced matching contributions and discretionary contributions were \$675,867 and \$383,356, respectively.

Participant Accounts

Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's contribution, the Plan Sponsor's contributions, an allocation of Plan earnings or losses, and administrative expenses. Allocations are based on participant earnings or account balances, as defined in the Plan adoption agreement. Administrative expenses are charged to each participant's account when a distribution is processed. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

HOPEDALE MINING LLC 401(K) PLAN

Notes to the Financial Statements, continued

1. Description of the Plan, continued

Investment Options

Participants direct the investment of their contributions into various investment options offered by the Plan. If no such direction is made, participant accounts are invested in accordance with default investment alternatives as established under the Plan. Plan Sponsor contributions are automatically invested in the same investment options at the same percentage as participant deferral contributions.

Vesting

Participants are vested immediately in their contributions, plus actual earnings thereon, and the Plan Sponsor's contributions. A participant is 100% vested in all funds upon their entry date into the Plan.

Payment of Benefits

The Plan requires mandatory immediate distribution of amounts up to \$1,000 for participants who are terminated. On termination of service due to death, disability, retirement, or other reasons, a participant whose vested account balance is greater than \$5,000 (excluding amounts attributable to rollover contributions) may elect to receive either a single lump sum amount equal to the value of the participant's vested interest in his or her account, or a single sum payment of a portion of the participant's vested interest in his or her account and leave the remaining portion invested in the Plan. Participants whose vested account balance is not greater than \$5,000 (excluding amounts attributable to rollovers) will receive his or her benefits as a single lump sum payment.

Forfeited Accounts

Forfeited balances of terminated participants' nonvested accounts are used to reduce employer contributions. As of December 31, 2014 and 2013 there were \$1,239 and \$1,224 of unallocated forfeitures, respectively. During 2014, no forfeitures were used to reduce employer contributions.

Risks and Uncertainties

The Plan utilizes various investment instruments, including mutual funds and investment contracts. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Administrative and Investment Expenses

Certain administrative expenses of the Plan are paid by the Plan as provided in the Plan adoption agreement. Investment management and advisor expenses are included in administrative expenses. All other administrative expenses are paid by the Plan Sponsor.

HOPEDALE MINING LLC 401(K) PLAN

Notes to the Financial Statements, continued

2. Summary of Significant Accounting Policies

The financial statements have been prepared in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) which requires management to make estimates and assumptions that affect the reported amounts and disclosures in the financial statements. Actual results could differ from those estimates. The following is a summary of the significant accounting policies consistently followed by the Plan in the preparation of its financial statements:

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. 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 or depreciation includes the Plan's gains or losses on investments bought and sold as well as held during the year.

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 statement of net assets available for benefits is required to present investment contracts at fair value as well as the adjustment of the fully benefit responsive investment contracts from fair value to contract value. Plan management has determined the contract value of the Plan's fully benefit responsive investment contract approximates fair value and no adjustment is necessary.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Subsequent Events

The Plan's management has evaluated subsequent events for accounting and disclosure requirements through July 24, 2015, the date that the financial statements were available to be issued.

3. Information Certified and Provided by Custodian

The Plan's investment information included in this note and throughout the Plan's financial statements and supplemental schedules was prepared by or derived from information provided by Empower, the custodian of the Plan, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the custodian that investment information provided to the Plan Administrator by the custodian related to the investment information is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to investment information in this note and which appears throughout the financial statements and the supplemental schedules.

HOPEDALE MINING LLC 401(K) PLAN

Notes to the Financial Statements, continued

3. Information Certified and Provided by Custodian, continued

The following table presents the fair value of investments in the Plan that were certified by Empower. Single investments representing more than 5% of the Plan's net assets as of December 31, 2014 and 2013 are separately identified.

	<u>2014</u>	<u>2013</u>
Guaranteed Portfolio Fund	\$ 3,016,198	\$ 3,091,972
Vanguard Target Retirement 2015	3,012,914	2,959,934
Vanguard Target Retirement 2050	2,405,584	2,511,916
Other investments	<u>7,720,368</u>	<u>7,787,967</u>
Total investments	<u>\$ 16,155,064</u>	<u>\$ 16,351,789</u>

Empower, the custodian, also certified to the completeness and accuracy of \$459,600 of net realized and unrealized appreciation in the fair value of mutual funds and \$518,575 of interest and dividends related to the investments for the year ended December 31, 2014.

4. Investment Contract with Insurance Company

The Plan has a benefit-responsive investment contract with GWLA. GWLA maintains the contributions in a general account, which 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, as reported to the Plan by GWLA. 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.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The interest crediting rates were 1.25% and 1.26% as of December 31, 2014 and 2013, respectively. Such interest rates are reviewed on a quarterly basis for resetting. The average yield for the year ended December 31, 2014 was 1.25%.

5. Fair Value Measurements

The Plan has determined the fair value of investments through the application of U.S. GAAP related to fair value measurements and disclosures. Investments valued using Level 1 inputs are based on unadjusted quoted prices within active markets. Investments valued using Level 2 inputs are based primarily on quoted prices for similar investments in active or inactive markets. Investments valued using Level 3 inputs are valued based on management's assumptions about the assumptions market participants would utilize in pricing the investments.

Following is a description of the valuation methodologies used for investments measured at fair value. There were no changes in the methodologies used to measure fair value at December 31, 2014 and 2013.

Guaranteed investment contract: Valued at contract value which approximates fair value.

HOPEDALE MINING LLC 401(K) PLAN

Notes to the Financial Statements, continued

5. Fair Value Measurements, continued

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

Target date funds: Valued at the net asset value per unit held by the Plan at year end as quoted by the funds.

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

Fair value measurements are as follows:

	Level 1	Level 2	Level 3	Total
December 31, 2014				
Target date funds	\$ -	\$ 6,341,335	\$ -	\$ 6,341,335
Guaranteed investment contract	-	3,017,437	-	3,017,437
Mutual funds:				
Large cap funds	2,271,230	-	-	2,271,230
Bond funds	1,438,630	-	-	1,438,630
Mid cap funds	1,301,112	-	-	1,301,112
International funds	1,112,607	-	-	1,112,607
Small cap funds	488,025	-	-	488,025
Real estate funds	<u>184,688</u>	<u>-</u>	<u>-</u>	<u>184,688</u>
Total investments	<u>\$ 6,796,292</u>	<u>\$ 9,358,772</u>	<u>\$ -</u>	<u>\$ 16,155,064</u>

HOPEDALE MINING LLC 401(K) PLAN

Notes to the Financial Statements, continued

5. Fair Value Measurements, continued

	Level 1	Level 2	Level 3	Total
December 31, 2013				
Target date funds	\$ -	\$ 6,286,775	\$ -	\$ 6,286,775
Guaranteed investment contract	\$ -	\$ 3,091,972	\$ -	\$ 3,091,972
Mutual funds:				
Large cap funds	2,971,757	-	-	2,971,757
Bond funds	1,391,337	-	-	1,391,337
Mid cap funds	1,123,823	-	-	1,123,823
International funds	834,557	-	-	834,557
Small cap funds	609,126	-	-	609,126
Real estate funds	<u>42,442</u>	<u>-</u>	<u>-</u>	<u>42,442</u>
Total investments	<u>\$ 6,973,042</u>	<u>\$ 9,378,747</u>	<u>\$ -</u>	<u>\$ 16,351,789</u>

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. Plan management evaluates 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 December 31, 2014, there were no significant transfers in or out of between levels.

6. Tax Status

The Plan uses a prototype Plan document sponsored by Orchard Trust Company. Orchard Trust Company received an opinion letter from the Internal Revenue Service (IRS), dated March 31, 2008, which states that the prototype document satisfies the applicable provisions of the IRC. The Plan itself has not received a determination letter from the IRS. However, the Plan's management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

U.S. GAAP requires 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 IRS. Plan management has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax period in progress. Plan management believes the Plan is no longer subject to income tax examinations for years prior to 2011.

7. Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

HOPEDALE MINING LLC 401(K) PLAN

Notes to the Financial Statements, continued

8. Exempt Party-in-Interest Transactions

The Plan has a benefit-responsive investment contract with GWLA. The custodian as defined by the Plan is a division of GWLA; therefore, the transactions involving the benefit-responsive investment contract qualify as exempt party-in-interest transactions.

Administrative expenses of \$54,047 for the year ended December 31, 2014 are comprised of fees paid by the Plan to GWLA, Empower, MCF Advisors, LLC, and Advised Asset Group for investment management services and withdrawal charges.

9. Reconciliation to Form 5500

A reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2014 and 2013, is as follows:

	<u>2014</u>	<u>2013</u>
Net assets available for benefits per financial statements	\$ 16,542,620	\$ 16,765,539
Less participant contributions receivable	(2,100)	-
Less employer contributions receivable	<u>(385,456)</u>	<u>(413,750)</u>
Net assets per Form 5500	<u>\$ 16,155,064</u>	<u>\$ 16,351,789</u>

A reconciliation of participant contributions per the financial statements to the Form 5500 for the year ended December 31, 2014 is as follows:

	<u>2014</u>
Participant contributions per the financial statements	\$ 908,433
Participant contributions receivable:	
Less end of year balance	<u>(2,100)</u>
Participant contributions per Form 5500	<u>\$ 906,333</u>

A reconciliation of employer contributions per the financial statements to the Form 5500 for the year ended December 31, 2014 is as follows:

	<u>2014</u>
Employer contributions per the financial statements	\$ 1,059,223
Employer contributions receivable:	
Plus beginning of year balance	413,750
Less end of year balance	<u>(385,456)</u>
Employer contributions per Form 5500	<u>\$ 1,087,517</u>

HOPEDALE MINING LLC 401(K) PLAN

Notes to the Financial Statements, continued

10. Prohibited Transactions

During the year ended December 31, 2014, participant withholdings in the amount of \$2,100 were not remitted within the appropriate time period by the Plan Sponsor. These transactions constitute prohibited transactions as defined by ERISA. The Plan Sponsor is aware of the occurrence and has taken the appropriate steps to correct the situation by implementing procedures to ensure all future remittances are completed within the prescribed time period.

HOPEDALE MINING LLC 401(K) PLAN

Schedule H, line 4a - Schedule of Delinquent Participant Contributions

Year ended December 31, 2014

Plan Sponsor: Hopedale Mining LLC

Plan Sponsor's EIN: 77-0619060

Plan Number: 001

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Participant contribution for pay check dated March 1, 2014	\$ 2,100	\$ -	\$ -	\$ -

HOPEDALE MINING LLC 401(K) PLAN

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

December 31, 2014

Plan Sponsor: Hopedale Mining LLC

Plan Sponsor's EIN: 77-0619060

Plan Number: 001

(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	Current Value
*	Guaranteed Portfolio Fund	Guaranteed Investment Contract	**	\$ 3,017,437
	Vanguard Target Retirement 2015	Target Date Fund	**	3,012,914
	Vanguard Target Retirement 2050	Target Date Fund	**	2,405,584
	Vanguard Target Retirement Income	Target Date Fund	**	795,586
	Vanguard 500 Index Admiral	Mutual Fund	**	793,224
	American Funds Europacific Growth R6	Mutual Fund	**	631,725
	Invesco Growth and Income	Mutual Fund	**	567,461
	Vanguard Total Bond Market Idx Admiral	Mutual Fund	**	512,070
	Prudential Jennison Mid Cap Growth	Mutual Fund	**	482,467
	Metropolitan West High Yield Bond	Mutual Fund	**	473,354
	Ridgeworth Mid-Cap Value Equity	Mutual Fund	**	406,756
	Vanguard Developed Mkts Idx Admiral	Mutual Fund	**	381,289
	PIMCO Total Return	Mutual Fund	**	367,529
	JPMorgan Large Cap Growth R6	Mutual Fund	**	297,003
	Vanguard Small Cap Index Admiral	Mutual Fund	**	245,082
	T Rowe Price Dividend Growth	Mutual Fund	**	237,678
	Vanguard Growth Index Admiral	Mutual Fund	**	214,862
	Vanguard Mid-Cap Index Fund Admiral	Mutual Fund	**	201,446
	Virtus Real Estate Securities I	Mutual Fund	**	184,688
	Vanguard Mid-Cap Value Index	Mutual Fund	**	170,483
	Vanguard Value Index Admiral	Mutual Fund	**	161,002
	Vanguard Target Retirement 2020	Target Date Fund	**	103,881
	Target Small Capitalization Value	Mutual Fund	**	99,651
	Vanguard Emerging Mkts Stock Idx Admiral	Mutual Fund	**	99,482
	Prudential Jennison Small Company	Mutual Fund	**	72,356
	Vanguard Small Cap Value Index	Mutual Fund	**	60,737
	Oppenheimer International Bond Y	Mutual Fund	**	41,680
	Vanguard Mid-Cap Growth Index	Mutual Fund	**	39,960
	PIMCO Real Return	Mutual Fund	**	24,042
	Vanguard Target Retirement 2035	Target Date Fund	**	22,518
	MFS Emerging Markets Debt A	Mutual Fund	**	19,552
	Vanguard Small Cap Growth Index	Mutual Fund	**	10,199
	Sentinel Government Securities	Mutual Fund	**	403
	Vanguard Target Retirement 2010	Target Date Fund	**	142
	Vanguard Target Retirement 2025	Target Date Fund	**	142
	Vanguard Target Retirement 2030	Target Date Fund	**	142
	Vanguard Target Retirement 2040	Target Date Fund	**	142
	Vanguard Target Retirement 2045	Target Date Fund	**	142
	Vanguard Target Retirement 2055	Target Date Fund	**	142
	Vanguard Global Hard Assets	Mutual Fund	**	111
				<u>\$ 16,155,064</u>

* Denotes party-in-interest

** Cost information is not required by ERISA for participant-directed investments

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Hopedale Mining LLC 401(k) Plan
01-JAN-14 to 31-DEC-14

31-JAN-15 21:55:23

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1VTINX			758,663.21	795,586.00
1VTENX			143.22	141.55
1VTXVX			2,713,222.15	3,012,914.06
1VTWNX			95,211.83	103,880.93
1VTTVX			142.04	142.36
1VTHRX			141.86	142.30
1VTTHX			22,362.68	22,517.95
1VFORX			141.84	142.26
1VTIVX			141.94	142.24
1VFIFX			1,974,363.47	2,405,584.06
1VFFVX			141.52	142.26
1RERGX			594,433.69	631,725.15
1VEMAX			102,516.40	99,481.65
1VTMGX			413,661.09	381,288.54
1GHAYX			138.92	110.92
1PHRIX			175,804.31	184,688.37
1PSCZX			69,579.26	72,356.06
1TASVX			91,054.70	99,651.19
1VISGX			9,106.06	10,199.47
1VSMAV			234,953.20	245,082.16
1VISVX			57,096.30	60,737.07
1PEGZX			426,863.99	482,467.27
1SMVTX			375,031.37	406,755.96
1VMGIX			32,283.55	39,960.43
1VIMAX			198,658.08	201,445.91
1VMVIX			143,879.11	170,483.14
1ACGMX			492,110.58	567,460.89
1JLGMX			228,155.20	297,003.03
1PRDGX			222,168.16	237,677.95
1VFIAV			758,535.00	793,223.91
1VIGAX			209,323.93	214,861.46
1VVIAX			154,590.72	161,001.44
1MWHYX			507,232.11	473,354.36
1MEDAX			19,643.23	19,551.42
1OIBYX			43,107.15	41,680.09
1PRRIX			25,380.00	24,042.10
1PTTRX			381,502.41	367,528.59
1SIBWX			401.66	402.90
1VBTLX			512,706.18	512,069.66
1PORT		1.200	2,836,455.62	3,016,197.47
			14,881,047.74	16,153,824.53
FORFEITURES			1,198.41	1,239.05

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

Hopedale Mining LLC 401(k) Plan
01-JAN-14 to 31-DEC-14

31-JAN-15 21:55:23

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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LEGEND

INVESTMENT OPTION:

1VTINX Vanguard Target Retirement Income Inv
 1VTXVX Vanguard Target Retirement 2015 Inv
 1VTTVX Vanguard Target Retirement 2025 Inv
 1VTTHX Vanguard Target Retirement 2035 Inv
 1VTIVX Vanguard Target Retirement 2045 Inv
 1VFFVX Vanguard Target Retirement 2055 Inv
 1VEMAX Vanguard Emerging Mkts Stock Idx Adm
 1GHAYX Van Eck Global Hard Assets Y
 1PSCZX Prudential Jennison Small Company Z
 1VISGX Vanguard Small Cap Growth Index
 1VISVX Vanguard Small Cap Value Index
 1SMVTX RidgeWorth Mid-Cap Value Equity I
 1VIMAX Vanguard Mid Cap Index Fund - Admiral
 1ACGMX Invesco Growth and Income Y
 1PRDGX T. Rowe Price Dividend Growth
 1VIGAX Vanguard Growth Index Adm
 1MWHYX Metropolitan West High Yield Bond M
 1OIBYX Oppenheimer International Bond Y
 1PTTRX PIMCO Total Return Instl
 1VBTLX Vanguard Total Bond Market Index Admiral

1VTENX Vanguard Target Retirement 2010 Inv
 1VTWNX Vanguard Target Retirement 2020 Inv
 1VTHRX Vanguard Target Retirement 2030 Inv
 1VFORX Vanguard Target Retirement 2040 Inv
 1VFIFX Vanguard Target Retirement 2050 Inv
 1RERGX American Funds EuroPacific Gr R6
 1VTMGX Vanguard Developed Markets Index Admiral
 1PHRIX Virtus Real Estate Securities I
 1TASVX Target Small Capitalization Value T
 1VSMAX Vanguard Small Cap Index Adm
 1PEGZX Prudential Jennison Mid Cap Growth Z
 1VMGIX Vanguard Mid-Cap Growth Index Inv
 1VMVIX Vanguard Mid-Cap Value Index Inv
 1JLGMX JPMorgan Large Cap Growth R6
 1VFIAX Vanguard 500 Index Admiral
 1VVIAX Vanguard Value Index Adm
 1MEDAX MFS Emerging Markets Debt A
 1PRRIX PIMCO Real Return Instl
 1SIBWX Sentinel Government Securities I
 1PORT Guaranteed Portfolio Fund

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year