

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	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>APPALACHIAN RAILCAR SERVICES 401(K) PROFIT SHARING 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>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2009</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/2009</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>01/01/2009</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>APPALACHIAN RAILCAR SERVICES</u> <u>PO BOX 800</u> <u>ELEANOR, WV 25070</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>55-0772909</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>304-586-7085</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>488210</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>55-0772909</u>	2c Plan Sponsor's telephone number <u>304-586-7085</u>	2d Business code (see instructions) <u>488210</u>	
2b Employer Identification Number (EIN) <u>55-0772909</u>					
2c Plan Sponsor's telephone number <u>304-586-7085</u>					
2d Business code (see instructions) <u>488210</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.	10/13/2015	WARREN K HIGGINBOTHAM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2015	WARREN K HIGGINBOTHAM
	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 <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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	5 121
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 125 6a(2) 109 6b 0 6c 4 6d 113 6e 0 6f 113 6g 52 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 2T 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) ☐ 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 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 <u>APPALACHIAN RAILCAR SERVICES 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ► <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>APPALACHIAN RAILCAR SERVICES</u>	D Employer Identification Number (EIN) <u>55-0772909</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation <u>HUNTINGTON NATIONAL BANK</u> <u>31-0966785</u>

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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)

HUNTINGTON NATIONAL BANK

31-0966785

(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 19 21 25 59 63 64 99	NONE	11244	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

GRAY, GRIFFITH & MAYS, A.C.

55-0621482

(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?
10	NONE	7200	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRONVEST

62-1823351

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	NONE	3410	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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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>APPALACHIAN RAILCAR SERVICES 401(K) PROFIT SHARING PLAN</u>		B Three-digit plan number (PN) ► <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>APPALACHIAN RAILCAR SERVICES</u>		D Employer Identification Number (EIN) <u>55-0772909</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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	240	401
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		20605
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	1354233	1434296
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1354473	1455302

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
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	1354473	1455302
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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)	94048	
(B) Participants	2a(1)(B)	170058	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		264106

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2

(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)	38218	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		38218

(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)		
(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)		
(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)		51663
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		353989

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	231306	
(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)		231306
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)	7200	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	3410	
(4) Other.....	2i(4)	11244	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		21854
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		253160

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		100829
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: GRAY, GRIFFITH, & MAYS, A.C.

(2) EIN: 55-0621482

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.)		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		50000
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.
---	--	--

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

A Name of plan <u>APPALACHIAN RAILCAR SERVICES 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>APPALACHIAN RAILCAR SERVICES</u>	D Employer Identification Number (EIN) <u>55-0772909</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>31-6243960</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
-----------------	-------------------

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

APPALACHIAN RAILCAR SERVICES

401(k) PROFIT SHARING PLAN

December 31, 2014 and 2013

APPALACHIAN RAILCAR SERVICES
401(k) PROFIT SHARING PLAN

December 31, 2014 and 2013

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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee
Appalachian Railcar Services
401(k) Profit Sharing Plan
Eleanor, West Virginia

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Appalachian Railcar Services 401(k) Profit Sharing Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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 United States 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 information summarized in Note 4 to the financial statements, which was certified by Huntington National Bank, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. 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 certifications from the custodian as of and for the years ended December 31, 2014 and 2013, 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. 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 schedules of assets held (at end of year) and reportable transactions, which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are 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 schedules referred to above.

Report on the Form and Content in Compliance with DOL Rules and Regulations

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

Gray, Griffith & Mays, a.c.

October 8, 2015
Charleston, West Virginia

APPALACHIAN RAILCAR SERVICES
401(K) PROFIT SHARING PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Investments, at fair value	\$ 1,454,901	\$ 1,354,233
Other receivable	<u>401</u>	<u>240</u>
 Total assets	 <u>\$ 1,455,302</u>	 <u>\$ 1,354,473</u>
 Net assets available for benefits	 <u>\$ 1,455,302</u>	 <u>\$ 1,354,473</u>

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

APPALACHIAN RAILCAR SERVICES
401(K) PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Additions to net assets attributed to:		
Investment income:		
Net appreciation (depreciation) in fair value of investments	\$ 51,664	\$ 189,307
Dividends and interest	<u>38,219</u>	<u>24,383</u>
	<u>89,883</u>	<u>213,690</u>
Contributions:		
Employer	94,048	96,966
Employee	170,058	157,775
Rollovers	<u>-</u>	<u>21,409</u>
	<u>264,106</u>	<u>276,150</u>
Total additions	<u>353,989</u>	<u>489,840</u>
Deductions from net assets attributed to:		
Benefits paid to participants	231,306	87,033
Administrative expenses	<u>21,854</u>	<u>16,257</u>
Total deductions	<u>253,160</u>	<u>103,290</u>
Net increase	100,829	386,550
Net assets available for benefits, beginning of year	<u>1,354,473</u>	<u>967,923</u>
Net assets available for benefits, end of year	<u>\$ 1,455,302</u>	<u>\$ 1,354,473</u>

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

APPALACHIAN RAILCAR SERVICES

401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2014 and 2013

1 – DESCRIPTION OF PLAN AND SIGNIFICANT ACCOUNTING POLICIES

Plan Description

The following description of the Appalachian Railcar Services 401(k) Profit Sharing Plan (the Plan), provides only general information. Participants should refer to the Plan documents for more complete information.

General

The Plan, established January 1, 2009, is a defined contribution retirement plan available to all personnel of Appalachian Railcar Services (the Company), and affiliated entities who have attained one year of service and age 18. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Participants may elect to defer an amount of their compensation, plus any eligible catch-up contributions, as defined in the Plan document, limited to the maximum allowed under the Internal Revenue Code for such plan year. The Company makes safe harbor matching contributions totaling 100% of the participants' elective deferral contributions up to 3% of the participants' compensation and 50% of any additional participants' elective deferral contributions not to exceed 5% of the participants' compensation. In no event will matching contributions exceed 4% of the participants' compensation. All contributions are fully vested. Rollover contributions from other qualified plans are permitted once eligibility requirements are met.

On April 1, 2012, the Plan was amended to allow Roth elective deferrals.

Participant Investment Options

Each Plan participant directs contributions and earnings of their account among alternative investment options provided under the Plan. Participants should refer to the most recent annual report and prospectus of each mutual fund for information on risk factors, asset concentrations, investment objectives and other financial data. Participants may transfer funds between investment options at any time.

Plan Termination

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

APPALACHIAN RAILCAR SERVICES
401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
(Continued)

December 31, 2014 and 2013

1 – DESCRIPTION OF PLAN AND SIGNIFICANT ACCOUNTING POLICIES (Continued)

Participant Accounts

Each participant account is credited with the participant's elective contributions and contributions by the Company. In addition, each participant's account is credited with the specific earnings (losses) of the investments owned in self-directed participant accounts. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting

The Plan provides for immediate vesting of salary reduction contributions, matching contributions and earnings thereon.

Payment of Benefits

Upon retirement (normal retirement age is 65), attaining age 59 ½, death, disability or other termination of employment, as defined in the Plan document, participants or their spouses and/or beneficiaries receive their account as a lump sum cash payment. Further, upon termination of employment, the participant may elect to transfer his or her account balances to another qualified plan or individual retirement account. If the vested account of a participant is less than \$1,000, the entire vested account will be paid in a lump sum.

The Plan does not allow for hardship withdrawals.

Significant Accounting Policies and Estimates

The accounting and reporting policies of the Plan conform to accounting principles generally accepted in the United States of America and to general practices within the employee benefit plan industry. The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates. The principles and policies which significantly affect the determination of net assets and the changes in net assets are summarized below.

APPALACHIAN RAILCAR SERVICES
401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
(Continued)

December 31, 2014 and 2013

1 – DESCRIPTION OF PLAN AND SIGNIFICANT ACCOUNTING POLICIES (Continued)

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. Accordingly, revenues are recognized when earned, and expenses are recognized when incurred.

Investment Valuation and Income Recognition

Shares of registered investment companies (mutual funds) are reported at fair value based on the quoted market price of the fund, which represents the net asset value of the shares held by the fund at year-end.

Plan assets are invested in various pooled separate accounts.

Pooled separate accounts

The value of a unit in a pooled separate account is the fair market value of investments in the account as of the valuation date, plus cash balances and accruals less accounts payable, expenses and taxes that are allocable to the account, divided by the number of outstanding participation units in the account. Securities held in the pooled separate accounts are valued based on quoted market prices. If there is no readily available market value for a particular security, the investment manager will determine the fair market value of such investment in accordance with accepted practices and applicable laws and regulations. As of any date, the value of the Plan's share of a separate account will equal the number of participation units held by the Plan multiplied by the participation unit value.

2 – TAX STATUS

The plan is a prototype that has received a letter from the Internal Revenue Service dated March 31, 2008, that it is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan Sponsor, Administrator, and the Plan's tax counsel believe the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement dates.

The Plan's Department of the Treasury tax returns are subject to examination, generally for three years after filing.

APPALACHIAN RAILCAR SERVICES
401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
(Continued)

December 31, 2014 and 2013

3 – RELATED PARTY TRANSACTIONS AND INVESTMENT ADMINISTRATION

Parties-in-interest are defined under Department of Labor Regulations as any fiduciary of the Plan, any party rendering service to the Plan, the Plan Sponsor, and certain others. During 2014 and 2013, transactions with parties-in-interest primarily included administrative expenses related to the Plan, which were paid by the Company. Administrative expenses paid by the Plan Sponsor included legal, accounting and other professional services. Additionally, certain administrative functions are performed by officers or employees of the Plan Sponsor at no cost to the Plan. Administrative expenses paid by the Plan included investment fees and account withdrawal fees. During 2014 and 2013, the Plan paid administrative fees of \$21,854 and \$16,257, respectively. During 2012 the Plan elected to begin paying the annual audit fees out of plan assets.

4 – INVESTMENT INFORMATION

The Plan's investments are held in a bank-administered trust fund. The fair values of individual investments that represent 5% or more of the Plan's net assets are as follows:

	<u>2014</u>	<u>2013</u>
Vanguard Target Retirement 2020 Fund	\$ 190,249	\$ 308,857
Vanguard Target Retirement 2025 Fund	77,963	-
Vanguard Target Retirement 2030 Fund	193,819	164,354
Vanguard Target Retirement 2040 Fund	269,288	221,435
Vanguard 500 Index Fund	98,989	94,270
PIMCO Total Return Fund	74,816	-
Other funds, less than 5%	<u>549,777</u>	<u>565,317</u>
	<u>\$1,454,901</u>	<u>\$1,354,233</u>

The Plan's investments held by Huntington National Bank (including all investments bought, sold and held, income, gains and losses during both years), were certified as complete and accurate.

APPALACHIAN RAILCAR SERVICES
401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
(Continued)

December 31, 2014 and 2013

5 – FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount 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 measure the fair value of certain financial instruments could result in a different fair value at the reporting date.

The fair value measurement accounting literature establishes 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 under FASB ASC 820 are 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: quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; or inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement. None of the investments at December 31, 2014 and 2013 were valued using Level 3 inputs.

The asset 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities Exchange Commission (SEC). These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

APPALACHIAN RAILCAR SERVICES
401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
(Continued)

December 31, 2014 and 2013

5 – FAIR VALUE MEASUREMENTS (continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014 and 2013:

	<i>Assets at Fair Value as of December 31, 2014</i>			
	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>	<u>Total</u>
Mutual Funds				
Equity Funds	1,219,889	-	-	1,219,889
Fixed Income Funds	<u>214,407</u>	<u>-</u>	<u>-</u>	<u>214,407</u>
Total mutual funds	1,434,296	-	-	1,434,296
Money Market Fund	<u>20,605</u>	<u>-</u>	<u>-</u>	<u>20,605</u>
Total assets at fair value	<u><u>\$1,454,901</u></u>	<u><u>\$ -</u></u>	<u><u>\$ -</u></u>	<u><u>\$1,454,901</u></u>

	<i>Assets at Fair Value as of December 31, 2013</i>			
	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>	<u>Total</u>
Mutual Funds				
Equity Funds	1,183,987	-	-	1,183,987
Fixed Income Funds	<u>170,246</u>	<u>-</u>	<u>-</u>	<u>170,246</u>
Total separate accounts	1,354,233	-	-	1,354,233
Money Market Fund	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total assets at fair value	<u><u>\$1,354,233</u></u>	<u><u>\$ -</u></u>	<u><u>\$ -</u></u>	<u><u>\$1,354,233</u></u>

6 – 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.

APPALACHIAN RAILCAR SERVICES
401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
(Continued)

December 31, 2014 and 2013

7 - SUBSEQUENT EVENTS

The Plan's management has evaluated events and transactions occurring after December 31, 2014 through the date of the Auditors' Report, which is the date the financial statements were available to be issued. No significant events were noted requiring adjustments to or disclosure in the financial statements.

SUPPLEMENTARY INFORMATION

APPALACHIAN RAILCAR SERVICES
401(K) PROFIT SHARING PLAN
EIN: 55-0772909

SUPPLEMENTARY INFORMATION

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2014

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of Investment include maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
Investment in pooled separate accounts:				
	American Funds	American Capital World Growth and Income Fund	**	\$ 47,900
	American Funds	American Fundamental Investors Fund	**	48,628
	BlackRock Funds	BlackRock Inflation Protected Bond Fund	**	19,986
	BlackRock Funds	BlackRock Natural Resources Fund	**	228
	ClearBridge Funds	ClearBridge Large Cap Value Fund	**	51,088
	Dreyfus	Dreyfus Mid Cap Index Fund	**	4,259
	Federated Investors Funds	Federated International Leaders Fund	**	34,973
	Federated Investors Funds	Federated Total Return Bond Fund	**	44,674
	Goldman Sachs Funds	Goldman Sachs Small Cap Value Fund	**	6,577
*	Huntington Bank	Huntington Money Market Fund IV	**	20,604
	Janus Funds	Janus Triton Fund	**	8,242
	Oppenheimer Fund	Oppenheimer Developing Market Fund	**	10,053
	PIMCO Funds	PIMCO Total Return Fund	**	74,816
	Prudential Funds	Prudential Financial Services	**	2,026
	Prudential Funds	Prudential Mid-Cap Growth Fund	**	4,187
	Ridgeworth	Ridgeworth Mid Cap Value Equity Fund	**	2,645
	T. Rowe Price Funds	T. Rowe Price Growth Stock Fund	**	52,499
	Vanguard Funds	Vanguard Total Bond Market Index	**	74,931
	Vanguard Funds	Vanguard 500 Index Fund	**	98,989
	Vanguard Funds	Vanguard Small Cap Index Fund	**	16,973
	Vanguard Funds	Vanguard Target Retirement 2015 Fund	**	6,396
	Vanguard Funds	Vanguard Target Retirement 2020 Fund	**	190,249
	Vanguard Funds	Vanguard Target Retirement 2025 Fund	**	77,963
	Vanguard Funds	Vanguard Target Retirement 2030 Fund	**	193,819
	Vanguard Funds	Vanguard Target Retirement 2035 Fund	**	7,275
	Vanguard Funds	Vanguard Target Retirement 2040 Fund	**	269,288
	Vanguard Funds	Vanguard Target Retirement 2045 Fund	**	2,662
	Vanguard Funds	Vanguard Target Retirement 2050 Fund	**	69,004
	Vanguard Funds	Vanguard Target Retirement 2055 Fund	**	13,967
Total assets				<u>\$ 1,454,901</u>

*Denotes issuer or sponsor is considered to be party-in-interest to the Plan.

**Historical cost information is not required to be presented for participant directed investments.

See Independent auditors' report.

APPALACHIAN RAILCAR SERVICES
401(K) PROFIT SHARING PLAN
EIN: 55-0772909

SUPPLEMENTARY INFORMATION

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Selling price	(g) Cost of Asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
<u>SINGLE TRANSACTIONS EXCEEDING 5%</u>						
Vanguard	Target Retirement 2020 Fund	-	144,408.57	126,906.03	144,408.57	17,502.54
	1 Sale for Issue aggregate total		144,408.57		144,408.57	
<u>AGGREGATE TRANSACTIONS EXCEEDING 5%</u>						
BlackRock	Inflation Protected Bond Portfolio - Institutional	2.08	-	2.08	2.08	-
		-	50.35	51.93	50.35	(1.58)
		-	21.08	21.66	21.08	(0.58)
		202.70	-	202.70	202.70	-
		3.62	-	3.62	3.62	-
		17.65	-	17.65	17.65	-
		209.76	-	209.76	209.76	-
		-	216.45	221.13	216.45	(4.68)
		14,309.37	-	14,309.37	14,309.37	-
		281.33	-	281.33	281.33	-
		-	30.18	30.65	30.18	(0.47)
		338.17	-	338.17	338.17	-
		254.61	-	254.61	254.61	-
		-	30.63	31.04	30.62	(0.41)
		255.46	-	255.46	255.45	-
		252.45	-	252.45	252.45	-
		-	74.25	75.88	74.25	(1.63)
		-	30.93	31.41	30.93	(0.48)
		239.62	-	239.62	239.62	-
		244.85	-	244.85	244.85	-

See Independent auditors' report.

APPALACHIAN RAILCAR SERVICES
401(K) PROFIT SHARING PLAN
 EIN: 55-0772909

SUPPLEMENTARY INFORMATION

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS (Continued)

(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Selling price	(g) Cost of Asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
<u>AGGREGATE TRANSACTIONS EXCEEDING 5% (Continued)</u>						
BlackRock	Inflation Protected Bond Portfolio - Institutional	49.35	-	49.35	49.35	-
		-	31.73	31.79	31.79	(0.06)
		251.37	-	251.37	251.37	-
		-	35,880.24	35,648.35	35,880.24	231.89
		674.88	-	674.88	674.88	-
		83.79	-	83.79	83.79	-
		280.68	-	280.68	280.68	-
		-	10.30	10.09	10.30	0.21
		82.35	-	82.35	82.35	-
		83.18	-	83.18	83.18	-
		7,538.88	-	7,538.88	7,538.87	-
		66.35	-	66.35	66.05	-
		-	36.38	35.57	36.38	0.81
		110.83	-	110.83	110.83	-
		-	15.12	14.72	15.12	0.40
		16.09	-	16.09	16.09	-
		88.57	-	88.57	88.57	-
		6.68	-	6.68	6.68	-
		88.18	-	88.18	88.26	-
		110.80	-	110.80	110.80	-
		-	15.37	14.93	15.37	0.44
		113.08	-	113.08	113.09	-
		-	70.91	69.08	70.91	1.83
		774.62	-	774.62	774.62	-
		53.10	-	53.10	53.10	-
		-	117.82	114.88	117.82	2.94
		117.98	-	117.98	117.99	-
		-	15.80	15.46	15.80	0.34
		117.62	-	117.62	117.62	-
		133.79	-	133.79	133.79	-
		1.72	-	1.72	1.73	-
		-	38.34	38.20	38.34	0.14
		-	15.77	15.63	15.77	0.14
		107.59	-	107.59	107.59	-
		-	5,719.19	5,621.38	5,719.19	97.81
		-	137.63	136.26	137.63	1.37
		104.93	-	104.93	104.93	-
		-	2.41	2.39	2.41	0.02
		149.13	-	149.13	149.13	-

See Independent auditors' report.

APPALACHIAN RAILCAR SERVICES
401(K) PROFIT SHARING PLAN
 EIN: 55-0772909

SUPPLEMENTARY INFORMATION

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS (Continued)

(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Selling price	(g) Cost of Asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)	
<u>AGGREGATE TRANSACTIONS EXCEEDING 5% (Continued)</u>							
Blackrock	Inflation Protected Bond Portfolio - Inst.	-	12.46	12.36	12.46	0.10	
		103.60	-	103.60	103.60	-	
		105.52	-	105.52	105.51	-	
		121.65	-	121.65	121.65	-	
		-	12.47	12.49	12.47	(0.02)	
		196.25	-	196.25	196.25	-	
		113.33	-	113.33	113.33	-	
		43 Purchases for		28,457.56			
		23 Sales for			42,585.81		
		Issue aggregate total				71,043.20	
PIMCO	Total Return Fund - Institutional Class	78.45	-	78.45	78.45	-	
		-	87.13	87.73	87.13	(0.60)	
		-	36.85	37.00	36.85	(0.15)	
		361.88	-	361.88	361.88	-	
		5.88	-	5.88	5.87	-	
		24.97	-	24.97	24.97	-	
		370.05	-	370.05	370.05	-	
		-	479.59	479.72	479.59	(0.13)	
		13,689.33	-	13,689.33	13,689.33	-	
		4.92	-	4.92	4.92	-	
		83.78	-	83.78	83.78	-	
		442.36	-	442.36	442.36	-	
		-	45.81	45.43	45.81	0.38	
		526.28	-	526.28	526.28	-	
		403.95	-	403.95	403.95	-	
		108.69	-	108.69	108.69	-	
		-	46.37	46.03	46.37	0.34	
		408.14	-	408.14	408.14	-	
		403.43	-	403.43	403.43	-	
		128.34	-	128.34	128.22	-	
		-	111.15	111.36	111.16	(0.21)	
		-	46.87	46.70	46.87	0.17	
		384.35	-	384.35	384.35	-	
		393.30	-	393.30	393.30	-	
		137.41	-	137.41	137.66	-	
		-	47.67	47.32	47.67	0.35	

See Independent auditors' report.

APPALACHIAN RAILCAR SERVICES
401(K) PROFIT SHARING PLAN
EIN: 55-0772909

SUPPLEMENTARY INFORMATION

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS (Continued)

(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Selling price	(g) Cost of Asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
<u>AGGREGATE TRANSACTIONS EXCEEDING 5% (Continued)</u>						
PIMCO	Total Return Fund - Institutional Class	400.55	-	400.55	400.55	-
		-	9,812.41	9,659.94	9,812.41	152.47
		2,773.05	-	2,773.05	2,773.05	-
		344.79	-	344.79	344.79	-
		172.31	-	172.31	172.31	-
		-	0.01	0.01	0.01	-
		-	44.15	43.54	44.15	0.61
		360.21	-	360.21	360.20	-
		337.93	-	337.93	337.93	-
		30,155.43	-	30,155.43	30,155.43	-
		133.47	-	133.47	133.23	-
		-	151.02	149.08	151.02	1.94
		451.80	-	451.80	451.80	-
		-	63.15	62.23	63.15	0.92
		67.42	-	67.42	67.42	-
		374.78	-	374.78	374.78	-
		28.48	-	28.48	28.48	-
		-	823.26	809.73	823.26	13.53
		210.60	-	210.60	211.38	-
		441.38	-	441.38	441.38	-
		-	63.69	62.76	63.69	0.93
		463.57	-	463.57	463.57	-
		-	164.51	161.51	164.51	3.00
		-	791.96	776.11	791.96	15.85
		2,179.68	-	2,179.68	2,179.68	-
		-	481.46	473.12	481.46	8.34
		200.35	-	200.35	200.35	-
		458.33	-	458.33	458.33	-
		-	64.79	63.66	64.78	1.13
		462.57	-	462.57	462.57	-
		562.29	-	562.29	562.29	-
		157.05	-	157.05	157.63	-
		-	158.80	156.76	158.80	2.04
		-	65.73	64.77	65.73	0.96
		408.46	-	408.46	408.46	-
		-	32,733.92	32,195.81	32,733.92	538.11
		-	511.87	504.38	511.87	7.49
		400.74	-	400.74	400.74	-

See Independent auditors' report.

APPALACHIAN RAILCAR SERVICES
401(K) PROFIT SHARING PLAN
 EIN: 55-0772909

SUPPLEMENTARY INFORMATION

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS (Continued)

(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Selling price	(g) Cost of Asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
AGGREGATE TRANSACTIONS EXCEEDING 5% (Continued)						
PIMCO	Total Return Fund - Institutional Class	-	548.12	540.09	548.12	8.03
		2,163.35	-	2,163.35	2,163.35	-
		142.07	-	142.07	142.07	-
		-	46.44	45.76	46.44	0.68
		412.14	-	412.14	412.14	-
		417.68	-	417.68	417.67	-
		132.09	-	132.09	131.86	-
		-	47.40	46.54	47.40	0.86
		480.48	-	480.48	480.48	-
		582.31	-	582.31	582.31	-
		445.09	-	445.09	445.09	-
		49 Purchases for	64,275.96			
		26 Sales for		47,474.13		
		Issue aggregate total			111,751.08	
Vanguard	Total Bond Market Index Fund - Signal Shares	107.91	-	107.91	107.91	-
		-	71.87	73.84	71.87	(1.97)
		-	30.09	30.83	30.09	(0.74)
		288.20	-	288.20	288.20	-
		4.94	-	4.94	4.94	-
		22.06	-	22.06	22.06	-
		295.38	-	295.38	295.38	-
		-	1.22	1.24	1.22	(0.02)
		128.69	-	128.68	128.69	-
		39.58	-	39.58	39.58	-
		-	0.06	0.07	0.06	(0.01)
		3.26	-	3.26	3.26	-
		109.51	-	109.51	109.51	-
		301.71	-	301.71	301.71	-
		-	30.71	31.91	30.71	(1.20)
		376.30	-	376.30	376.30	-
		269.52	-	269.52	269.52	-
		103.19	-	103.19	103.19	-
		-	31.09	32.34	31.09	(1.25)
		272.92	-	272.92	272.92	-
		269.28	-	269.28	269.28	-
		4.70	-	4.70	4.70	-
		113.30	-	113.30	113.20	-
		-	75.83	79.11	75.84	(3.28)

See Independent auditors' report.

APPALACHIAN RAILCAR SERVICES
401(K) PROFIT SHARING PLAN
 EIN: 55-0772909

SUPPLEMENTARY INFORMATION

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS (Continued)

(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Selling price	(g) Cost of Asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
<u>AGGREGATE TRANSACTIONS EXCEEDING 5% (Continued)</u>						
Vanguard	Total Bond Market Index Fund - Signal Shares	5,436.09	-	5,436.09	5,436.09	-
		263.53	-	263.53	263.53	-
		115.31	-	115.31	115.31	-
		-	31.55	32.73	31.55	(1.18)
		252.21	-	252.21	252.21	-
		257.75	-	257.75	257.75	-
		112.25	-	112.25	112.56	-
		-	32.16	33.17	32.16	(1.01)
		265.30	-	265.30	265.30	-
		-	1,265.63	1,302.71	1,265.63	(37.08)
		-	3,280.42	3,391.94	3,280.42	(111.52)
		146.77	-	146.77	146.77	-
		-	33.26	34.50	33.26	(1.24)
		261.51	-	261.51	261.51	-
		262.92	-	262.92	262.92	-
		33,171.17	-	33,171.17	33,171.17	-
		114.31	-	114.31	114.10	-
		-	130.50	135.83	130.50	(5.33)
		366.74	-	366.74	366.74	-
		-	53.97	55.97	53.97	(2.00)
		49.98	-	49.98	49.98	-
		295.90	-	295.90	295.91	-
		25.08	-	25.08	25.08	-
		188.85	-	188.85	189.38	-
		363.67	-	363.67	363.67	-
		-	55.01	57.00	55.01	(1.99)
		375.44	-	375.44	375.44	-
		-	117.06	121.06	117.06	(4.00)
		-	1.03	1.06	1.03	(0.03)
		559.42	-	559.42	559.42	-
		2,215.66	-	2,215.66	2,215.66	-
		-	423.10	437.16	423.10	(14.06)
		189.15	-	189.15	189.15	-
		384.53	-	384.53	384.53	-
		-	56.86	58.80	56.86	(1.94)
		385.26	-	385.26	385.26	-
		448.88	-	448.88	448.87	-
		189.75	-	189.75	190.81	-
		-	140.04	144.96	140.04	(4.92)
		-	57.95	59.71	57.95	(1.76)

See Independent auditors' report.

APPALACHIAN RAILCAR SERVICES
401(K) PROFIT SHARING PLAN
EIN: 55-0772909

SUPPLEMENTARY INFORMATION

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS (Continued)

(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Selling price	(g) Cost of Asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
AGGREGATE TRANSACTIONS EXCEEDING 5% (Continued)						
Vanguard	Total Bond Market Index Fund -	352.66	-	352.66	352.66	-
	Signal Shares	-	21,370.67	21,234.30	21,370.67	136.37
		-	327.95	326.15	327.95	1.80
	44 Purchases for	49,760.54				
	23 Sales for		27,618.03			
	Issue aggregate total				77,380.17	
Vanguard	Target Retirement 2020 Fund	-	193.48	180.72	193.49	12.76
		901.60	-	901.60	901.60	-
		-	147.07	136.78	147.07	10.29
		905.18	-	905.18	905.17	-
		843.60	-	843.60	843.59	-
		-	189.86	178.03	189.85	11.83
		874.66	-	874.66	874.65	-
		842.02	-	842.02	842.03	-
		-	197.13	179.37	197.12	17.76
		854.64	-	854.64	854.64	-
		843.60	-	843.60	843.59	-
		-	198.88	182.56	198.89	16.32
		871.49	-	871.49	871.50	-
		837.67	-	837.67	837.68	-
		-	201.78	183.34	201.78	18.44
		843.60	-	843.60	843.61	-
		-	17,659.58	15,908.16	17,659.58	1,751.42
		847.03	-	847.03	847.02	-
		-	1,177.60	1,050.28	1,177.60	127.32
		-	194.17	172.32	194.17	21.85
		812.72	-	812.72	812.73	-
		822.35	-	822.35	822.36	-
		-	144,408.57	126,906.03	144,408.57	17,502.54
		-	107.89	94.90	107.88	12.99
		936.45	-	936.45	936.45	-
		894.10	-	894.10	894.11	-
		-	167.10	146.18	167.10	20.92
		1,827.96	-	1,827.96	1,827.95	-
		-	108.06	96.34	108.05	11.72
		827.13	-	827.13	827.13	-
		-	825.02	716.76	825.01	108.26
		846.51	-	846.51	846.51	-
		-	110.98	96.31	110.97	14.67
		832.20	-	832.20	832.21	-
		844.43	-	844.43	844.42	-

See Independent auditors' report.

APPALACHIAN RAILCAR SERVICES
401(K) PROFIT SHARING PLAN
EIN: 55-0772909

SUPPLEMENTARY INFORMATION

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS (Continued)

(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Selling price	(g) Cost of Asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
<u>AGGREGATE TRANSACTIONS EXCEEDING 5% (Continued)</u>						
Vanguard	Target Retirement 2020 Fund	-	110.71	99.03	110.72	11.68
		855.37	-	855.37	855.38	-
		815.69	-	815.69	815.70	-
		3,060.96	-	3,060.96	3,060.95	-
		-	115.07	100.29	115.08	14.78
		899.95	-	899.95	899.96	-
		904.46	-	904.46	904.45	-
		2,192.08	-	2,192.08	2,192.07	-
		-	117.84	101.67	117.84	16.17
		918.70	-	918.70	918.70	-
		3,527.53	-	3,527.53	3,516.45	-
		26.08	-	26.08	26.01	-
		241.25	-	241.25	240.50	-
	30 Purchases for	31,551.01				
	18 Sales for		166,230.79			
	Issue aggregate total				197,769.89	

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Appalachian Railcar Services 401(k) Profit Sharing Plan
Plan Sponsor's Name Appalachian Railcar Services

EIN: 55-0772909
PN: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	PIMCO Funds	PIMCO Total Return Fund	76,415	74,816
	Vanguard Funds	Vanguard Total Bond Market Index	74,518	74,931
	Blackrock Fund	Blackrock Inflation Protected Bond Portfolio	20,621	19,986
	Federated Fund	Federated Total Return Government Bond Fund	44,428	44,674
	American Funds	American Capital World Growth and Income Fund	46,045	47,899
	Prudential Funds	Prudential Financial Services	2,350	2,026
	T. Rowe Price	T. Rowe Price Growth Stock Fund	50,011	52,499

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Appalachian Railcar Services 401(k) Profit Sharing Plan
Plan Sponsor's Name Appalachian Railcar Services

EIN: 55-0772909
PN: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Federated Funds	Federated Interantional Leaders Fund	35,475	34,973
	American Funds	American Fundamental Investors Fund	47,625	48,628
	Vanguard Funds	Vanguard Target Retirement 2050 Fund	59,808	69,004
	Vanguard Funds	Vanguard Target Retirement 2040 Fund	235,824	269,288
	Vanguard Funds	Vanguard Target Retirement 2030 Fund	172,275	193,819
	Vanguard Funds	Vanguard Target Retirement 2020 Fund	172,534	190,249
	Oppenheimer Fund	Oppenheimer Developing Market Fund	10,635	10,053

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Appalachian Railcar Services 401(k) Profit Sharing Plan
Plan Sponsor's Name Appalachian Railcar Services

EIN: 55-0772909
PN: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Vanguard Funds	Vanguard 500 Index Fund	79,853	98,989
	Prudential Funds	Prudential Jennison Mid-Cap Growth Fund	4,280	4,187
	Blackrock Funds	Blackrock Natural Resources Fund	293	228
	Goldman Sachs	Goldman Sachs Small Cap Value	6,577	6,577
	Janus Funds	Janus Triton Fund	8,297	8,242
	Clearbridge Funds	Clearbridge Large Capital Value Fund	45,320	51,088
	Vanguard Funds	Vanguard Target Retirement 2015 Fund	6,297	6,396

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Appalachian Railcar Services 401(k) Profit Sharing Plan
Plan Sponsor's Name Appalachian Railcar Services

EIN: 55-0772909
PN: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Vanguard Funds	Vanguard Target Retirement 2025 Fund	75,716	77,963
	Vanguard Funds	Vanguard Target Retirement 2035 Fund	7,212	7,275
	Vanguard Funds	Vanguard Target Retirement 2045 Fund	2,560	2,662
	Vanguard Funds	Vanguard Target Retirement 2055 Fund	13,379	13,967
	Ridgeworth Fund	Ridgeworth Mid Cap Value Equity Fund	2,809	2,645
	Vanguard Funds	Vanguard Small Cap Index Fund	16,254	16,973
	Dreyfus Funds	Dreyfus Mid Cap Index Fund	4,324	4,259

Plan Name _____ EIN: _____
Plan Sponsor's Name _____ PN: _____

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