

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 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 2017 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</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.) ☒ 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>THE COMBINED DEFINED BENEFIT PLAN FOR NACCO INDUSTRIES, INC. AND ITS SUBSIDIARIES</u>	1b Three-digit plan number (PN) ▶	005	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>THE NORTH AMERICAN COAL CORPORATION</u> <u>5340 LEGACY DR.</u> <u>BUILDING 1, SUITE 300</u> <u>PLANO, TX 75024-3141</u>		1c Effective date of plan <u>09/01/1986</u>	
		2b Employer Identification Number (EIN) <u>34-1554846</u>	
		2c Plan Sponsor's telephone number <u>972-448-5400</u>	
		2d Business code (see instructions) <u>212110</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2018	SARAH FRY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2018	SARAH FRY
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2017)
v. 170203

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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 274
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) 45
a(2) Total number of active participants at the end of the plan year	6a(2) 39
b Retired or separated participants receiving benefits	6b 114
c Other retired or separated participants entitled to future benefits	6c 95
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 248
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 25
f Total. Add lines 6d and 6e	6f 273
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants who 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:

1A 1I 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
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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)** ☐ 0 **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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
Round off amounts to nearest dollar.	
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan THE COMBINED DEFINED BENEFIT PLAN FOR NACCO INDUSTRIES, INC. AND ITS SUBSIDIARIES	B Three-digit plan number (PN) 005
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE NORTH AMERICAN COAL CORPORATION	D Employer Identification Number (EIN) 34-1554846
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information			
1 Enter the valuation date: Month 01 Day 01 Year 2017			
2 Assets:			
a Market value	2a	34628192	
b Actuarial value	2b	34777474	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	130	15924120	15924120
b For terminated vested participants	99	4972188	4972188
c For active participants	45	7880360	8006205
d Total	274	28776668	28902513
4 If the plan is in at-risk status, check the box and complete lines (a) and (b): ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.82 %	
6 Target normal cost	6	146975	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	10/04/2018 Date 17-07485 Most recent enrollment number 216-937-4000 Telephone number (including area code)
BRETT J. LOGTERMAN Type or print name of actuary TOWERS WATSON DELAWARE INC. Firm name 1001 LAKESIDE AVENUE, SUITE 1500 CLEVELAND, OH 44114-1172 Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>7.59</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.03</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	120.32%
15 Adjusted funding target attainment percentage	15	120.32%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	123.48%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 3
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):		
a Target normal cost (line 6)	31a	146975
b Excess assets, if applicable, but not greater than line 31a	31b	146975
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement		0
36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:		
a Schedule elected	☐ 2 plus 7 years ☐ 15 years	
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	
42 Amount of acceleration adjustment	42	
43 Excess installment acceleration amount to be carried over to future plan years	43	

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
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan THE COMBINED DEFINED BENEFIT PLAN FOR NACCO INDUSTRIES, INC. AND ITS SUBSIDIARIES	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 THE NORTH AMERICAN COAL CORPORATION	D Employer Identification Number (EIN) 34-1554846	

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
THE VANGUARD GROUP, INC.
23-1945930

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

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

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)

WILLIS TOWERS WATSON

23-1159360

(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?
11	NONE	48431	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CROWE LLP

35-0921680

(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	29029	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	DAVID M. HAUER	b EIN:	53-0181291
c Position:	ENROLLED ACTUARY		
d Address:	1001 LAKESIDE AVENUE, SUITE 1500 CLEVELAND, OH 44114-1172	e Telephone:	216-937-4000

Explanation: REASSIGNMENT OF WORK WITHIN WILLIS TOWERS WATSON

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 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>THE COMBINED DEFINED BENEFIT PLAN FOR NACCO INDUSTRIES, INC. AND ITS SUBSIDIARIES</u>	B Three-digit plan number (PN) ►	<u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE NORTH AMERICAN COAL CORPORATION</u>	D Employer Identification Number (EIN) <u>34-1554846</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a	125361	134304
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(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)	34502831	38391828
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(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	34628192 38526132
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	34628192 38526132

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers)	2a(1)(C)	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	0
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	
	(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)	0
(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)	867326
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	867326
(3)	Rents	2b(3)	
(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)		4693324
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5560650

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1562630	
(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)		1562630
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)	81174	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	18906	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		100080
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1662710

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3897940
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: CROWE LLP

(2) EIN: 35-0921680

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	
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	
e Was this plan covered by a fidelity bond?	X		10000000
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	
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	
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	
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		
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	
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	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4073196. (See instructions.)

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 sections 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 2017 This Form is Open to Public Inspection.
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan THE COMBINED DEFINED BENEFIT PLAN FOR NACCO INDUSTRIES, INC. AND ITS SUBSIDIARIES		B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 THE NORTH AMERICAN COAL CORPORATION		D Employer Identification Number (EIN) 34-1554846
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 23-2926795		
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 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☒ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

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): _____

**THE COMBINED DEFINED BENEFIT
PLAN FOR NACCO INDUSTRIES, INC.
AND ITS SUBSIDIARIES**
Dallas, Texas

FINANCIAL STATEMENTS
December 31, 2017 and 2016

THE COMBINED DEFINED BENEFIT PLAN FOR
NACCO INDUSTRIES, INC. AND ITS SUBSIDIARIES
Dallas, Texas

FINANCIAL STATEMENTS
December 31, 2017 and 2016

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INDEPENDENT AUDITOR'S REPORT

The Plan Administrator of
The Combined Defined Benefit Plan
for NACCO Industries, Inc. and Its Subsidiaries
Dallas, Texas

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Combined Defined Benefit Plan for NACCO Industries, Inc. and Its Subsidiaries (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2016, and the related statement of changes in accumulated plan 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 the audits 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 4, which was certified by Vanguard Fiduciary Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certification from the trustee as of December 31, 2017 and 2016 and for the years then ended that the information provided to the Plan administrator by the trustee is complete and accurate.

(Continued)

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

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2017 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for purposes 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 schedule.

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

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

A handwritten signature in black ink that reads "Crowe LLP". The script is cursive and fluid, with the "C" being particularly large and stylized.

Crowe LLP

Columbus, Ohio
October 12, 2018

THE COMBINED DEFINED BENEFIT PLAN FOR
NACCO INDUSTRIES, INC. AND ITS SUBSIDIARIES
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
ASSETS		
Investments at fair value		
Mutual funds	\$ 38,391,828	\$ 34,502,831
Cash	<u>134,304</u>	<u>125,361</u>
TOTAL ASSETS AND NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 38,526,132</u>	<u>\$ 34,628,192</u>

See accompanying notes to financial statements.

THE COMBINED DEFINED BENEFIT PLAN FOR
NACCO INDUSTRIES, INC. AND ITS SUBSIDIARIES
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the years ended December 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Additions to net assets attributed to:		
Net appreciation in fair value of investments (Note 4)	\$ 4,693,324	\$ 1,623,441
Interest and dividends	<u>867,326</u>	<u>874,589</u>
Total additions	5,560,650	2,498,030
Deductions from net assets attributed to:		
Benefits paid to participants	1,562,630	1,376,761
Administrative expenses	<u>100,080</u>	<u>146,975</u>
Total deductions	<u>1,662,710</u>	<u>1,523,736</u>
Net increase prior to transfer	3,897,940	974,294
Transfer to Falkirk Mining Company Pension Plan (Note 1)	<u>-</u>	<u>(61,922,103)</u>
Net increase (decrease)	3,897,940	(60,947,809)
Net assets available for benefits		
Beginning of year	<u>34,628,192</u>	<u>95,576,001</u>
End of year	<u>\$ 38,526,132</u>	<u>\$ 34,628,192</u>

See accompanying notes to financial statements.

THE COMBINED DEFINED BENEFIT PLAN FOR
NACCO INDUSTRIES, INC. AND ITS SUBSIDIARIES
STATEMENT OF ACCUMULATED PLAN BENEFITS
December 31, 2016

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving benefits

\$ 14,771,053

Other participants

11,377,360

26,148,413

Nonvested benefits

126,036

Total actuarial present value of accumulated plan benefits

\$ 26,274,449

See accompanying notes to financial statements.

THE COMBINED DEFINED BENEFIT PLAN FOR
NACCO INDUSTRIES, INC. AND ITS SUBSIDIARIES
STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS
For the year ended December 31, 2016

Actuarial present value of accumulated plan	
benefits at beginning of year	\$ 72,611,154
Net actuarial (gain)/loss	(437,404)
Interest due to decrease in the discount period	1,873,420
Benefits paid	(1,376,761)
Change in actuarial assumptions (Note 3)	560,330
Spinoff of Falkirk Mining Company Pension Plan (Note 1)	<u>(46,956,290)</u>
Actuarial present value of accumulated plan	
benefits at end of year	<u>\$ 26,274,449</u>

See accompanying notes to financial statements.

THE COMBINED DEFINED BENEFIT PLAN FOR
NACCO INDUSTRIES, INC. AND ITS SUBSIDIARIES
NOTES TO FINANCIAL STATEMENTS
December 31, 2017 and 2016

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of The Combined Defined Benefit Plan for NACCO Industries, Inc. and Its Subsidiaries (the "Combined Plan") provides only general information. Reference should be made to the Combined Plan document for a more complete description of the Combined Plan's provisions.

General: The Combined Plan, sponsored by The North American Coal Corporation (the "Company"), is a defined benefit pension plan within the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). It was amended and restated effective May 1, 2011 and January 1, 2014 and has been subsequently amended.

The Combined Plan document originally contained four parts. Part I provides benefits for employees of the Parent Company and of The North American Coal Corporation and certain Subsidiaries (the "NACC Plan"). Part II provided benefits for employees of Hamilton Beach Brands, Inc. (the "HBB Plan"). Part III provided benefits for employees of NACCO Materials Handling Group, Inc. (the "NMHG Plan"). Hamilton Beach Brands, Inc. ("HBB") was a subsidiary of the Parent Company until September 29, 2017 and NACCO Materials Handling Group, Inc. ("NMHG") was a subsidiary of the Parent Company until September 28, 2012 when HBB and NMHG spun off from the Parent Company. Part IV of the Combined Plan contains general provisions, which apply to all participants covered under the Combined Plan. The Combined Plan is a single pension plan for purposes of ERISA and the Internal Revenue Code ("IRC").

Various benefits under the Plan were frozen between 1993 and 2010 and, effective December 31, 2013, all benefits under the Plan for all remaining Participants were permanently frozen.

Plan Spin-Offs

2012 NMHG Spin-Off: Effective as of October 1, 2012, the assets and obligations associated with Part III of the Plan were spun off to form the NACCO Materials Handling Group, Inc. Pension Plan for Non-Union Employees (the "NMHG Non-Union Plan"). All participants and beneficiaries of Part III of the Plan became participants and beneficiaries of the NMHG Non-Union Plan.

2013 HBB Spin-Off: Effective January 1, 2013, the assets and obligations associated with Part II of the Plan were spun off to form the Hamilton Beach Brands, Inc. Pension Plan (the "HBB Pension Plan"). All participants and beneficiaries of Part II of the Plan became participants and beneficiaries of the HBB Pension Plan.

2014 Sabine Mining Company Pension Plan Spin-Off: Effective January 1, 2014, the assets and obligations attributable to The Sabine Mining Company (Sabine) portion of Part I of the Plan were spun off to form The Sabine Mining Company Pension Plan (the "Sabine Pension Plan"). All participants and beneficiaries who provided services to Sabine became participants and beneficiaries of the Sabine Pension Plan. The Sabine Pension Plan participants were a subset of participants in Part I.

2015 Coteau Properties Company Pension Plan Spin-Off: Effective January 1, 2015, the assets and obligations attributable to The Coteau Properties Company (Coteau) portion of Part I of the Plan were spun off to form The Coteau Properties Company Pension Plan (the "Coteau Pension Plan"). All participants and beneficiaries who provided services to Coteau became participants and beneficiaries of the Coteau Pension Plan. The Coteau Pension Plan participants were a subset of participants in Part I.

(Continued)

THE COMBINED DEFINED BENEFIT PLAN FOR
NACCO INDUSTRIES, INC. AND ITS SUBSIDIARIES
NOTES TO FINANCIAL STATEMENTS
December 31, 2017 and 2016

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

The assets and obligations of the Plan relating to those participants who became participants in the Coteau Pension Plan were spun off into a separate trust in accordance with the terms of a trust agreement sponsored by Coteau. Assets totaling \$81,618,150 and accumulated plan benefits of \$60,962,538 were transferred from the Plan to the Coteau Plan.

2016 Falkirk Mining Company Pension Plan Spin-Off: Effective January 1, 2016, the assets and obligations attributable to The Falkirk Mining Company (Falkirk) portion of Part I of the Plan were spun off to form The Falkirk Mining Company Pension Plan (the "Falkirk Pension Plan"). All participants and beneficiaries who provided services to Falkirk became participants and beneficiaries of the Falkirk Pension Plan. The Falkirk Pension Plan participants were a subset of participants in Part I.

The assets and obligations of the Plan relating to those participants who became participants in the Falkirk Pension Plan were spun off into a separate trust in accordance with the terms of a trust agreement sponsored by Falkirk. Assets totaling \$61,922,103 and accumulated plan benefits of \$46,956,290 were transferred from the Plan to the Falkirk Plan.

Plan Administration: The Company is the Combined Plan sponsor and the Combined Plan administrator. Vanguard Fiduciary Trust Company ("Trustee") is the trustee of the Combined Plan. Investment decisions are made by the NACCO Industries, Inc. Retirement Funds Investment Committee.

Eligibility: During 2013, the only employees who accrued a pension under the Combined Plan were the employees in the project mine subsidiaries who were hired before January 1, 2000 and were in pay grade E-13 and below. Effective December 31, 2013, all pension benefits were frozen for all employees and no employees are eligible to accrue any pension benefits under the Plan.

Vesting: All NACC Plan participants and Parent Company employees became fully vested on December 31, 2013, regardless of their years of service.

Contributions: The Combined Plan provides for the participating employers to make contributions to the Combined Plan in amounts sufficient to satisfy or exceed the minimum funding standards. The contributions met or exceeded the ERISA minimum funding requirements for the 2017 and 2016 plan years.

Benefits: In general, the NACC Plan pension benefits at normal retirement are equal to (a) 1.1% of final average earnings up to covered compensation, plus (b) 1.6% of final average earnings in excess of covered compensation times benefit service up to 30 years, plus (c) 0.5% of final average earnings times benefit service in excess of 30 years, as defined in the NACC Plan. Various offsets and minimum benefits also apply. The NACC Plan permits early retirement with reduced benefits at age 55 with ten or more years of vesting services as a salaried employee, as defined and unreduced benefits at age 62 for certain participants with ten or more years of vesting services as a salaried employee. The same formula applied to the Sabine Pension Plan, the Coteau Pension Plan and the Falkirk Pension Plan prior to their spin-offs.

Various pre-retirement and post-retirement death benefits are payable under all parts of the Combined Plan. In the event of a participant's death prior to distribution of such benefits, such benefits are distributed, as provided by the Combined Plan, to the participant's beneficiary. In general, benefits are paid in the form of monthly payments, or in limited circumstances, a lump-sum distribution, as defined by the Combined Plan.

(Continued)

THE COMBINED DEFINED BENEFIT PLAN FOR
NACCO INDUSTRIES, INC. AND ITS SUBSIDIARIES
NOTES TO FINANCIAL STATEMENTS
December 31, 2017 and 2016

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The financial statements of the Combined Plan are prepared under the accrual basis of accounting.

Expenses: Certain expenses of administering the Combined Plan, principally actuarial fees, accounting fees and some investment management fees, are paid by the Combined Plan. These costs are reflected on the accompanying financial statements. Other administrative expenses, such as legal fees and miscellaneous costs, are paid by the employers and are not reflected in the accompanying financial statements. Investment management fees are charged to the Combined Plan as a reduction of investment return and included in the investment income (loss) reported by the Combined Plan.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Benefit Payments: Benefits are recorded when paid.

Risk and Uncertainties: The Combined Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, liquidity 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 the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Investment Valuation and Income Recognition: The Plan's investments are reported at fair value. Purchases 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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Fair value is defined as the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

(Continued)

THE COMBINED DEFINED BENEFIT PLAN FOR
NACCO INDUSTRIES, INC. AND ITS SUBSIDIARIES
NOTES TO FINANCIAL STATEMENTS
December 31, 2017 and 2016

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following descriptions of the valuation methods and assumptions used by the Plan to estimate the fair values of investments apply to investments held directly by the Plan.

Mutual Funds: The fair values of mutual fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

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. Investments measured at fair value on a reoccurring basis as of December 31, 2017 and 2016 are summarized below.

	<u>Fair Value Measurements at December 31, 2017 Using Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Fair Value Measurements at December 31, 2016 Using Quoted Prices in Active Markets for Identical Assets (Level 1)</u>
Investments		
Mutual Funds	\$ 38,391,828	\$ 34,502,831

NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Combined Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died, and present eligible employees or their beneficiaries. Benefits under the Combined Plan for post-2013 participants are based on an employee's highest average compensation over five consecutive years of credited service out of the last ten years (or prior to the date of benefit freeze, if earlier, for the frozen Part I participants).

The accumulated plan benefits for active employees who accrued benefits prior to December 31, 2013 are based on the compensation history ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances (retirement, death, full and permanent disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated Plan benefits is determined by actuaries from Willis Towers Watson, the Plan's actuary, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, full and permanent disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

(Continued)

THE COMBINED DEFINED BENEFIT PLAN FOR
NACCO INDUSTRIES, INC. AND ITS SUBSIDIARIES
NOTES TO FINANCIAL STATEMENTS
December 31, 2017 and 2016

NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

The more significant actuarial assumptions used by the Combined Plan's actuaries to arrive at the valuations of the Combined Plan as of December 31, 2016 are as follows:

Assumed rate of return	7.50%
Mortality basis	RP-2014/MP-2016
Retirement age	Rates vary by age, ranging from 3% (age 55) to 100% (age 65+)

The foregoing actuarial assumptions are based on the presumption that the Combined Plan will continue. Were the Combined Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The \$560,330 increase in the present value of accumulated plan benefits in 2016 that is due to the change in actuarial assumptions was attributed to the change in the base mortality table to white collar in 2016 from no collar in 2015 offset by the change of the mortality improvement scale to MP-2016.

NOTE 4 - INVESTMENTS – (UNAUDITED INFORMATION)

Substantially all information pertaining to the Plan's investments included in the financial statements, including the associated investment income (loss), was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Vanguard Fiduciary Trust Company, the Trustee of the Plan. This information has not been audited by independent accountants.

NOTE 5 - INCOME TAX STATUS

The Combined Plan has received a determination letter from the Internal Revenue Service dated November 8, 2017, stating that the Combined Plan is qualified under Section 401(a) of the Internal Revenue Code (the "Code") and, therefore, the related trust is exempt from taxation. Subsequent to application for the determination letter, the Plan was amended. Once qualified, the Combined Plan is required to operate in conformity with the Code to maintain its qualification. The Plan administrator believes the Combined Plan is designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believes that the Combined Plan as amended, is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2017 and 2016, 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 authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to federal income tax examinations for years prior to 2014.

(Continued)

THE COMBINED DEFINED BENEFIT PLAN FOR
NACCO INDUSTRIES, INC. AND ITS SUBSIDIARIES
NOTES TO FINANCIAL STATEMENTS
December 31, 2017 and 2016

NOTE 6 - PLAN TERMINATION

The Company has the right to terminate the Combined Plan at any time within the constraints of ERISA and its related regulations. In the event the Combined Plan terminates, the net assets of the Combined Plan will be allocated, as prescribed in the Plan document and by ERISA and its related regulations. Certain benefits under the Combined Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Combined Plan terminates. However, benefit improvements attributable to plan amendments may not be fully guaranteed by the PBGC. Whether all participants receive their benefits should the Combined Plan terminate at some future time will depend on the sufficiency, at that time, of the Combined Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

NOTE 7 - PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering services to the Plan, the employer, and certain others. Certain investments held by the Plan are shares of mutual funds managed by Vanguard Group, Inc. Vanguard Fiduciary Trust Company is a wholly-owned subsidiary of the Vanguard Group, Inc. Vanguard Fiduciary Trust Company is the Trustee, as defined by the Combined Plan; therefore, these investments and investment transactions qualify as party-in-interest transactions. Amounts paid by the Plan to parties-in-interest included fees for investment management, actuarial, audit and trustee services. However, these investments and transactions are not considered prohibited transactions.

NOTE 8 - SUBSEQUENT EVENTS

Plan management has evaluated subsequent events for recognition and disclosure through October 12, 2018, which is the date the financial statements were available to be issued.

NOTE 9 - DECEMBER 31, 2017 ACTUARIAL VALUATION (UNAUDITED)

The December 31, 2017 actuarial valuation was completed prior to the release of the financial statements. A summary of the actuarial valuation information provided by the Plan's actuary, which has not been audited by independent accounts, is provided below for informational purposes.

The actuarial present value of accumulated plan benefits as of December 31, 2017 is as follows:

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving payments	\$ 15,208,591
Other participants	<u>10,973,586</u>
	26,182,177
 Nonvested benefits	 <u>58,661</u>
 Total actuarial present value of accumulated plan benefits	 <u>\$ 26,240,838</u>

(Continued)

THE COMBINED DEFINED BENEFIT PLAN FOR
NACCO INDUSTRIES, INC. AND ITS SUBSIDIARIES
NOTES TO FINANCIAL STATEMENTS
December 31, 2017 and 2016

NOTE 9 - DECEMBER 31, 2017 ACTUARIAL VALUATION (UNAUDITED) (Continued)

The change in actuarial present value of accumulated plan benefits for the year ended December 31, 2017 consists of the following:

Actuarial present value of plan benefits at beginning of year	\$ 26,274,449
Net actuarial (gain)/loss	(258,430)
Increase due to decrease in the discount period	1,913,044
Benefits paid	(1,562,630)
Assumption changes	<u>(125,595)</u>
	<u>(33,611)</u>
 Actuarial present value of plan benefits at end of the year	 <u>\$ 26,240,838</u>

The \$125,595 decrease in the present value of accumulated plan benefits in 2017 that is due to the change in actuarial assumptions was attributed to the change of the mortality improvement scale to MP-2017.

SUPPLEMENTAL SCHEDULE

THE COMBINED DEFINED BENEFIT PLAN FOR
NACCO INDUSTRIES, INC. AND ITS SUBSIDIARIES
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2017

Name of Plan Sponsor:	<u>The North American Coal Corporation</u>
Employer Identification Number:	<u>34-1554846</u>
Three-Digit Plan Number:	<u>005</u>

(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
	<u>Mutual Funds</u>			
*	The Vanguard Group Inc.	Vanguard Total Stock Market Institutional Plus	\$ 14,258,033	\$ 18,175,033
*	The Vanguard Group Inc.	Vanguard Total Bond Market Index Fund Inst.	8,473,312	8,621,655
*	The Vanguard Group Inc.	Vanguard Total International Stock Index Inst.	6,969,241	8,120,444
*	The Vanguard Group Inc.	Vanguard Intermediate-Term Investment Grade Admiral	3,524,878	<u>3,474,696</u>
Total Investments				<u>\$ 38,391,828</u>

* = Party-in-interest investment

See Independent Auditor's Report

The Combined Defined Benefit Plan for NACCO Industries, Inc. and its Subsidiaries

EIN: 34-1554846 PN: 005

2017 Form 5500

Schedule SB, Line 26 – Schedule of Active Participants

Attained Age	Attained Years of Credited Service									
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & up
Under 25	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	2	3	0	0	0	0	0
45-49	0	0	0	0	2	1	0	0	0	0
50-54	0	0	0	1	3	3	3	0	0	0
55-59	0	0	0	0	5	2	1	6	0	0
60-64	0	0	0	0	1	0	0	5	4	0
65-69	0	0	0	0	1	0	0	0	0	1
70 & up	0	0	0	0	1	0	0	0	0	0
Total	0	0	0	3	16	6	4	11	4	1
Average:	Age	56	Number of Participants:			Fully vested	45	Males	36	
	Service	25				Partially vested	0	Females	9	

Statement of actuarial assumptions and methods

Economic Assumptions

Expected return on plan assets 7.50%

Interest rate basis:

■ Applicable month October 2016

■ Yield curve base Segment rates

Interest rates:

Not Reflecting Stabilization

Reflecting Stabilization

■ First segment rate 1.52% 4.16%

■ Second segment rate 3.78% 5.72%

■ Third segment rate 4.76% 6.48%

■ Effective interest rate 3.97% 5.82%

Administrative “and investment” expenses

\$146,975; the prior year
administrative expenses paid from
the plan

Demographic Assumptions

Mortality

- **Healthy** Separate rates for non-annuitants (based on RP-2000 “Employees” table without collar or amount adjustments, projected to 2032 using Scale AA) and annuitants (based on RP-2000 “Healthy Annuitants” table without collar or amount adjustments, projected to 2024 using Scale AA).
- **Disabled** Alternative disabled life mortality tables as defined under 96-7 Revenue Ruling.

Termination

Rates varying by age and gender.

Representative rates for males

<i>Age</i>	<i>Percentage</i>
40	4.73%
50	2.93%
60	0.00%

Disability

None assumed.

Retirement

Rates vary by age, average age 62.

Representative Rates

<i>Age</i>	<i>Percentage</i>
55-57	3%
58-59	3%
60	6%
61	10%
62	30%
63	25%
64	35%
65 +	100%

The Combined Defined Benefit Plan for NACCO Industries, Inc. and its Subsidiaries

EIN: 34-1554846 PN: 005

2017 Form 5500

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Benefit commencement date:

■ Preretirement death benefit	The later of the death of the active participant or the date the participant would have attained age 55.
■ Deferred vested benefit	The later of age 65 or termination of employment.
■ Disability benefit	N/A.
■ Retirement benefit	Upon termination of employment.
Form of payment	Life annuity.
Percent married	85% of males; 50% of females.
Spouse age	Wife three years younger than husband.
Administrative expenses	Return on asset assumption is net of expenses paid by the trust; \$146,975 is included in the target normal cost for the 2017 plan year.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month.
Funding policy	NACCO's funding policy is to contribute an amount equal to the minimum required contribution. NACCO considers each year whether to contribute additional amounts (e.g., to reach certain funded status thresholds to avoid benefit restrictions, at-risk status, ERISA 4010 filings or other requirements).

Methods

Valuation date	January 1.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year (based on actual expenses paid in previous year; \$146,975 for the 2017 plan year).
Actuarial value of assets	Average of the fair market value of assets on the valuation date and the five immediately preceding months, adjusted for contributions, benefits/expense payments and expected investment returns, including contributions receivables. The plan asset value must be within 10% of fair value on valuation date, including contributions receivable. The method of computing the actuarial value of assets complies with rules governing the calculation of such values under PPA. These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued	All benefits described in the Plan Provisions section of this report were valued except for disability benefits which are determined to be immaterial. Willis Towers Watson has reviewed the plan provisions with NACCO and, based on that review, is not aware of any significant benefits required to be valued that were not.
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Sources of Data and Other Information

Data sources	Willis Towers Watson used asset data supplied by the trustee. NACCO furnished participant data as of the valuation date. Data were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the company, assumptions or estimates were made when data were not available. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.
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Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Administrative expenses	Administrative expenses are estimated as the actual expenses paid from the trust the preceding year.
Assumed return for assets smoothing	The assumed return of 7.50% used for asset smoothing is the expected return on assets assumption chosen by NACCO with the help of your investment advisers for fiscal 2017 under U.S. GAAP. Although determining the expected rate of return on plan assets was not within the scope of our work, it is NACCO's best estimate and we determined that it does not significantly conflict with what would be reasonable based on their asset allocation.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions were selected by the plan sponsor from among choices prescribed by law and represent a best estimate of future experience.
Disabled Mortality	Assumptions were selected by the plan sponsor from among choices prescribed by law and represent a best estimate of future experience.
Retirement	Assumed retirement rates differ by age because of expected differences in retirement rates by age.

Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described in this attachment, including the method of determining plan assets, are "prescribed methods set by law," as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.
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Changes in Assumptions and Methods

Changes in assumptions since prior valuation	The segment interest rates used to calculate the funding target were updated to the current valuation date as required by IRC §430. The mortality table used to calculate the funding target was updated to include one additional year of projected mortality improvement, as required by IRC §430. Assumed plan-related expenses of \$146,975 were added to the normal cost (as compared to \$70,359 for plan year 2016).
Change in methods since prior valuation	There have been no changes in methods since the prior valuation.

Filing Authorization
For the 2017 Form 5500

Name of Plan: **The Combined Defined Benefit Plan for NACCO Industries, Inc. and Its Subsidiaries**

EIN/Plan Number: 34-1554846/005

Plan Year Ending: December 31, 2017

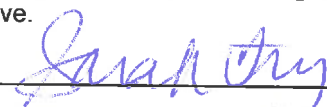
PART I Authorization of Practitioner to Electronically Sign and File

I hereby authorize Crowe LLP to electronically sign and file the above-named return/report through EFAST2.

I understand that in granting this authority:

- I/we must manually sign and date page 1 of the Form 5500 and/or page 2 of Form 5500-SF and provide a scanned copy of that signature page to Crowe LLP before the electronic filing can be initiated;
- Crowe LLP will retain a copy of this written authorization in its records;
- Crowe LLP will notify the individual(s) signing below as plan administrator / employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return; and
- A copy of my signature, as it appears on page 1 of the Form 5500 and/or page 2 of Form 5500-SF, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- Crowe LLP shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for the Plan year end stated above.

Plan Administrator:  Date: 10/15/18

Employer/Plan Sponsor (if Not the Plan Administrator): _____ Date: _____

PART II Acknowledgement of Receipt of Authorization

On behalf of Crowe LLP, I hereby certify that the firm will use the authority granted only for the express purposes described above; that the firm will not disclose confidential information to any parties other than the DOL, as required for EFAST filing; and that the firm will take reasonable steps to assure that confidential information provided by the Plan Administrator or Plan Sponsor is protected from unauthorized disclosure.

For Crowe LLP: _____ Date: _____

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 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 2017 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A This return/report is for: ☐ a multiemployer plan ☒ a single-employer plan B This return/report is: ☐ the first return/report ☐ an amended return/report 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)	☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) _____ ☐ the final return/report ☐ a short plan year return/report (less than 12 months)

Part II Basic Plan Information—enter all requested information											
1a Name of plan THE COMBINED DEFINED BENEFIT PLAN FOR NACCO INDUSTRIES, INC. AND ITS SUBSIDIARIES 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THE NORTH AMERICAN COAL CORPORATION 5340 LEGACY DR. BUILDING 1, SUITE 300 PLANO TX 75024-3141	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td>005</td> </tr> <tr> <td>1c Effective date of plan</td> <td>09/01/1986</td> </tr> <tr> <td>2b Employer Identification Number (EIN)</td> <td>34-1554846</td> </tr> <tr> <td>2c Plan Sponsor's telephone number</td> <td>972-448-5400</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td>212110</td> </tr> </table>	1b Three-digit plan number (PN) ▶	005	1c Effective date of plan	09/01/1986	2b Employer Identification Number (EIN)	34-1554846	2c Plan Sponsor's telephone number	972-448-5400	2d Business code (see instructions)	212110
1b Three-digit plan number (PN) ▶	005										
1c Effective date of plan	09/01/1986										
2b Employer Identification Number (EIN)	34-1554846										
2c Plan Sponsor's telephone number	972-448-5400										
2d Business code (see instructions)	212110										

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	 Signature of plan administrator	10/15/18 Date	Sarah Fry Enter name of individual signing as plan administrator
SIGN HERE	 Signature of employer/plan sponsor	10/15/18 Date	Sarah Fry Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2017)
v. 170203

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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	274
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)	45
a(2) Total number of active participants at the end of the plan year		6a(2)	39
b Retired or separated participants receiving benefits.....		6b	114
c Other retired or separated participants entitled to future benefits		6c	95
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	248
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	25
f Total. Add lines 6d and 6e		6f	273
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants who 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:
 1A 1I 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) ☐ **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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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 SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2017**This Form is Open to Public
Inspection**For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan The Combined Defined Benefit Plan for NACCO Industries, Inc. and its Subsidiaries	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF The North American Coal Corporation	D Employer Identification Number (EIN) 34-1554846	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2017</u>			
2 Assets:			
a Market value.....	2a	34,628,192	
b Actuarial value	2b	34,777,474	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	130	15,924,120	15,924,120
b For terminated vested participants	99	4,972,188	4,972,188
c For active participants	45	7,880,360	8,006,205
d Total	274	28,776,668	28,902,513
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.82%	
6 Target normal cost	6	146,975	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Brett J. Logterman	<i>BJL</i>	10/4/2018
Brett J. Logterman		Signature of actuary	Date
Towers Watson Delaware Inc.		Firm name	Most recent enrollment number
1001 Lakeside Avenue, Suite 1500			216-937-4000
Cleveland OH 44114-1172		Address of the firm	Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2017

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8).....	0	0
10 Interest on line 9 using prior year's actual return of <u>7.59%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.03%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III	Funding Percentages
-----------------	----------------------------

14	Funding target attainment percentage	14	120 . 32%
15	Adjusted funding target attainment percentage.....	15	120 . 32%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	123 . 48%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employee(s):

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ►	18(b)	0 18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

C If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

Equality Statement as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 3
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	146,975	
b Excess assets, if applicable, but not greater than line 31a	31b	146,975	
32 Amortization installments:	Outstanding Balance Installment		
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Assumed Retirement Age Schedule				
All Active Participants				
	(i)	(ii)	(iii)	(iv)
Age	Retirement Rates	Expected Survivors	Expected Retirements	Age Weighted Retirements
55	0.03	1,000,000	30,000	1,650,000
56	0.03	970,000	29,100	1,629,600
57	0.03	940,900	28,227	1,608,939
58	0.03	912,673	27,380	1,588,040
59	0.03	885,293	26,559	1,566,981
60	0.06	858,734	51,524	3,091,440
61	0.10	807,210	80,721	4,923,981
62	0.30	726,489	217,947	13,512,714
63	0.25	508,542	127,136	8,009,568
64	0.35	381,406	133,492	8,543,488
65	1.00	247,914	247,914	16,114,410
Totals			1,000,000	62,239,161

Assumed Retirement Age = [Total (iv) / Total (iii)] = 62

Summary of plan provisions

Part I – NACCO Industries, Inc.

Plan Provisions

The plan was amended and restated effective January 1, 2014, adopted November 26, 2013. The last amendment reflected in this report is Amendment Three, effective December 17, 2015.

Covered Employees All salaried employees hired prior to January 1, 1994.

Participation Date Date of becoming a covered employee.

Definitions

Participant An employee eligible to participate in the plan or a former employee receiving or eligible to receive a benefit under the plan.

Vesting service All years of Benefit Service accrued after age 18, plus any service that would have been considered Benefit Service except that the employee did not accrue it in a salaried capacity.

Benefit service All full and fractional years of service as a salaried employee from last date of hire to date of termination of employment, but not after December 31, 1993, including any service reinstated prior to any break in service. For employees terminating after December 31, 1984, Benefit Service includes all periods of service that end after December 31, 1975.

Social Security benefit The amount of the Primary Social Security benefit payable at age 65 according to the law in effect at termination of employment, computed assuming continuation to age 65 of earnings equal to the employee's salary rate at termination of employment, or final average pay if greater.

Normal retirement date (NRD) The first of month coinciding with or next following age 65.

The Combined Defined Benefit Plan for NACCO Industries, Inc. and its Subsidiaries

EIN: 34-1554846 PN: 005

2017 Form 5500

Schedule SB, Part V – Summary of Plan Provisions

Accrued benefit	1.7% of Final Average Earnings times Benefit Service up to 30 years plus 0.5% of Final Average Earnings times Benefit Service over 30 years, less 1.7% of Social Security times Benefit Service up to a maximum of 30 years. The accrued benefit was frozen as of December 31, 1993. The frozen benefit will increase 4% per year of service after December 31, 1993, for those participants working at corporate headquarters in Cleveland and earning less than \$100,000 in 1993. Effective January 1, 2008, the indexation was ceased under this plan for two employees. Effective December 31, 2009, the indexation was ceased for all employees.
Early commencement of benefits	For vested terminated Participants who had completed ten years of Vesting Service as a salaried employee, at or after age 55, the actuarially reduced Accrued Benefit less any Reductions.
Monthly preretirement death benefit	If death occurs at or after age 55 and after completion of at least ten years of Vesting Service as a salaried employee: (i) an immediate pension equal to the surviving benefit payable had the Participant retired when he or she died with a joint and 50% spouse option in effect. (ii) If death occurs before age 55 or completion of ten years of Vesting Service as a salaried employee: a pension starting when the Participant would have reached age 55, calculated as the survivor benefit payable had the Participant retired under Early Commencement of Benefits with a joint and 50% spouse option in effect.
Reductions	The benefit from any other pension or government plan toward which the Company has directly contributed (excluding OASDI, unemployment benefits and the Company's Profit Sharing Plan). For a Participant in The NACCO Industries, Inc. Plan on November 30, 1986, or The North American Coal Corporation Pension Plan for Salaried Employees on December 31, 1989, this includes the actuarial equivalent of his or her vested accrued benefit under the relevant plan which terminated on that date.

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Completion of ten or more years of Vesting Service as a salaried employee and attainment of age 55.
Postponed retirement	Retirement after NRD.
Vested termination	Termination for reasons other than death or retirement after completing five years of Vesting Service.
Disability	Totally disabled prior to age 65 with one or more years of vesting service as a salaried employee and not eligible for early retirement.
Surviving spouse	Participants who have been married at least one year, completed ten or more years of Vesting Service as a salaried employee and die while a salaried employee and after attainment of age 52 but before normal retirement date.
Preretirement death benefit	Participants who have been married at least one year, completed five or more years of Vesting Service (part of which accrued after August 22, 1984) and die before a pension is in payment and not under conditions satisfying the requirements specified in Surviving Spouse eligibility.

Benefits Paid Upon the Following Events

Normal retirement	Monthly Accrued Benefit at retirement less any Reductions.
Early retirement	Monthly Accrued Benefit at date of Early Retirement, reduced by 4% for each year that early commencement of benefits precedes Normal Retirement Date, less any Reductions.
Postponed retirement	Monthly pension benefit determined as of actual retirement date.
Vested termination	Monthly Accrued Benefit at date of termination, less any Reductions, payable at Normal Retirement Date or if Participant had completed ten or more years of Vesting Service as a salaried employee, at or after age 55, the actuarially reduced Accrued Benefit less any Reductions.
Disablement	Monthly Accrued Benefit computed with service credited for all years of total disability until age 65 and using Social Security based on the law as in effect on the date of disability and assuming zero compensation from that date until age 65.
Surviving spouse	50% of the Participant's Monthly Accrued Benefit at date of death less any death or survivor's benefit from any governmental plan to which the Company contributes which covers an occupational disease of the coal mining industry. Paid for remainder of the lifetime of the surviving spouse.
Preretirement death	Monthly Preretirement Spouse Benefit.

Other Plan Provisions

Forms of payment	(i) Normal Form: Actuarial equivalent 50% joint and survivor annuity if married on date payments commence; life annuity if single. (ii) Optional Forms: (a) 50%, 66-2/3%, 75% or 100% Contingent Annuity Option (b) Ten-year Certain and Continuous Option (c) Social Security Level Income Option (d) Life Income (for married participants)
Conversion factors for optional forms of payment	8.00% and the 1971 TPF&C Mortality Table, 80% male, 20% female
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the IRC. The plan provides for increasing the dollar limits automatically as such changes become effective.
Plan status for PBGC reporting purposes	Benefits frozen.

Future Plan Changes

No future plan changes were recognized in this valuation. Willis Towers Watson is not aware of any future plan changes that are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Significant Events

To the best of our knowledge, no significant events took place during the year.

Summary of plan provisions

Part II – The North American Coal Corporation

Plan Provisions

The plan was amended and restated effective January 1, 2014, adopted November 26, 2013. The last amendment reflected in this report is Amendment Three, effective December 17, 2015.

Covered Employees All salaried employees hired prior to January 1, 2000.

Participation Date Date of becoming a covered employee.

Definitions

Participant An employee eligible to participate in the plan or a former employee receiving or eligible to receive a benefit under the plan.

Vesting service All years of Benefit Service accrued after age 18, plus any service that would have been considered Benefit Service except that the employee did not accrue it in a salaried capacity.

Benefit service All full and fractional years of service as a salaried employee from last date of hire to date of termination of employment, including any service reinstated prior to any break in service. For employees terminating after December 31, 1984, Benefit Service includes all periods of service that end after December 31, 1975 until December 31, 2013.

Covered compensation The average of the Social Security taxable wage bases during the 35-year period ending with the last day of the calendar year in which the participant attains (or will attain) Social Security retirement age.

Normal retirement date (NRD) The first of month coincident with or next following age 65.

Accrued benefit 1.1% of Final Average Earnings up to Covered Compensation plus 1.6% of Final Average Earnings in excess of Covered Compensation, times Benefit Service up to 30 years, plus 0.5% of Final Average Earnings times Benefit Service in excess of 30 years. This benefit will not be less than the accrued benefit determined under the old plan formula as of December 31, 1998.

Accrued benefit (continued) Effective December 31, 2004, the Combined Plan was amended to freeze the accrued benefit and cease all future benefit accruals for all non-project mine participants and those project mine participants in salary grades E-14 and above. A participant's frozen benefit will be increased each year based on the inflation rate specified in the Consumer Price Index-Urban (minimum 2%) until that participant terminates employment for any reason. However, the indexation was ceased under this plan for 12 employees effective January 1, 2008.

Effective December 31, 2010, the Combined Plan was amended to eliminate the 2% minimum indexation and the indexation was ceased under this plan for 15 employees with salary grade E-14 and above.

Effective December 31, 2013, the Combined Plan was amended to cease future accruals and future indexation for all participants.

Early commencement of benefits

For vested terminated Participants who had completed ten years of Vesting Service as a salaried employee, at or after age 55, the actuarially reduced Accrued Benefit less any Reductions.

Reductions

The benefit from any other pension or government plan toward which the Company has directly contributed (excluding OASDI, unemployment benefits and the Company's Profit Sharing Plan). For a Participant in The NACCO Industries, Inc. Plan on November 30, 1986, or The North American Coal Corporation Pension Plan for Salaried Employees on December 31, 1989, this includes the actuarial equivalent of his or her vested accrued benefit under the relevant plan which terminated on that date.

Final average earnings

The average of the five highest consecutive calendar years' W-2 earnings, plus any deferred compensation, during the ten-year period ending on the earlier of the Participant's termination date, retirement date, or December 31, 2013.

Monthly preretirement death benefit

(i) If death occurs at or after age 55 and after completion of at least ten years of Vesting Service as a salaried employee:

an immediate pension equal to the surviving benefit payable had the Participant retired when he or she died with a joint and 50% spouse option in effect.

(ii) If death occurs before age 55 or completion of ten years of Vesting Service as a salaried employee:

a pension starting when the Participant would have reached age 55, calculated as the survivor benefit payable had the Participant retired under Early Commencement of Benefit with a joint and 50% spouse option in effect.

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Completion of ten or more years of Vesting Service as a salaried employee and attainment of age 55.
Postponed retirement	Retirement after NRD.
Vested termination	Termination for reasons other than death or retirement after completing five years of Vesting Service.
Disability	Totally disabled prior to age 65 with one or more years of vesting service as a salaried employee and not eligible for early retirement.
Surviving spouse	Participants who have been married at least one year, completed ten or more years of Vesting Service as a salaried employee and die while a salaried employee and after attainment of age 52 but before normal retirement date.
Preretirement death benefit	Participants who have been married at least one year, completed five or more years of Vesting Service (part of which accrued after August 22, 1984) and die before a pension is in payment and not under conditions satisfying the requirements specified in Surviving Spouse eligibility.

Benefits Paid Upon the Following Events

Normal retirement	Monthly Accrued Benefit at retirement less any Reductions.
Early retirement	Monthly Accrued Benefit at date of Early Retirement, reduced by 4% for each year that early commencement of benefits precedes Normal Retirement Date, less any Reductions.
Postponed retirement	Monthly pension benefit determined as of actual retirement date.
Vested termination	Monthly Accrued Benefit at date of termination, less any Reductions, payable at Normal Retirement Date or if Participant had completed ten or more years of Vesting Service as a salaried employee, at or after age 55, the actuarially reduced Accrued Benefit less any Reductions.
Disablement	Monthly Accrued Benefit computed with service credited for all years of total disability until age 65.
Surviving spouse	50% of the Participant's Monthly Accrued Benefit at date of death less any death or survivor's benefit from any governmental plan to which the Company contributes which covers an occupational disease of the coal mining industry (paid for remainder of the lifetime of the surviving spouse).
Preretirement death	Monthly Preretirement Spouse Benefit.

Other Plan Provisions

Forms of payment	(i) Normal Form: Actuarial equivalent 50% joint and survivor annuity if married on date payments commence; life annuity if single. (ii) Optional Forms: (a) 50%, 66-2/3%, 75% or 100% Contingent Annuity Option (b) Ten-year Certain and Continuous Option (c) Social Security Level Income Option (d) Life Income (for married participants)
Conversion factors for optional forms of payment	8.00% and the 1971 TPF&C Mortality Table, 80% male, 20% female.
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the IRC. The plan provides for increasing the dollar limits automatically as such changes become effective.
Plan status for PBGC reporting purposes	Benefits frozen.

Future Plan Changes

No future plan changes were recognized in this valuation. Willis Towers Watson is not aware of any future plan changes that are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Significant Events

To the best of our knowledge, no significant events took place during the year.

Summary of plan provisions

Part III – United Mine Workers Indian Head Mine Pension Plan

Plan Provisions

The plan was amended and restated effective January 1, 2014, adopted November 26, 2013. The last amendment reflected in this report is Amendment Three, effective December 17, 2015.

Covered Employees	All employees of The North American Coal Corporation located at the Indian Head Mine who are members of the United Mine Workers of America. On or after December 6, 1977, employees must also complete one 12-month period of employment of 1,000 hours of service or one year of Vesting Service, whichever occurs first, and shall become participants on the first day of the month coinciding with or next following completion of this 12-month period.
-------------------	--

Definitions

Participant	An employee eligible to participate in the plan or a former employee receiving or eligible to receive a benefit under the plan.
Vesting service	For valuation purposes, service has been calculated from date of hire.
Credited service	For valuation purposes, service has been calculated from date of hire for all participants ignoring the possible effects of Reciprocal Service and Non-Signatory Past Service which has been earned in addition to this calculated amount.
Normal retirement date (NRD)	Attainment of age 62 and completion of five years of Vesting Service or 20 years of Credited Service; or attainment of age 65 and completion of five years of participation.
Monthly accrued benefit	\$21.00 per month for each of the first ten years of Credited Service plus \$21.50 per month for each of the second ten years of Credited Service plus \$22.00 per month for each of the third ten years of Credited Service plus \$22.50 per month for each year of Credited Service in excess of 30.

The Combined Defined Benefit Plan for NACCO Industries, Inc. and its Subsidiaries

EIN: 34-1554846 PN: 005

2017 Form 5500

Schedule SB, Part V – Summary of Plan Provisions

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Completion of ten years of Vesting Service or 20 years of Credited Service and attainment of age 55.
Vested termination	Completion of five years of Vesting Service or 20 years of Credited Service.
Preretirement death benefit	Spouses of participants, who die after having completed five years of Vesting Service, provided they had been married at least nine months at time of death, and who die before a pension is in payment.
Special widow benefit	Spouses of participants who die after having retired under the provisions of the United Mine Workers of America 1980 Pension Plan as in effect on December 5, 1977.

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD.
Early retirement	Monthly accrued benefit determined at date of early retirement, reduced by 0.25% for each full month by which the date on which pension payments are to commence precedes the employee's 62 nd birthday.
Postponed retirement	Monthly pension benefit determined as of actual retirement date.
Vested termination	The monthly accrued benefit payable at NRD. If the employee is eligible for early retirement, the benefit is reduced actuarially for early commencement.

Other Plan Provisions

Forms of payment	(i) Normal Form: Actuarial equivalent 50% joint and survivor annuity if married on date payments commence; life annuity if single. (ii) Optional Forms: (a) 50%, 66-2/3%, 75% or 100% Contingent Annuity Option (b) Ten-year Certain and Continuous Option (c) Social Security Level Income Option (d) Life Income (for married participants)
Conversion factors for optional forms of payment	8.00% and the 1971 TPF&C Mortality Table; 80% male, 20% female.
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the IRC. The plan provides for increasing the dollar limits automatically as such changes become effective.
Plan status for PBGC reporting purposes	Inactive participants only.

Future Plan Changes

No future plan changes were recognized in this valuation. Willis Towers Watson is not aware of any future plan changes that are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Significant Events

To the best of our knowledge, no significant events took place during the year.

THE COMBINED DEFINED BENEFIT PLAN FOR
NACCO INDUSTRIES, INC. AND ITS SUBSIDIARIES
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2017

Name of Plan Sponsor:	<u>The North American Coal Corporation</u>
Employer Identification Number:	<u>34-1554846</u>
Three-Digit Plan Number:	<u>005</u>

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, <u>Par or Maturity Value</u>	(d) <u>Cost</u>	(e) Current <u>Value</u>
	<u>Mutual Funds</u>			
*	The Vanguard Group Inc.	Vanguard Total Stock Market Institutional Plus	\$ 14,258,033	\$ 18,175,033
*	The Vanguard Group Inc.	Vanguard Total Bond Market Index Fund Inst.	8,473,312	8,621,655
*	The Vanguard Group Inc.	Vanguard Total International Stock Index Inst.	6,969,241	8,120,444
*	The Vanguard Group Inc.	Vanguard Intermediate-Term Investment Grade Admiral	3,524,878	<u>3,474,696</u>
Total Investments				<u>\$ 38,391,828</u>

* = Party-in-interest investment

See Independent Auditor's Report