

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                           |                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                             | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>  |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                       | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                           | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input checked="" type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                           |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                                | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |
| <b>D</b> Check box if filing under:                                                                       | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |

|                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                 | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                               |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>HAILE GOLD MINE, INC. 401(K) PROFIT SHARING PLAN</u>                                                                                                                                                                                                                                                                              | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>01/01/2007</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u>                                                       | <b>1c</b> Effective date of plan<br><u>01/01/2007</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                       | <u>001</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>01/01/2007</u>                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>ROMARCO MINERALS U.S. INC.</u><br><br><u>6911 SNOWY OWL RD</u><br><u>KERSHAW, SC 29067</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>05-0580688</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>803-475-2921</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>212200</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>05-0580688</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>803-475-2921</u> | <b>2d</b> Business code (see instructions)<br><u>212200</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>05-0580688</u>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>803-475-2921</u>                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>212200</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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/27/2022 | PLAN SPONSOR                                                 |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2021)  
v. 210624

|                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                        |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                          |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                         |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 566 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                                          |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 490 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                               |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 547 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                                              |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4   |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                                              |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 153 |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                                     |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 704 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                                      |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 704 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                                                 |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 675 |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                                      |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 92  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                             |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2S 2T 3D                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                       |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                       |     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |
| <b>a Pension Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br><b>(3)</b> <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br><b>(3)</b> <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)<br><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 \_\_\_\_\_

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                            |                                                      |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021 |                                                      |
| A Name of plan<br>HAILE GOLD MINE, INC. 401(K) PROFIT SHARING PLAN                         | B Three-digit plan number (PN) ▶ 001                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>ROMARCO MINERALS U.S. INC.       | D Employer Identification Number (EIN)<br>05-0580688 |

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

1 Coverage Information:

(a) Name of insurance carrier  
GREAT WEST LIFE AND ANNUITY

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 84-0467907 | 68322         | 503577-01                             | 39                                                                          | 01/01/2021              | 12/31/2021 |

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

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

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

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

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

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

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

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

**Part II Investment and Annuity Contract Information**

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

|          |                                                                                               |          |        |
|----------|-----------------------------------------------------------------------------------------------|----------|--------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 627791 |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 0      |

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

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

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

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

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

|          |                                               |           |        |
|----------|-----------------------------------------------|-----------|--------|
| <b>b</b> | Balance at the end of the previous year ..... | <b>7b</b> | 396222 |
|----------|-----------------------------------------------|-----------|--------|

|          |                                                              |              |        |  |
|----------|--------------------------------------------------------------|--------------|--------|--|
| <b>c</b> | Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | 30552  |  |
|          | (2) Dividends and credits.....                               | <b>7c(2)</b> | 0      |  |
|          | (3) Interest credited during the year.....                   | <b>7c(3)</b> | 4519   |  |
|          | (4) Transferred from separate account.....                   | <b>7c(4)</b> | 331650 |  |
|          | (5) Other (specify below) .....                              | <b>7c(5)</b> | 8916   |  |

▶ **LOAN PAYMENTS**

|                           |              |        |
|---------------------------|--------------|--------|
| (6) Total additions ..... | <b>7c(6)</b> | 375637 |
|---------------------------|--------------|--------|

|          |                                                                              |           |        |
|----------|------------------------------------------------------------------------------|-----------|--------|
| <b>d</b> | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 771859 |
|----------|------------------------------------------------------------------------------|-----------|--------|

**e** Deductions:

|  |                                                                                 |              |        |  |
|--|---------------------------------------------------------------------------------|--------------|--------|--|
|  | (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> | 107222 |  |
|  | (2) Administration charge made by carrier.....                                  | <b>7e(2)</b> | 2632   |  |
|  | (3) Transferred to separate account.....                                        | <b>7e(3)</b> | 34214  |  |
|  | (4) Other (specify below) .....                                                 | <b>7e(4)</b> |        |  |

▶

|                            |              |        |
|----------------------------|--------------|--------|
| (5) Total deductions ..... | <b>7e(5)</b> | 144068 |
|----------------------------|--------------|--------|

|          |                                                                                                |           |        |
|----------|------------------------------------------------------------------------------------------------|-----------|--------|
| <b>f</b> | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | 627791 |
|----------|------------------------------------------------------------------------------------------------|-----------|--------|

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2021</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                             |                                                             |     |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021  |                                                             |     |
| <b>A</b> Name of plan<br>HAILE GOLD MINE, INC. 401(K) PROFIT SHARING PLAN                   | <b>B</b> Three-digit plan number (PN) ▶                     | 001 |
|                                                                                             |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>ROMARCO MINERALS U.S. INC. | <b>D</b> Employer Identification Number (EIN)<br>05-0580688 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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

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**(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

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**(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

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**(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

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

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

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

BROAD STREET CAPITAL PARTNERS LLC

1550 TIMOTHY RD STE 102  
ATHENS, GA 30606

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | INVESTMENT ADVISOR                                                                                | 49640                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

ADVISED ASSETS GROUP, LLC

8515 EAST ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | INVESTMENT MGMT                                                                                   | 421                                                                    | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 64                     | RECORDKEEPER                                                                                      | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

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

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

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

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u> |                                                                    |            |
| <b>A</b> Name of plan<br><u>HAILE GOLD MINE, INC. 401(K) PROFIT SHARING PLAN</u>                         | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>ROMARCO MINERALS U.S. INC.</u>       | <b>D</b> Employer Identification Number (EIN)<br><u>05-0580688</u> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

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

| Assets                                                                                            |                 | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash.....                                                      | <b>1a</b>       | 0                     | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 0                     | 0               |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    | 0                     | 0               |
| <b>(3)</b> Other .....                                                                            | <b>1b(3)</b>    | 0                     | 0               |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 0                     | 0               |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> | 0                     | 0               |
| <b>(B)</b> All other .....                                                                        | <b>1c(3)(B)</b> | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> | 0                     | 0               |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    | 0                     | 0               |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    | 449407                | 798158          |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    | 0                     | 0               |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts.....                            | <b>1c(11)</b>   | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   | 13517065              | 17223293        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   | 396222                | 627791          |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   | 0                     | 0               |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year |
|--------------------|------------------------------------------------------------------|-----------------------|-----------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                 |
| (1)                | Employer securities.....                                         | 1d(1) 0               | 0               |
| (2)                | Employer real property.....                                      | 1d(2) 0               | 0               |
| <b>e</b>           | Buildings and other property used in plan operation .....        | 1e 0                  | 0               |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | 1f 14362694           | 18649242        |
| <b>Liabilities</b> |                                                                  |                       |                 |
| <b>g</b>           | Benefit claims payable .....                                     | 1g 0                  | 0               |
| <b>h</b>           | Operating payables .....                                         | 1h                    |                 |
| <b>i</b>           | Acquisition indebtedness.....                                    | 1i 0                  | 0               |
| <b>j</b>           | Other liabilities.....                                           | 1j 0                  | 0               |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | 1k 0                  | 0               |
| <b>Net Assets</b>  |                                                                  |                       |                 |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | 1l 14362694           | 18649242        |

**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 |
|----------|-----------------------------------------------------------------------------------------------------|------------------|-----------|
| <b>a</b> | <b>Contributions:</b>                                                                               |                  |           |
| (1)      | Received or receivable in cash from: <b>(A)</b> Employers .....                                     | 2a(1)(A) 1686608 |           |
|          | <b>(B)</b> Participants .....                                                                       | 2a(1)(B) 2807757 |           |
|          | <b>(C)</b> Others (including rollovers).....                                                        | 2a(1)(C) 133553  |           |
| (2)      | Noncash contributions.....                                                                          | 2a(2) 0          |           |
| (3)      | Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) .....                             | 2a(3)            | 4627918   |
| <b>b</b> | <b>Earnings on investments:</b>                                                                     |                  |           |
| (1)      | Interest:                                                                                           |                  |           |
|          | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) 0       |           |
|          | <b>(B)</b> U.S. Government securities .....                                                         | 2b(1)(B) 0       |           |
|          | <b>(C)</b> Corporate debt instruments .....                                                         | 2b(1)(C) 0       |           |
|          | <b>(D)</b> Loans (other than to participants) .....                                                 | 2b(1)(D) 0       |           |
|          | <b>(E)</b> Participant loans.....                                                                   | 2b(1)(E) 27078   |           |
|          | <b>(F)</b> Other .....                                                                              | 2b(1)(F) 4519    |           |
|          | <b>(G)</b> Total interest. Add lines 2b(1)(A) through (F).....                                      | 2b(1)(G)         | 31597     |
| (2)      | Dividends: <b>(A)</b> Preferred stock.....                                                          | 2b(2)(A) 0       |           |
|          | <b>(B)</b> Common stock .....                                                                       | 2b(2)(B) 0       |           |
|          | <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                            | 2b(2)(C) 1123234 |           |
|          | <b>(D)</b> Total dividends. Add lines 2b(2)(A), (B), and (C) .....                                  | 2b(2)(D)         | 1123234   |
| (3)      | Rents .....                                                                                         | 2b(3)            | 0         |
| (4)      | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                              | 2b(4)(A) 0       |           |
|          | <b>(B)</b> Aggregate carrying amount (see instructions).....                                        | 2b(4)(B) 0       |           |
|          | <b>(C)</b> Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....                         | 2b(4)(C)         |           |
| (5)      | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                      | 2b(5)(A) 0       |           |
|          | <b>(B)</b> Other .....                                                                              | 2b(5)(B) 0       |           |
|          | <b>(C)</b> Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) .....                | 2b(5)(C)         |           |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            | 0         |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | 2b(7)  |            | 0         |
| (8) Net investment gain (loss) from master trust investment accounts.....                      | 2b(8)  |            | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities.....                            | 2b(9)  |            | 0         |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | 1196273   |
| c Other income.....                                                                            | 2c     |            | 9838      |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 6988860   |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 2606695    |           |
| (2) To insurance carriers for the provision of benefits.....                                   | 2e(2)  | 0          |           |
| (3) Other.....                                                                                 | 2e(3)  | 0          |           |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                                   | 2e(4)  |            | 2606695   |
| f Corrective distributions (see instructions).....                                             | 2f     |            | 0         |
| g Certain deemed distributions of participant loans (see instructions).....                    | 2g     |            | 45556     |
| h Interest expense.....                                                                        | 2h     |            | 0         |
| i Administrative expenses: (1) Professional fees.....                                          | 2i(1)  | 0          |           |
| (2) Contract administrator fees.....                                                           | 2i(2)  | 0          |           |
| (3) Investment advisory and management fees.....                                               | 2i(3)  | 50061      |           |
| (4) Other.....                                                                                 | 2i(4)  | 0          |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 50061     |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 2702312   |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | 4286548   |
| 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) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **BAUKNIGHT, PIETRAS & STORMER, P**

(2) EIN: **57-0940019**

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.).....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |

|                                                                                                                                                                                                                                                                                                                  | Yes | No | Amount  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>b</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.) ..... |     |    |         |
| <b>4b</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>c</b> 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.) .....                                                                                                                             |     |    |         |
| <b>4c</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>d</b> 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.) .....                                                                                                                  |     |    |         |
| <b>4d</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |     | X  |         |
| <b>4f</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>g</b> 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  |         |
| <b>4g</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>h</b> 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  |         |
| <b>4h</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | X   |    |         |
| <b>4i</b>                                                                                                                                                                                                                                                                                                        | X   |    |         |
| <b>j</b> 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  |         |
| <b>4j</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |     | X  |         |
| <b>4k</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |     | X  |         |
| <b>4l</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |     | X  |         |
| <b>4m</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>n</b> 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. ....                                                                                                                         |     |    |         |
| <b>4n</b>                                                                                                                                                                                                                                                                                                        |     |    |         |

**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** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

|                                                                                                  |                                                                  |
|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>A Name of plan<br/>HAILE GOLD MINE, INC. 401(K) PROFIT SHARING PLAN</div>                   | <div>B Three-digit plan number (PN) ►<br/>001</div>              |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500<br/>ROMARCO MINERALS U.S. INC.</div> | <div>D Employer Identification Number (EIN)<br/>05-0580688</div> |

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

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

|                                                                                                                                                                                                                                                                   |              |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|
| <div>1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....</div>                                                                                                                         | <div>1</div> | <div>0</div> |
| <div>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):<br/><br/>EIN(s): 84-1455663</div> |              |              |
| <div>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</div>                                                                                                                                                                                       |              |              |
| <div>3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....</div>                                                                                                                              | <div>3</div> |              |

|         |                                                                                                                                                                        |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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.) |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <div>4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....</div>                                                                                                                                                                                                                                         | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div> |
| <div>If the plan is a defined benefit plan, go to line 8.</div>                                                                                                                                                                                                                                                                                                  |                                                                                                  |
| <div>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 _____<br/>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</div> |                                                                                                  |
| <div>6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....</div>                                                                                                                                                                                                               | <div>6a</div>                                                                                    |
| <div>b Enter the amount contributed by the employer to the plan for this plan year .....</div>                                                                                                                                                                                                                                                                   | <div>6b</div>                                                                                    |
| <div>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) .....</div>                                                                                                                                                                                                             | <div>6c</div>                                                                                    |
| <div>If you completed line 6c, skip lines 8 and 9.</div>                                                                                                                                                                                                                                                                                                         |                                                                                                  |
| <div>7 Will the minimum funding amount reported on line 6c be met by the funding deadline? .....</div>                                                                                                                                                                                                                                                           | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div> |
| <div>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? .....</div>                                                                                  | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div> |

|          |            |
|----------|------------|
| Part III | Amendments |
|----------|------------|

|                                                                                                                                                                                                                                |                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <div>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.....</div> | <div><input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No</div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|

|         |                                                                                                                                            |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|
| 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. |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                  |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <div>10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....</div>                                                      | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>11 a Does the ESOP hold any preferred stock? .....</div>                                                                                                                                    | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>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.) .....</div> | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>12 Does the ESOP hold any stock that is not readily tradable on an established securities market? .....</div>                                                                               | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |

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

Schedule R (Form 5500) 2021  
v. 201209

**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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

**a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

**14a**

**b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14b**

**c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**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): \_\_\_\_\_

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation \_\_\_\_\_

I HAVE REVIEWED THE DRAFT FINANCIAL STATEMENTS AND RELATED FOOTNOTES IN SUFFICIENT DETAIL TO PREVENT AND DETECT MATERIAL MISSTATEMENTS.

DocuSigned by:

SIGNATURE:

Glenda Parkman

TC14769CA370490...

DATE: 17/10/2022

Financial Statements  
and Supplemental Schedule

Haile Gold Mine, Inc. 401(k)  
Profit Sharing Plan

*Years Ended December 31, 2021 and 2020  
with Report of Independent Auditors*

DRAFT AFS 10/17/2022

Haile Gold Mine, Inc. 401(k) Profit Sharing Plan  
Financial Statements  
and Supplemental Schedule  
Years Ended December 31, 2021 and 2020

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## **Report of Independent Auditors**

Plan Committee of  
Haile Gold Mine, Inc. 401(k) Profit Sharing Plan

### **Scope and Nature of the Employee Retirement Income Security Act of 1974 ("ERISA") Section 103(a)(3)(C) Audit of the 2021 Financial Statements**

We have performed an audit of the accompanying financial statements of the Haile Gold Mine, Inc. 401(k) Profit Sharing Plan (the "Plan"), an employee benefit plan subject to ERISA, as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statement of net assets available for plan benefits as of December 31, 2021, and the related statement of changes in net assets available for plan benefits for the year then ended, and the related notes to the financial statements ("2021 Financial Statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2021 Financial Statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### **Opinion on the 2021 Financial Statements**

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section:

- The amounts and disclosures in the accompanying 2021 Financial Statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States.

Plan Committee of  
Haile Gold Mine, Inc. 401(k) Profit Sharing Plan

### **Opinion on the 2021 Financial Statements (continued)**

- The information in the accompanying 2021 Financial Statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### **Basis for Opinion on the 2021 Financial Statements**

We conducted our audit in accordance with auditing standards generally accepted in the United States. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### **Responsibilities of Management for the 2021 Financial Statements**

Management is responsible for the preparation and fair presentation of the 2021 Financial Statements in accordance with accounting principles generally accepted in the United States, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the 2021 Financial Statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the Plan; and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Plan Committee of  
Haile Gold Mine, Inc. 401(k) Profit Sharing Plan

### **Auditors' Responsibilities for the Audit of the 2021 Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 Financial Statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States.

Plan Committee of  
Haile Gold Mine, Inc. 401(k) Profit Sharing Plan

**Auditors' Responsibilities for the Audit of the 2021 Financial Statements (continued)**

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

**Other Matter – 2021 Supplemental Schedule Required by ERISA**

The supplemental schedule as of December 31, 2021, as listed in the table of contents, is presented for purposes of additional analysis and is not a required part of the 2021 Financial Statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the 2021 Financial Statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the 2021 Financial Statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2021 Financial Statements or to the 2021 Financial Statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Plan Committee of  
Haile Gold Mine, Inc. 401(k) Profit Sharing Plan

**Other Matter – 2021 Supplemental Schedule Required by ERISA (continued)**

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

**Auditors' Report on the 2020 Financial Statements**

We were engaged to audit the accompanying 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated August 30, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

October 17, 2022

Haile Gold Mine, Inc. 401(k) Profit Sharing Plan  
Statements of Net Assets Available for Plan Benefits

|                                        | December 31,                |                             |
|----------------------------------------|-----------------------------|-----------------------------|
|                                        | 2021                        | 2020                        |
| <b>Assets</b>                          |                             |                             |
| Investments, at fair value:            |                             |                             |
| Mutual funds                           | \$ 17,223,293               | \$ 13,517,065               |
| Investment, at contract value:         |                             |                             |
| Guaranteed interest contract           | 627,791                     | 396,222                     |
| Total investments                      | <u>17,851,084</u>           | <u>13,913,287</u>           |
| Receivables:                           |                             |                             |
| Employer contributions receivable      | --                          | 101,276                     |
| Notes receivable from participant      | 798,158                     | 449,407                     |
|                                        | <u>798,158</u>              | <u>550,683</u>              |
| Total assets                           | 18,649,242                  | 14,463,970                  |
| <b>Liabilities</b>                     |                             |                             |
| Plan liabilities                       | --                          | --                          |
| Net assets available for plan benefits | <u><u>\$ 18,649,242</u></u> | <u><u>\$ 14,463,970</u></u> |

*See accompanying notes.*

Haile Gold Mine, Inc. 401(k) Profit Sharing Plan  
Statements of Changes in Net Assets Available for Plan Benefits

|                                                   | Years Ended December 31, |                      |
|---------------------------------------------------|--------------------------|----------------------|
|                                                   | 2021                     | 2020                 |
| <b>Additions to net assets attributed to:</b>     |                          |                      |
| Investment income:                                |                          |                      |
| Net appreciation in fair value of investments     | \$ 1,196,273             | \$ 1,320,918         |
| Interest and dividends                            | 1,137,591                | 412,043              |
|                                                   | <u>2,333,864</u>         | <u>1,732,961</u>     |
| Interest on notes receivable from participants    | 27,078                   | 18,155               |
| Contributions:                                    |                          |                      |
| Employees                                         | 2,807,757                | 2,225,510            |
| Rollovers                                         | 133,553                  | 124,923              |
| Employer                                          | 1,585,332                | 1,410,376            |
| Total additions                                   | <u>6,887,584</u>         | <u>5,511,925</u>     |
| <b>Deductions from net assets attributed to:</b>  |                          |                      |
| Amounts paid to participants, including rollovers | 2,652,251                | 1,672,020            |
| Administrative expenses                           | 50,061                   | 59,370               |
| Corrective distributions                          | --                       | 8,756                |
| Total deductions                                  | <u>2,702,312</u>         | <u>1,740,146</u>     |
| Net change                                        | 4,185,272                | 3,771,779            |
| Net assets available for plan benefits, beginning | <u>14,463,970</u>        | <u>10,692,191</u>    |
| Net assets available for plan benefits, ending    | <u>\$ 18,649,242</u>     | <u>\$ 14,463,970</u> |

Haile Gold Mine, Inc. 401(k) Profit Sharing Plan  
Notes to Financial Statements  
December 31, 2021 and 2020

## 1. Description of Plan

The following description of the Haile Gold Mine, Inc. 401(k) Profit Sharing Plan (the “Plan”) provides only general information. Participants may refer to the Plan document for a more complete description of the Plan's provisions.

### General

The Plan benefits the employees of Romarco Minerals U.S. Inc. (the “Sponsor”), as well as employees of Haile Gold Mine, Inc. and OceanaGold Exploration (Carolina) Inc. (collectively, the “Companies”), through participation agreements. The Plan is a defined contribution plan under section 401(k) of the Internal Revenue Code. Employees of the Companies become eligible to participate in the Plan on the first day of the month immediately following the completion of 90 days of service and attainment of eighteen years of age. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

For the plan year ended December 31, 2020, the Plan adopted the following provisions of the Coronavirus Aid, Relief, and Economic Security Act (“CARES Act”) that was signed into law on March 27, 2020.

- **Coronavirus-Related Distributions (“CRDs”):** The CARES Act allowed for participants affected by COVID-19 to withdraw an aggregate limit of \$100,000 from the Plan beginning on or after January 1, 2020 and before December 31, 2020. CRDs are not subject to the 10% early withdrawal penalty tax. Participants can (1) report the full distribution as income in 2020, (2) recognize the income ratably over a three-year period, or (3) repay all or part of the distribution back to the Plan tax-free within three years of the date of the CRD withdrawal.
- **Plan Loan Relief:** The CARES Act provided for a temporary loan repayment deferral. The deferral provision adopted by the Plan allows qualified Plan participants who have Plan loan repayments to defer such repayments until 2021. Additionally, the CARES Act allows for increased loan limits.
- **Temporary Waiver of Required Minimum Distributions (“RMDs”):** The Plan implemented the temporary waiver of RMDs allowed for under the CARES Act.

Management expects to retroactively adopt the required plan amendment for the above provisions by December 31, 2025, which is within the Internal Revenue Service (“IRS”) required timeframe.

**Haile Gold Mine, Inc. 401(k) Profit Sharing Plan**  
**Notes to Financial Statements**  
**December 31, 2021 and 2020**

**1. Description of Plan (continued)**

**Contributions**

The Plan allows contributions of up to 100% of a participant's pre-tax annual compensation, as defined in the Plan. The Plan also allows contributions to be made as Roth contributions, which are made to the Plan on an after-tax basis. Participants who have attained age fifty before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing rollover distributions from other qualified benefit plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds and a guaranteed interest contract as investment options for participants. The Plan includes an automatic enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan with a default deferral rate set at 5%, unless they affirmatively elect not to participate. The Plan also includes an automatic annual 1% deferral rate increase until a deferral rate of 10% is reached, occurring on the first day of each Plan year.

The Companies are required, in accordance with the Plan, to make safe harbor matching contributions based on the entire plan year participant's elective deferrals equal to the sum of 100% of the amounts that do not exceed 3% of the participant's pretax compensation, plus 50% of the amount of the participant's elective deferrals that exceed 3% of the participant's pretax compensation but do not exceed 5% of the participant's qualifying compensation. Effective January 1, 2021, the Plan was amended to calculate the match contributions based upon a per payroll period basis rather than on an annual basis. Discretionary profit-sharing contributions may be made by the Companies. No discretionary profit-sharing contributions were made for the years ended December 31, 2021 and 2020.

**Participant Accounts**

Each participant's account is credited with the participant's contributions and allocations of employer contributions, plan earnings (losses), forfeitures of terminated participants' accounts, and is charged with an allocation of any administrative expenses paid by the Plan. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Haile Gold Mine, Inc. 401(k) Profit Sharing Plan  
Notes to Financial Statements  
December 31, 2021 and 2020

**1. Description of Plan (continued)**

**Vesting**

Participants are immediately vested in their voluntary contributions, qualified matching contributions, and actual earnings or losses thereon. For participants whose employment is terminated prior to normal retirement age for any reason other than death or disability, vesting of discretionary contributions and earnings thereon is in accordance with the following schedule:

| Years of Service | Vesting<br>Percentage |
|------------------|-----------------------|
| Less than 1      | 0%                    |
| 1                | 33%                   |
| 2                | 66%                   |
| 3                | 100%                  |

**Notes Receivable From Participants**

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The notes are collateralized by the balance in the participant's account and bear interest at rates ranging from 4.25% to 6.50% as of December 31, 2021. Rates are established on the date of the loan based on the Prime Rate plus 100 basis points. Loan terms range from one to five years and a participant may have no more than one note due to the Plan at any time. Loan terms may range from five to fifteen years for the purpose of purchasing a principal residence. Principal and interest are paid ratably through payroll deductions. As of December 31, 2021, the Plan had approximately \$66,000 in delinquent notes receivable from participants that were communicated to the IRS as taxable events. In accordance with the Plan document these notes receivable were not recorded as deemed distribution expenses on the accompanying 2021 financial statements.

**Forfeitures**

In accordance with the Plan document, available forfeitures may be used first to offset employer contributions, and any remaining forfeitures may be used to offset plan administrative expenses. At December 31, 2021 and 2020, unallocated forfeited non-vested accounts total approximately \$20,000 and \$13,000, respectively.

Haile Gold Mine, Inc. 401(k) Profit Sharing Plan  
Notes to Financial Statements  
December 31, 2021 and 2020

**1. Description of Plan (continued)**

**Payment of Benefits**

Upon retirement, disability, death, termination of employment, or attainment of age 59½, participants or their beneficiaries may elect to receive their vested portion of Plan assets in a single distribution or other distribution methods as allowed under the plan. Upon termination of employment for reasons other than retirement, disability, or death, the participant's vested interest in the Plan will be paid to the participant as soon as administratively feasible upon participant request of a distribution. A lump sum payment will be automatically distributed for balances not exceeding \$5,000.

**Plan Termination**

Although it has not expressed any intent to do so, the Companies have the right, under the Plan, to discontinue their contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100% vested in their employer discretionary contributions.

**Administrative Expenses**

The Plan pays all trustee, recordkeeping, and professional fees.

**2. Basis of Presentation and Summary of Significant Accounting Policies**

**Basis of Accounting**

The accompanying financial statements are prepared in accordance with accounting principles generally accepted in the United States ("US GAAP").

**Payment of Benefits**

Benefit payments are recorded when paid.

**Notes Receivable from Participants**

Participant notes receivable are measured at their unpaid principal balance, plus any accrued, but unpaid interest. If a participant does not make repayments and the Plan administrator considers the participant note receivable to be in default, the note receivable balance will become immediately due and payable, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Haile Gold Mine, Inc. 401(k) Profit Sharing Plan  
Notes to Financial Statements  
December 31, 2021 and 2020

## **2. Basis of Presentation and Summary of Significant Accounting Policies (continued)**

### **Use of Estimates**

The preparation of financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in net assets during the reporting period. Actual results could differ from those estimates.

### **Investment Valuation and Income Recognition**

The Plan's mutual funds are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's investment committee determines the Plan's valuation policies utilizing information provided by the investment advisors, trustees, and insurance companies. See Note 4 for discussion of fair value measurements.

The Plan's investments include the Key Guaranteed Portfolio Fund, a fully benefit-responsive guaranteed interest contract with Great-West Life & Annuity Insurance Company ("Great-West Insurance"). Great-West Insurance maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Great-West Insurance is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed interest contract meets the criteria to be considered fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed interest contract. The guaranteed interest contract is presented on the face of the statements of net assets available for plan benefits at contract value. Contract value, as reported to the Plan by Great-West Insurance, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

Certain events limit the Plan's ability to transact at contract value with Great-West Insurance. Such events include the following: (a) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the Plan sponsor or other Plan sponsor events that cause a significant withdrawal from the Plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transactions exemption under ERISA.

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

Haile Gold Mine, Inc. 401(k) Profit Sharing Plan  
Notes to Financial Statements  
December 31, 2021 and 2020

**2. Basis of Presentation and Summary of Significant Accounting Policies (continued)**

**Risks and Uncertainties**

The Plan's investments are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the participants' account balances and the amounts reported in the 2021 statement of net assets available for plan benefits.

**3. Trustee Certifications**

Information disclosed in the accompanying financial statements as of, and for the years ended December 31, 2021 and 2020, related to investments, participant notes receivable, net appreciation in fair value of investments, interest and dividends, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Great-West Trust Company, LLC ("Great-West Trust") and Great-West Insurance (the trustees of the Plan).

**4. Fair Value Measurements**

The Plan's investments in mutual funds are reported at fair value in the accompanying statements of net assets available for plan benefits. The methods used to measure fair values may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to measure the fair values of certain financial instruments could result in a different fair value measurement at the reporting date.

US GAAP establishes fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority; Level 2 inputs consist of observable inputs other than quoted prices for identical assets; and Level 3 inputs to the valuation methodology are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. No Level 2 or Level 3 inputs were used by the Plan. The Plan's mutual fund investments were valued using Level 1 inputs.

**5. Party-in-Interest Transactions**

The Plan holds investments in mutual funds and other investments that are managed by the Plan's trustees. All transactions with the Plan's trustees and its affiliates qualify as party-in-interest transactions. Fees paid by the Plan for these services amounted to approximately \$50,000 and \$59,000 during the years ended December 31, 2021 and 2020, respectively. Plan investments also include notes receivable from participants, which qualify as party-in-interest transactions. All of these party-in-interest transactions are exempt from the prohibited transactions rules of ERISA.

Haile Gold Mine, Inc. 401(k) Profit Sharing Plan  
Notes to Financial Statements  
December 31, 2021 and 2020

**6. Reconciliation of Financial Statements to Schedule H of Form 5500**

The following is a reconciliation of net assets available for plan benefits per the financial statements to schedule H of Form 5500:

|                                                                     | <b>December 31,</b>  |                      |
|---------------------------------------------------------------------|----------------------|----------------------|
|                                                                     | <b>2021</b>          | <b>2020</b>          |
| Net assets available for plan benefits per the financial statements | \$ 18,649,242        | \$ 14,463,970        |
| 2020 employer contributions receivable                              | --                   | (101,276)            |
| Net assets available for plan benefits per Form 5500                | <u>\$ 18,649,242</u> | <u>\$ 14,362,694</u> |

The following is a reconciliation of changes in net assets available for plan benefits per the financial statements to schedule H of Form 5500:

|                                                                                   | <b>Years Ended December 31,</b> |                     |
|-----------------------------------------------------------------------------------|---------------------------------|---------------------|
|                                                                                   | <b>2021</b>                     | <b>2020</b>         |
| Net change in net assets available for plan benefits per the financial statements | \$ 4,185,272                    | \$ 3,771,779        |
| 2020 employer contribution receivable                                             | 101,276                         | (101,276)           |
| 2019 employer contribution receivable                                             | --                              | 30,295              |
| 2019 Plan liabilities                                                             | --                              | (7,276)             |
| Net change in net assets available for plan benefits per Form 5500                | <u>\$ 4,286,548</u>             | <u>\$ 3,693,522</u> |

**7. Unallocated Assets**

Plan assets of \$0 and approximately \$101,000, had not yet been allocated to participants as of December 31, 2021 and 2020, respectively.

Haile Gold Mine, Inc. 401(k) Profit Sharing Plan  
Notes to Financial Statements  
December 31, 2021 and 2020

**8. Income Tax Status**

The Plan is a non-standardized prototype plan, provided by Great-West Trust, designed to be in compliance with the applicable requirements of the Internal Revenue Code (“IRC”). The IRS has determined and informed Great-West Trust and Great-West Insurance by a letter date June 2020, that the prototype plan, as then designed was in accordance with applicable sections of the IRC. Although the prototype plan has been amended and restated since receiving the opinion letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore, believes that the Plan is qualified and the related trust was tax-exempt. Therefore, no provision for income taxes has been included in the Plan’s financial statements.

During 2019, operational errors were discovered relating to employer contributions, and late remittance of contributions that resulted in an underpayment of contributions and lost earnings to the Plan. In 2021, management determined the extent of the errors to be approximately \$101,000 and recorded corrective contributions to the Plan. Management has taken the necessary corrective actions to ensure that these errors have no impact on the Plan’s tax status and ensured that participants are made whole. These corrective contributions are included in employer contributions receivable in the accompanying 2020 financial statements.

US GAAP requires the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain tax positions that more likely than not would not be sustained upon examination by the IRS. No such liabilities are recognized at December 31, 2021 and 2020. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2018.

**9. Subsequent Events**

The Plan evaluated events and transactions after December 31, 2021 through October 17, 2022, the date the financial statements were available to be issued, for subsequent events, and determined that there were no subsequent events to report.

**SUPPLEMENTAL SCHEDULE**

DRAFT AFS 10/17/2022

Haile Gold Mine, Inc. 401(k) Profit Sharing Plan  
Employer ID # 05-0580688 Plan # 001  
Schedule H, Part IV Line 4i - Schedule of Assets (Held at End of Year)  
December 31, 2021

| (a)                    | (b) Identity of issue, borrower, lessor<br>or similar party | (c) Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value | (d) Cost | (e) Current<br>value |
|------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------|----------------------|
| <b>Mutual funds</b>    |                                                             |                                                                                                                  |          |                      |
|                        | MFS Lifetime 2055 R3                                        | Mutual Fund                                                                                                      | --       | \$ 2,475,230         |
|                        | MFS Lifetime 2050 R3                                        | Mutual Fund                                                                                                      | --       | 1,786,393            |
|                        | MFS Lifetime 2035 R3                                        | Mutual Fund                                                                                                      | --       | 1,687,587            |
|                        | MFS Lifetime 2040 R3                                        | Mutual Fund                                                                                                      | --       | 1,664,658            |
|                        | MFS Liferime 2030 R3                                        | Mutual Fund                                                                                                      | --       | 1,584,210            |
|                        | MFS Lifetime 2045 R3                                        | Mutual Fund                                                                                                      | --       | 1,500,867            |
|                        | MFS Lifetime 2025 R3                                        | Mutual Fund                                                                                                      | --       | 1,302,758            |
|                        | MFS Lifetime 2060 R3                                        | Mutual Fund                                                                                                      | --       | 813,777              |
|                        | Vanguard 500 Index Admiral                                  | Mutual Fund                                                                                                      | --       | 759,629              |
|                        | Fidelity Blue Chip Growth Fund Inv                          | Mutual Fund                                                                                                      | --       | 696,986              |
|                        | PGIM Total Return Bond A                                    | Mutual Fund                                                                                                      | --       | 564,843              |
|                        | Vanguard Small Cap Index Admiral                            | Mutual Fund                                                                                                      | --       | 529,740              |
|                        | MFS Liferime 2020 R3                                        | Mutual Fund                                                                                                      | --       | 510,078              |
|                        | Goldman Sachs International Equity Insights Inv             | Mutual Fund                                                                                                      | --       | 333,467              |
|                        | MFS Value R3                                                | Mutual Fund                                                                                                      | --       | 255,415              |
|                        | PIMCO Income A                                              | Mutual Fund                                                                                                      | --       | 235,911              |
|                        | Principal Real Estate Securities Institutional              | Mutual Fund                                                                                                      | --       | 223,653              |
|                        | MFS Lifetime Income R3                                      | Mutual Fund                                                                                                      | --       | 175,601              |
|                        | Columbia Emerging Markets Institutional 2                   | Mutual Fund                                                                                                      | --       | 103,763              |
|                        | Invesco Gold & Special Mineral Y                            | Mutual Fund                                                                                                      | --       | 18,727               |
|                        |                                                             |                                                                                                                  | \$ --    | \$ 17,223,293        |
| <b>Fixed Annuities</b> |                                                             |                                                                                                                  |          |                      |
| *                      | Key Guaranteed Portfolio Fund                               | Guaranteed Interest Contract                                                                                     | \$ --    | \$ 627,791           |
| *                      | Participant Notes Receivable                                | Interest Rate : 4.25% to 6.50%                                                                                   | \$ --    | \$ 798,158           |

\* Indicates a party-in-interest to the Plan.

Note: The above information was derived from information certified by Great-West Trust Company, LLC and Great-West Life and Annuity Insurance Company. Cost has been omitted for participant-directed funds.

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Financial Statements  
and Supplemental Schedule

Haile Gold Mine, Inc. 401(k)  
Profit Sharing Plan

*Years Ended December 31, 2021 and 2020  
with Report of Independent Auditors*

Haile Gold Mine, Inc. 401(k) Profit Sharing Plan  
Financial Statements  
and Supplemental Schedule  
Years Ended December 31, 2021 and 2020

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## **Report of Independent Auditors**

Plan Committee of  
Haile Gold Mine, Inc. 401(k) Profit Sharing Plan

### **Scope and Nature of the Employee Retirement Income Security Act of 1974 (“ERISA”) Section 103(a)(3)(C) Audit of the 2021 Financial Statements**

We have performed an audit of the accompanying financial statements of the Haile Gold Mine, Inc. 401(k) Profit Sharing Plan (the “Plan”), an employee benefit plan subject to ERISA, as permitted by ERISA Section 103(a)(3)(C) (“ERISA Section 103(a)(3)(C) audit”). The financial statements comprise the statement of net assets available for plan benefits as of December 31, 2021, and the related statement of changes in net assets available for plan benefits for the year then ended, and the related notes to the financial statements (“2021 Financial Statements”).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan’s 2021 Financial Statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor’s (“DOL”) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (“investment information”) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL’s Rules and Regulations for Reporting and Disclosure under ERISA (“qualified institution”).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### **Opinion on the 2021 Financial Statements**

In our opinion, based on our audit and on the procedures performed as described in the Auditors’ Responsibilities for the Audit of the 2021 Financial Statements section:

- The amounts and disclosures in the accompanying 2021 Financial Statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States.



Plan Committee of  
Haile Gold Mine, Inc. 401(k) Profit Sharing Plan

### **Opinion on the 2021 Financial Statements (continued)**

- The information in the accompanying 2021 Financial Statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### **Basis for Opinion on the 2021 Financial Statements**

We conducted our audit in accordance with auditing standards generally accepted in the United States. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### **Responsibilities of Management for the 2021 Financial Statements**

Management is responsible for the preparation and fair presentation of the 2021 Financial Statements in accordance with accounting principles generally accepted in the United States, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the 2021 Financial Statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the Plan; and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.



Plan Committee of  
Haile Gold Mine, Inc. 401(k) Profit Sharing Plan

### **Auditors' Responsibilities for the Audit of the 2021 Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 Financial Statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States.



Plan Committee of  
Haile Gold Mine, Inc. 401(k) Profit Sharing Plan

### **Auditors' Responsibilities for the Audit of the 2021 Financial Statements (continued)**

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

### **Other Matter – 2021 Supplemental Schedule Required by ERISA**

The supplemental schedule as of December 31, 2021, as listed in the table of contents, is presented for purposes of additional analysis and is not a required part of the 2021 Financial Statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the 2021 Financial Statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the 2021 Financial Statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2021 Financial Statements or to the 2021 Financial Statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



Plan Committee of  
Haile Gold Mine, Inc. 401(k) Profit Sharing Plan

**Other Matter – 2021 Supplemental Schedule Required by ERISA (continued)**

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

**Auditors' Report on the 2020 Financial Statements**

We were engaged to audit the accompanying 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated August 30, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

*BAUKNIGHT PIETRAS & STORMER, P.A.*

October 17, 2022

Haile Gold Mine, Inc. 401(k) Profit Sharing Plan  
Statements of Net Assets Available for Plan Benefits

|                                        | <b>December 31,</b>         |                             |
|----------------------------------------|-----------------------------|-----------------------------|
|                                        | <b>2021</b>                 | <b>2020</b>                 |
| <b>Assets</b>                          |                             |                             |
| Investments, at fair value:            |                             |                             |
| Mutual funds                           | \$ 17,223,293               | \$ 13,517,065               |
| Investment, at contract value:         |                             |                             |
| Guaranteed interest contract           | 627,791                     | 396,222                     |
| Total investments                      | <u>17,851,084</u>           | <u>13,913,287</u>           |
| Receivables:                           |                             |                             |
| Employer contributions receivable      | --                          | 101,276                     |
| Notes receivable from participant      | 798,158                     | 449,407                     |
|                                        | <u>798,158</u>              | <u>550,683</u>              |
| Total assets                           | 18,649,242                  | 14,463,970                  |
| <b>Liabilities</b>                     |                             |                             |
| Plan liabilities                       | <u>--</u>                   | <u>--</u>                   |
| Net assets available for plan benefits | <u><u>\$ 18,649,242</u></u> | <u><u>\$ 14,463,970</u></u> |

*See accompanying notes.*

Haile Gold Mine, Inc. 401(k) Profit Sharing Plan  
Statements of Changes in Net Assets Available for Plan Benefits

|                                                   | <b>Years Ended December 31,</b> |                             |
|---------------------------------------------------|---------------------------------|-----------------------------|
|                                                   | <b>2021</b>                     | <b>2020</b>                 |
| <b>Additions to net assets attributed to:</b>     |                                 |                             |
| Investment income:                                |                                 |                             |
| Net appreciation in fair value of investments     | \$ 1,196,273                    | \$ 1,320,918                |
| Interest and dividends                            | 1,137,591                       | 412,043                     |
|                                                   | <u>2,333,864</u>                | <u>1,732,961</u>            |
| Interest on notes receivable from participants    | 27,078                          | 18,155                      |
| Contributions:                                    |                                 |                             |
| Employees                                         | 2,807,757                       | 2,225,510                   |
| Rollovers                                         | 133,553                         | 124,923                     |
| Employer                                          | 1,585,332                       | 1,410,376                   |
| Total additions                                   | <u>6,887,584</u>                | <u>5,511,925</u>            |
| <b>Deductions from net assets attributed to:</b>  |                                 |                             |
| Amounts paid to participants, including rollovers | 2,652,251                       | 1,672,020                   |
| Administrative expenses                           | 50,061                          | 59,370                      |
| Corrective distributions                          | --                              | 8,756                       |
| Total deductions                                  | <u>2,702,312</u>                | <u>1,740,146</u>            |
| Net change                                        | 4,185,272                       | 3,771,779                   |
| Net assets available for plan benefits, beginning | <u>14,463,970</u>               | 10,692,191                  |
| Net assets available for plan benefits, ending    | <u><u>\$ 18,649,242</u></u>     | <u><u>\$ 14,463,970</u></u> |

*See accompanying notes.*

Haile Gold Mine, Inc. 401(k) Profit Sharing Plan  
Notes to Financial Statements  
December 31, 2021 and 2020

**1. Description of Plan**

The following description of the Haile Gold Mine, Inc. 401(k) Profit Sharing Plan (the “Plan”) provides only general information. Participants may refer to the Plan document for a more complete description of the Plan's provisions.

**General**

The Plan benefits the employees of Romarco Minerals U.S. Inc. (the “Sponsor”), as well as employees of Haile Gold Mine, Inc. and OceanaGold Exploration (Carolina) Inc. (collectively, the “Companies”), through participation agreements. The Plan is a defined contribution plan under section 401(k) of the Internal Revenue Code. Employees of the Companies become eligible to participate in the Plan on the first day of the month immediately following the completion of 90 days of service and attainment of eighteen years of age. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

For the plan year ended December 31, 2020, the Plan adopted the following provisions of the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") that was signed into law on March 27, 2020.

- **Coronavirus-Related Distributions (“CRDs”):** The CARES Act allowed for participants affected by COVID-19 to withdraw an aggregate limit of \$100,000 from the Plan beginning on or after January 1, 2020 and before December 31, 2020. CRDs are not subject to the 10% early withdrawal penalty tax. Participants can (1) report the full distribution as income in 2020, (2) recognize the income ratably over a three-year period, or (3) repay all or part of the distribution back to the Plan tax-free within three years of the date of the CRD withdrawal.
- **Plan Loan Relief:** The CARES Act provided for a temporary loan repayment deferral. The deferral provision adopted by the Plan allows qualified Plan participants who have Plan loan repayments to defer such repayments until 2021. Additionally, the CARES Act allows for increased loan limits.
- **Temporary Waiver of Required Minimum Distributions (“RMDs”):** The Plan implemented the temporary waiver of RMDs allowed for under the CARES Act.

Management expects to retroactively adopt the required plan amendment for the above provisions by December 31, 2025, which is within the Internal Revenue Service (“IRS”) required timeframe.

Haile Gold Mine, Inc. 401(k) Profit Sharing Plan  
Notes to Financial Statements  
December 31, 2021 and 2020

**1. Description of Plan (continued)**

**Contributions**

The Plan allows contributions of up to 100% of a participant's pre-tax annual compensation, as defined in the Plan. The Plan also allows contributions to be made as Roth contributions, which are made to the Plan on an after-tax basis. Participants who have attained age fifty before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing rollover distributions from other qualified benefit plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds and a guaranteed interest contract as investment options for participants. The Plan includes an automatic enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan with a default deferral rate set at 5%, unless they affirmatively elect not to participate. The Plan also includes an automatic annual 1% deferral rate increase until a deferral rate of 10% is reached, occurring on the first day of each Plan year.

The Companies are required, in accordance with the Plan, to make safe harbor matching contributions based on the entire plan year participant's elective deferrals equal to the sum of 100% of the amounts that do not exceed 3% of the participant's pretax compensation, plus 50% of the amount of the participant's elective deferrals that exceed 3% of the participant's pretax compensation but do not exceed 5% of the participant's qualifying compensation. Effective January 1, 2021, the Plan was amended to calculate the match contributions based upon a per payroll period basis rather than on an annual basis. Discretionary profit-sharing contributions may be made by the Companies. No discretionary profit-sharing contributions were made for the years ended December 31, 2021 and 2020.

**Participant Accounts**

Each participant's account is credited with the participant's contributions and allocations of employer contributions, plan earnings (losses), forfeitures of terminated participants' accounts, and is charged with an allocation of any administrative expenses paid by the Plan. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Haile Gold Mine, Inc. 401(k) Profit Sharing Plan  
Notes to Financial Statements  
December 31, 2021 and 2020

**1. Description of Plan (continued)**

**Vesting**

Participants are immediately vested in their voluntary contributions, qualified matching contributions, and actual earnings or losses thereon. For participants whose employment is terminated prior to normal retirement age for any reason other than death or disability, vesting of discretionary contributions and earnings thereon is in accordance with the following schedule:

| Years of Service | Vesting<br>Percentage |
|------------------|-----------------------|
| Less than 1      | 0%                    |
| 1                | 33%                   |
| 2                | 66%                   |
| 3                | 100%                  |

**Notes Receivable From Participants**

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The notes are collateralized by the balance in the participant's account and bear interest at rates ranging from 4.25% to 6.50% as of December 31, 2021. Rates are established on the date of the loan based on the Prime Rate plus 100 basis points. Loan terms range from one to five years and a participant may have no more than one note due to the Plan at any time. Loan terms may range from five to fifteen years for the purpose of purchasing a principal residence. Principal and interest are paid ratably through payroll deductions. As of December 31, 2021, the Plan had approximately \$66,000 in delinquent notes receivable from participants that were communicated to the IRS as taxable events. In accordance with the Plan document these notes receivable were not recorded as deemed distribution expenses on the accompanying 2021 financial statements.

**Forfeitures**

In accordance with the Plan document, available forfeitures may be used first to offset employer contributions, and any remaining forfeitures may be used to offset plan administrative expenses. At December 31, 2021 and 2020, unallocated forfeited non-vested accounts total approximately \$20,000 and \$13,000, respectively.

Haile Gold Mine, Inc. 401(k) Profit Sharing Plan  
Notes to Financial Statements  
December 31, 2021 and 2020

**1. Description of Plan (continued)**

**Payment of Benefits**

Upon retirement, disability, death, termination of employment, or attainment of age 59½, participants or their beneficiaries may elect to receive their vested portion of Plan assets in a single distribution or other distribution methods as allowed under the plan. Upon termination of employment for reasons other than retirement, disability, or death, the participant's vested interest in the Plan will be paid to the participant as soon as administratively feasible upon participant request of a distribution. A lump sum payment will be automatically distributed for balances not exceeding \$5,000.

**Plan Termination**

Although it has not expressed any intent to do so, the Companies have the right, under the Plan, to discontinue their contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100% vested in their employer discretionary contributions.

**Administrative Expenses**

The Plan pays all trustee, recordkeeping, and professional fees.

**2. Basis of Presentation and Summary of Significant Accounting Policies**

**Basis of Accounting**

The accompanying financial statements are prepared in accordance with accounting principles generally accepted in the United States ("US GAAP").

**Payment of Benefits**

Benefit payments are recorded when paid.

**Notes Receivable from Participants**

Participant notes receivable are measured at their unpaid principal balance, plus any accrued, but unpaid interest. If a participant does not make repayments and the Plan administrator considers the participant note receivable to be in default, the note receivable balance will become immediately due and payable, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Haile Gold Mine, Inc. 401(k) Profit Sharing Plan  
Notes to Financial Statements  
December 31, 2021 and 2020

**2. Basis of Presentation and Summary of Significant Accounting Policies (continued)**

**Use of Estimates**

The preparation of financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in net assets during the reporting period. Actual results could differ from those estimates.

**Investment Valuation and Income Recognition**

The Plan's mutual funds are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's investment committee determines the Plan's valuation policies utilizing information provided by the investment advisors, trustees, and insurance companies. See Note 4 for discussion of fair value measurements.

The Plan's investments include the Key Guaranteed Portfolio Fund, a fully benefit-responsive guaranteed interest contract with Great-West Life & Annuity Insurance Company ("Great-West Insurance"). Great-West Insurance maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Great-West Insurance is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed interest contract meets the criteria to be considered fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed interest contract. The guaranteed interest contract is presented on the face of the statements of net assets available for plan benefits at contract value. Contract value, as reported to the Plan by Great-West Insurance, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

Certain events limit the Plan's ability to transact at contract value with Great-West Insurance. Such events include the following: (a) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the Plan sponsor or other Plan sponsor events that cause a significant withdrawal from the Plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transactions exemption under ERISA.

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

Haile Gold Mine, Inc. 401(k) Profit Sharing Plan  
Notes to Financial Statements  
December 31, 2021 and 2020

**2. Basis of Presentation and Summary of Significant Accounting Policies (continued)**

**Risks and Uncertainties**

The Plan's investments are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the participants' account balances and the amounts reported in the 2021 statement of net assets available for plan benefits.

**3. Trustee Certifications**

Information disclosed in the accompanying financial statements as of, and for the years ended December 31, 2021 and 2020, related to investments, participant notes receivable, net appreciation in fair value of investments, interest and dividends, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Great-West Trust Company, LLC ("Great-West Trust") and Great-West Insurance (the trustees of the Plan).

**4. Fair Value Measurements**

The Plan's investments in mutual funds are reported at fair value in the accompanying statements of net assets available for plan benefits. The methods used to measure fair values may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to measure the fair values of certain financial instruments could result in a different fair value measurement at the reporting date.

US GAAP establishes fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority; Level 2 inputs consist of observable inputs other than quoted prices for identical assets; and Level 3 inputs to the valuation methodology are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. No Level 2 or Level 3 inputs were used by the Plan. The Plan's mutual fund investments were valued using Level 1 inputs.

**5. Party-in-Interest Transactions**

The Plan holds investments in mutual funds and other investments that are managed by the Plan's trustees. All transactions with the Plan's trustees and its affiliates qualify as party-in-interest transactions. Fees paid by the Plan for these services amounted to approximately \$50,000 and \$59,000 during the years ended December 31, 2021 and 2020, respectively. Plan investments also include notes receivable from participants, which qualify as party-in-interest transactions. All of these party-in-interest transactions are exempt from the prohibited transactions rules of ERISA.

Haile Gold Mine, Inc. 401(k) Profit Sharing Plan  
Notes to Financial Statements  
December 31, 2021 and 2020

**6. Reconciliation of Financial Statements to Schedule H of Form 5500**

The following is a reconciliation of net assets available for plan benefits per the financial statements to schedule H of Form 5500:

|                                                                     | <b>December 31,</b>  |                      |
|---------------------------------------------------------------------|----------------------|----------------------|
|                                                                     | <b>2021</b>          | <b>2020</b>          |
| Net assets available for plan benefits per the financial statements | \$ 18,649,242        | \$ 14,463,970        |
| 2020 employer contributions receivable                              | --                   | (101,276)            |
| Net assets available for plan benefits per Form 5500                | <u>\$ 18,649,242</u> | <u>\$ 14,362,694</u> |

The following is a reconciliation of changes in net assets available for plan benefits per the financial statements to schedule H of Form 5500:

|                                                                                   | <b>Years Ended December 31,</b> |                     |
|-----------------------------------------------------------------------------------|---------------------------------|---------------------|
|                                                                                   | <b>2021</b>                     | <b>2020</b>         |
| Net change in net assets available for plan benefits per the financial statements | \$ 4,185,272                    | \$ 3,771,779        |
| 2020 employer contribution receivable                                             | 101,276                         | (101,276)           |
| 2019 employer contribution receivable                                             | --                              | 30,295              |
| 2019 Plan liabilities                                                             | --                              | (7,276)             |
| Net change in net assets available for plan benefits per Form 5500                | <u>\$ 4,286,548</u>             | <u>\$ 3,693,522</u> |

**7. Unallocated Assets**

Plan assets of \$0 and approximately \$101,000, had not yet been allocated to participants as of December 31, 2021 and 2020, respectively.

Haile Gold Mine, Inc. 401(k) Profit Sharing Plan  
Notes to Financial Statements  
December 31, 2021 and 2020

**8. Income Tax Status**

The Plan is a non-standardized prototype plan, provided by Great-West Trust, designed to be in compliance with the applicable requirements of the Internal Revenue Code (“IRC”). The IRS has determined and informed Great-West Trust and Great-West Insurance by a letter date June 2020, that the prototype plan, as then designed was in accordance with applicable sections of the IRC. Although the prototype plan has been amended and restated since receiving the opinion letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore, believes that the Plan is qualified and the related trust was tax-exempt. Therefore, no provision for income taxes has been included in the Plan’s financial statements.

During 2019, operational errors were discovered relating to employer contributions, and late remittance of contributions that resulted in an underpayment of contributions and lost earnings to the Plan. In 2021, management determined the extent of the errors to be approximately \$101,000 and recorded corrective contributions to the Plan. Management has taken the necessary corrective actions to ensure that these errors have no impact on the Plan’s tax status and ensured that participants are made whole. These corrective contributions are included in employer contributions receivable in the accompanying 2020 financial statements.

US GAAP requires the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain tax positions that more likely than not would not be sustained upon examination by the IRS. No such liabilities are recognized at December 31, 2021 and 2020. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2018.

**9. Subsequent Events**

The Plan evaluated events and transactions after December 31, 2021 through October 17, 2022, the date the financial statements were available to be issued, for subsequent events, and determined that there were no subsequent events to report.

## **SUPPLEMENTAL SCHEDULE**

Haile Gold Mine, Inc. 401(k) Profit Sharing Plan  
Employer ID # 05-0580688 Plan # 001  
Schedule H, Part IV Line 4i - Schedule of Assets (Held at End of Year)  
December 31, 2021

| (a)                    | (b) Identity of issue, borrower, lessor<br>or similar party | (c) Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value | (d) Cost | (e) Current<br>value |
|------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------|----------------------|
| <b>Mutual funds</b>    |                                                             |                                                                                                                  |          |                      |
|                        | MFS Lifetime 2055 R3                                        | Mutual Fund                                                                                                      | --       | \$ 2,475,230         |
|                        | MFS Lifetime 2050 R3                                        | Mutual Fund                                                                                                      | --       | 1,786,393            |
|                        | MFS Lifetime 2035 R3                                        | Mutual Fund                                                                                                      | --       | 1,687,587            |
|                        | MFS Lifetime 2040 R3                                        | Mutual Fund                                                                                                      | --       | 1,664,658            |
|                        | MFS Liferime 2030 R3                                        | Mutual Fund                                                                                                      | --       | 1,584,210            |
|                        | MFS Lifetime 2045 R3                                        | Mutual Fund                                                                                                      | --       | 1,500,867            |
|                        | MFS Lifetime 2025 R3                                        | Mutual Fund                                                                                                      | --       | 1,302,758            |
|                        | MFS Lifetime 2060 R3                                        | Mutual Fund                                                                                                      | --       | 813,777              |
|                        | Vanguard 500 Index Admiral                                  | Mutual Fund                                                                                                      | --       | 759,629              |
|                        | Fidelity Blue Chip Growth Fund Inv                          | Mutual Fund                                                                                                      | --       | 696,986              |
|                        | PGIM Total Return Bond A                                    | Mutual Fund                                                                                                      | --       | 564,843              |
|                        | Vanguard Small Cap Index Admiral                            | Mutual Fund                                                                                                      | --       | 529,740              |
|                        | MFS Liferime 2020 R3                                        | Mutual Fund                                                                                                      | --       | 510,078              |
|                        | Goldman Sachs International Equity Insights Inv             | Mutual Fund                                                                                                      | --       | 333,467              |
|                        | MFS Value R3                                                | Mutual Fund                                                                                                      | --       | 255,415              |
|                        | PIMCO Income A                                              | Mutual Fund                                                                                                      | --       | 235,911              |
|                        | Principal Real Estate Securities Institutional              | Mutual Fund                                                                                                      | --       | 223,653              |
|                        | MFS Lifetime Income R3                                      | Mutual Fund                                                                                                      | --       | 175,601              |
|                        | Columbia Emerging Markets Institutional 2                   | Mutual Fund                                                                                                      | --       | 103,763              |
|                        | Invesco Gold & Special Mineral Y                            | Mutual Fund                                                                                                      | --       | 18,727               |
|                        |                                                             |                                                                                                                  | \$ --    | \$ 17,223,293        |
| <b>Fixed Annuities</b> |                                                             |                                                                                                                  |          |                      |
| *                      | Key Guaranteed Portfolio Fund                               | Guaranteed Interest Contract                                                                                     | \$ --    | \$ 627,791           |
| *                      | Participant Notes Receivable                                | Interest Rate : 4.25% to 6.50%                                                                                   | \$ --    | \$ 798,158           |

\* Indicates a party-in-interest to the Plan.

Note: The above information was derived from information certified by Great-West Trust Company, LLC and Great-West Life and Annuity Insurance Company. Cost has been omitted for participant-directed funds.

October 17, 2022

Plan Committee of  
Haile Gold Mine, Inc. 401(k) Profit Sharing Plan

We have audited the financial statements of Haile Gold Mine, Inc. 401(k) Profit Sharing Plan (the “Plan”), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (“ERISA”), as permitted by ERISA Section 103(a)(3)(C) (“ERISA Section 103(a)(3)(C) audit”) as of and for the year ended December 31, 2021 and we have issued our report thereon dated October 17, 2022. As permitted by ERISA Section 103(a)(3)(C), our audit did not extend to any statements or information related to assets held for investment of the Plan (“investment information”) by Great-West Trust Company, LLC and Great-West Life & Annuity Insurance Company, the trustees, which are banks or similar institutions or insurance carriers that are regulated, supervised, and subject to periodic examination by a state or federal agency, that prepared and certified the statements or information regarding assets so held in accordance with 29 CFR 2520.103-5. Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements and ERISA-required supplemental schedule, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States (“GAAP”). Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, as well as certain information related to the planned scope and timing of our audit. We have communicated such information to you in our letter dated April 20, 2022. Professional standards also require that we communicate to you the following information related to our audit.

### **Significant Audit Matters**

#### Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the Plan are described in Note 2 to the financial statements. No new accounting policies were adopted, and the application of existing policies was not changed during 2021. We noted no transactions entered into by the Plan during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Plan Committee of  
Haile Gold Mine, Inc. 401(k) Profit Sharing Plan  
Page 2 of 4

Qualitative Aspects of Accounting Practices (continued)

*Estimates*

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them differ significantly from those expected.

The most sensitive estimates affecting the financial statements are those that affect the reported amounts of investments. Since that date, market values of many securities may have changed significantly. We evaluated the key factors and assumptions used to develop estimates in determining that they are reasonable in relation to the financial statements taken as a whole.

The financial statement disclosures are neutral, consistent, and clear.

Form 5500 Procedures

We are required to obtain and read a substantially complete draft of Form 5500 prior to dating our auditors' report. The purpose of this procedure is to identify any material inconsistencies between the draft Form 5500 and the Plan's financial statements. We identified no material inconsistencies in performing and completing our audit.

Difficulties Encountered in Performing the Audit

We encountered no difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management. No misstatements were noted during the course of our audit.

Plan Committee of  
Haile Gold Mine, Inc. 401(k) Profit Sharing Plan  
Page 3 of 4

Disagreements with Management

For purposes of this letter, a disagreement with management is a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditors' report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated October 17, 2022.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Plan's financial statements or a determination of the type of auditors' opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Plan's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

Other Matter

Our responsibility for the ERISA-required supplemental schedule accompanying the financial statements is to perform adequate procedures to evaluate whether the form and content of the ERISA-required supplemental schedule, other than that agreed to or derived from the certified investment information, is presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, and whether the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Plan Committee of  
Haile Gold Mine, Inc. 401(k) Profit Sharing Plan  
Page 4 of 4

This information is intended solely for the information and use of the Plan Committee and management of the Plan and is not intended to be and should not be used by anyone other than these specified parties.

Very truly yours,

DRAFT 10/17/2022

October 17, 2022

Plan Committee of  
Haile Gold Mine, Inc. 401(k) Profit Sharing Plan

We have audited the financial statements of Haile Gold Mine, Inc. 401(k) Profit Sharing Plan (the “Plan”), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (“ERISA”), as permitted by ERISA Section 103(a)(3)(C) (“ERISA Section 103(a)(3)(C) audit”) as of and for the year ended December 31, 2021 and we have issued our report thereon dated October 17, 2022. As permitted by ERISA Section 103(a)(3)(C), our audit did not extend to any statements or information related to assets held for investment of the Plan (“investment information”) by Great-West Trust Company, LLC and Great-West Life & Annuity Insurance Company, the trustees, which are banks or similar institutions or insurance carriers that are regulated, supervised, and subject to periodic examination by a state or federal agency, that prepared and certified the statements or information regarding assets so held in accordance with 29 CFR 2520.103-5. Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements and ERISA-required supplemental schedule, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States (“GAAP”). Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, as well as certain information related to the planned scope and timing of our audit. We have communicated such information to you in our letter dated April 20, 2022. Professional standards also require that we communicate to you the following information related to our audit.

### **Significant Audit Matters**

#### Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the Plan are described in Note 2 to the financial statements. No new accounting policies were adopted, and the application of existing policies was not changed during 2021. We noted no transactions entered into by the Plan during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.



Plan Committee of  
Haile Gold Mine, Inc. 401(k) Profit Sharing Plan  
Page 2 of 4

Qualitative Aspects of Accounting Practices (continued)

*Estimates*

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them differ significantly from those expected.

The most sensitive estimates affecting the financial statements are those that affect the reported amounts of investments. Since that date, market values of many securities may have changed significantly. We evaluated the key factors and assumptions used to develop estimates in determining that they are reasonable in relation to the financial statements taken as a whole.

The financial statement disclosures are neutral, consistent, and clear.

Form 5500 Procedures

We are required to obtain and read a substantially complete draft of Form 5500 prior to dating our auditors' report. The purpose of this procedure is to identify any material inconsistencies between the draft Form 5500 and the Plan's financial statements. We identified no material inconsistencies in performing and completing our audit.

Difficulties Encountered in Performing the Audit

We encountered no difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management. No misstatements were noted during the course of our audit.



Plan Committee of  
Haile Gold Mine, Inc. 401(k) Profit Sharing Plan  
Page 3 of 4

Disagreements with Management

For purposes of this letter, a disagreement with management is a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditors' report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated October 17, 2022.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Plan's financial statements or a determination of the type of auditors' opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Plan's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

Other Matter

Our responsibility for the ERISA-required supplemental schedule accompanying the financial statements is to perform adequate procedures to evaluate whether the form and content of the ERISA-required supplemental schedule, other than that agreed to or derived from the certified investment information, is presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, and whether the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Plan Committee of  
Haile Gold Mine, Inc. 401(k) Profit Sharing Plan  
Page 4 of 4

This information is intended solely for the information and use of the Plan Committee and management of the Plan and is not intended to be and should not be used by anyone other than these specified parties.

Very truly yours,

*BAUKNIGHT PIETRAS & STORMER, P.A.*



October 17, 2022

Bauknight Pietras & Stormer, P.A.  
1501 Main Street #600  
PO Box 1330  
Columbia, SC 29201

This representation letter is provided in connection with your audits of the financial statements and supplemental schedule of Haile Gold Mine, Inc. 401(k) Profit Sharing Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for plan benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for plan benefits for the years then ended, and the disclosures (collectively, the "financial statements"), for the purpose of expressing an opinion as to whether the financial statements are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States ("US GAAP") and whether the supplemental schedule is fairly stated in all material respects in relation to the financial statements as a whole. As permitted by Regulation 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA, we have elected for you to not perform any auditing procedures with respect to information prepared and certified to by Great-West Trust Company, LLC ("Great-West Trust") and Great-West Life & Annuity Insurance Company ("Great-West Insurance"), the trustees of the Plan, in accordance with DOL Regulation 2520.103-5, except for comparing the information with the related information included in the financial statements and supplemental schedules. We understand that the form and content of the information in the financial statements and supplemental schedules, other than that derived from the information certified by Great-West Trust and Great-West Insurance, has been audited by you in accordance with auditing standards generally accepted in the United States, and was subjected to tests of our accounting records and other procedures you considered necessary to enable you to express an opinion as to whether they are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if they involve an omission or misstatement of accounting information that, in light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement. An omission or misstatement that is monetarily small in amount could be considered material as a result of qualitative factors.

We confirm, to the best of our knowledge and belief, as of the date of this letter, the following representations made to you during your audits.

## Financial Statements

1. We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated April 20, 2022, including our responsibility for the preparation and fair presentation of the financial statements.
2. The financial statements referred to above are fairly presented in conformity with US GAAP, the notes include all disclosures required by laws and regulations to which the Plan is subject, including the DOL Rules and Regulations for Reporting and Disclosure under ERISA, and the supplemental schedule referred to above are fairly presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
3. We acknowledge our responsibility for administering the Plan and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants to determine the benefits due or which may become due to such participants.
4. We acknowledge our election to have an ERISA Section 103(a)(3)(C) audit for the year ended December 31, 2021 does not affect our responsibility for the financial statements and for determining the following:
  - a. The circumstances permit an ERISA Section 103(a)(3)(C) audit.
  - b. A qualified institution has prepared and certified the investment information as described in 29 CFR 2520.103-8.
  - c. The certification meets the 29 CFR 2520.103-5 requirements.
  - d. The certified investment information is appropriately measured, presented, and disclosed in accordance with US GAAP.
5. We acknowledge our responsibility for 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.
6. We have obtained our service auditor's report and have reviewed such report, including the complementary user entity controls. We have implemented the relevant user entity controls, and they were in operation for the years ended December 31, 2021 and 2020.

## Financial Statements (continued)

7. We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud.
8. Significant assumptions we used in making accounting estimates, including those measured at fair value, are reasonable.
9. Related-party relationships and transactions and relationships and transactions with parties-in-interest, as defined in ERISA Section 3(14) and regulations thereunder, have been appropriately accounted for and disclosed in accordance with the requirements of US GAAP and ERISA Section 3(14) and regulations thereunder.

10. All events subsequent to the date of the financial statements and for which US GAAP requires adjustment or disclosure have been adjusted or disclosed.
11. The effects of all known actual or possible litigation, claims, and assessments, if any, have been accounted for and disclosed in accordance with US GAAP.
12. Other matters (e.g., breach of fiduciary responsibilities, nonexempt transactions, loans or leases in default, or events that may jeopardize the tax status) that legal counsel have advised us that must be disclosed have been properly disclosed, if any.
13. Significant estimates and material concentrations have been properly disclosed in accordance with US GAAP.
14. Financial instruments with concentrations of credit risk have been properly recorded or disclosed in the financial statements.
15. Guarantees, whether written or oral, under which the Plan is contingently liable, have been properly recorded or disclosed in accordance with US GAAP.
16. The supplemental schedule or financial statements disclose the following (as applicable):
  - a. All non-exempt party-in-interest transactions (as defined in ERISA Section 3(14) and regulations under the section).
  - b. Investments or loans in default or considered to be uncollectible.
  - c. Reportable transactions (as defined in ERISA Section 103(b)(3)(H) and regulations under that section).

#### Information Provided

17. We will notify you in advance of our intent to include your report, in whole or in part, in any document other than Form 5500 filed with a regulatory agency or printed, in whole or in part, for any reason, and you will have the opportunity to review such document before its filing or issuance.
18. We have provided you with:
  - a. Access to all information, of which we are aware, that is relevant to the preparation and fair presentation of the financial statements, such as records, documentation, and other matters.
  - b. A substantially complete draft of Form 5500.
  - c. Additional information that you have requested from us for the purpose of the audits.
  - d. Unrestricted access to persons within the Plan from whom you determined it necessary to obtain audit evidence.
  - e. Plan instruments, trust agreements, insurance contracts, or investment contracts and amendments to such documents entered into during the year, including amendments to comply with applicable laws.

19. All material transactions have been recorded in the accounting records and are reflected in the financial statements.

20. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.

21. We have no knowledge of any fraud or suspected fraud that affects the Plan and involves:

- a. Management,
- b. Employees who have significant roles in internal control, or
- c. Others where the fraud could have a material effect on the financial statements.

22. We have no knowledge of any allegations of fraud or suspected fraud affecting the Plan's financial statements communicated by employees, former employees, participants, regulators, beneficiaries, service providers, third-party administrators, or others.

Information Provided (continued)

23. We have no knowledge of any instances of noncompliance or suspected noncompliance with laws and regulations (including ERISA, DOL, and Internal Revenue Service ("IRS") regulations) whose effects should be considered when preparing financial statements.

24. We have disclosed to you all known actual or possible litigation, claims, and assessments whose effects should be considered when preparing the financial statements.

25. We have disclosed to you the identity of the Plan's related parties and parties-in-interest and all the related-party and party-in-interest relationships and transactions of which we are aware.

26. The Plan has satisfactory title to all owned assets, which are recorded at fair value, and all liens, encumbrances, or security interests requiring disclosure in the financial statements have been properly disclosed.

27. We have no—

- d. Plans or intentions that may materially affect the carrying value or classification of assets and liabilities.
- e. Intentions to terminate the Plan.

28. Amendments to the Plan instrument, if any, have been properly recorded or disclosed in the financial statements.

29. The Plan has complied with all aspects of debt and other contractual agreements that would have a material effect on the financial statements in the event of noncompliance.

30. The methods and significant assumptions used to estimate fair values of financial instruments, including non-readily marketable securities, result in a measure of fair value appropriate for financial measurement and disclosure purposes.

31. All required amendments to and filings of Plan documents with the appropriate agencies have been made. The Plan obtained its latest opinion letter on June 30, 2020, in which the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving this opinion letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Information Provided (continued)

32. The Plan (and the trustees established under the Plan) are qualified under the appropriate section of the IRC and we intend to continue them as a qualified plan. The Plan sponsor has operated the Plan (and trust) in a manner that did not jeopardize this tax status. Required nondiscrimination testing related to Code Section 401(k) and 401(m) arrangements, as applicable, has been completed for the Plan, and any excess deferrals or contributions have been disposed of in accordance with regulations.

33. The Plan has complied with the DOL's regulations concerning the timely remittance of participant contributions to trusts containing assets for the Plan.

34. The Plan has complied with the fidelity bonding requirements of ERISA.

35. We have obtained appropriate fee disclosures from covered service providers and have concluded the fees are reasonable. The Plan is in compliance with DOL regulations regarding ERISA Section 408(b)(2).

36. We have apprised you of all communications, whether written or oral, with regulatory agencies concerning the operation of the Plan, if any.

37. You provided a non-attest service by assisting us with drafting the financial statements and supplemental schedule. In connection with this non-attest service, we have:

- a. Assumed all management responsibilities.
- b. Designated an individual within senior management with suitable skill, knowledge, and experience to oversee the non-attest service.
- c. Evaluate the adequacy and results of the services performed.
- d. Accepted responsibility for the results of the services.

38. We acknowledge our responsibility for presenting the supplemental schedules, in accordance with US GAAP and in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and we believe the supplemental schedule, including the form and content, is fairly presented in accordance with US GAAP and in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. The methods of measurement and presentation of the supplemental schedules have not changed from those used in the prior period, and we have disclosed to you any significant assumptions or interpretations underlying the measurement and presentation of the supplemental schedule.

Very truly yours,

DocuSigned by:

  
1C14769CA370490

Glenda Parkman, Human Resources Manager

**Certificate Of Completion**

Envelope Id: AD7880C6CFFD4B20894780DD30688D1A

Status: Completed

Subject: Complete with DocuSign: Management Representation Letter.dotx, Haile Gold Mine 401(k) Audited F...

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Document Pages: 28

Signatures: 2

Envelope Originator:

Certificate Pages: 1

Initials: 0

Adrienne Carroll

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22 Maclaggan Street

Enveloped Stamping: Enabled

Dunedin, WGN 9016

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adrienne.carroll@oceanagold.com

IP Address: 173.190.228.190

**Record Tracking**

Status: Original

Holder: Adrienne Carroll

Location: DocuSign

10/17/2022 4:45:06 PM

adrienne.carroll@oceanagold.com

**Signer Events**

Glenda Parkman

Glenda.Parkman@oceanagold.com

Security Level: Email, Account Authentication  
(None)**Signature**

DocuSigned by:



1C14769CA370490...

Signature Adoption: Pre-selected Style

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**In Person Signer Events****Signature****Timestamp****Editor Delivery Events****Status****Timestamp****Agent Delivery Events****Status****Timestamp****Intermediary Delivery Events****Status****Timestamp****Certified Delivery Events****Status****Timestamp****Carbon Copy Events****Status****Timestamp**

Brittany Roberts

Brittany.Roberts@oceanagold.com

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(None)

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**Payment Events****Status****Timestamps**

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

GA

Haile Gold Mine, Inc. 401(k) Profit Sharing Plan

01-JAN-21 to 31-DEC-21

22-JAN-22 08:03:03

| INVESTMENT OPTION | MATURITY DATE | INTEREST RATE | COST OF ASSETS       | CURRENT VALUE        |
|-------------------|---------------|---------------|----------------------|----------------------|
| 1MFLHX            |               |               | 520,876.31           | 510,078.42           |
| 1LTTTX            |               |               | 1,280,349.88         | 1,302,757.67         |
| 1MLTHX            |               |               | 1,534,973.07         | 1,584,209.67         |
| 1LFETX            |               |               | 1,558,933.89         | 1,687,586.60         |
| 1MLFHX            |               |               | 1,532,143.26         | 1,664,657.58         |
| 1LTMTX            |               |               | 1,357,604.21         | 1,500,866.69         |
| 1MFFOX            |               |               | 1,614,927.09         | 1,786,393.43         |
| 1LFITX            |               |               | 2,234,590.62         | 2,475,229.84         |
| 1MFJTX            |               |               | 692,292.50           | 813,777.41           |
| 1MLLHX            |               |               | 173,726.07           | 175,600.95           |
| 1CEKRX            |               |               | 98,518.10            | 103,763.45           |
| 1GCITX            |               |               | 315,780.11           | 333,467.00           |
| 1OGMYX            |               |               | 18,808.93            | 18,727.36            |
| 1PIREX            |               |               | 171,623.41           | 223,652.86           |
| 1VSMAX            |               |               | 381,932.01           | 529,739.91           |
| 1FBGRX            |               |               | 459,025.59           | 696,986.28           |
| 1MEIHX            |               |               | 205,616.45           | 255,414.74           |
| 1VFIAX            |               |               | 520,752.48           | 759,629.23           |
| 1PONAX            |               |               | 238,635.77           | 235,911.05           |
| 1PDBAX            |               |               | 562,563.37           | 564,842.64           |
| 1KGPGW            |               | .900          | 594,438.38           | 607,768.46           |
|                   |               |               | <b>16,068,111.50</b> | <b>17,831,061.24</b> |
| PARTICIPANT LOANS | VARIOUS       | 4.250-6.500   | 796,837.87           | 798,158.51           |
| FORFEITURES       |               |               | 19,817.74            | 20,022.72            |

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

GA

Haile Gold Mine, Inc. 401(k) Profit Sharing Plan

01-JAN-21 to 31-DEC-21

22-JAN-22 08:03:03

| INVESTMENT OPTION | MATURITY DATE | INTEREST RATE | COST OF ASSETS | CURRENT VALUE |
|-------------------|---------------|---------------|----------------|---------------|
|-------------------|---------------|---------------|----------------|---------------|

## LEGEND

## INVESTMENT OPTION:

|         |                                   |        |                                       |
|---------|-----------------------------------|--------|---------------------------------------|
| 1MFLHX  | MFS Lifetime 2020 R3              | 1LTTTX | MFS Lifetime 2025 R3                  |
| 1MLTHX  | MFS Lifetime 2030 R3              | 1LFETX | MFS Lifetime 2035 R3                  |
| 1MLFHX  | MFS Lifetime 2040 R3              | 1LTMTX | MFS Lifetime 2045 R3                  |
| 1MFFOX  | MFS Lifetime 2050 R3              | 1LFITX | MFS Lifetime 2055 R3                  |
| 1MFJTX  | MFS Lifetime 2060 R3              | 1MLLHX | MFS Lifetime Income R3                |
| 1CEKRX  | Columbia Emerging Markets Instl 2 | 1GCITX | Goldman Sachs Intl Eq Insights Inv    |
| 1OGRMYX | Invesco Gold & Special Minerals Y | 1PIREX | Principal Real Estate Securities Inst |
| 1VSMAX  | Vanguard Small Cap Index Adm      | 1FBGRX | Fidelity Blue Chip Growth Fund Inv    |
| 1MEIHX  | MFS Value R3                      | 1VFIAX | Vanguard 500 Index Admiral            |
| 1PONAX  | PIMCO Income A                    | 1PDBAX | PGIM Total Return Bond A              |
| 1KGPWG  | Key Guaranteed Portfolio Fund     |        |                                       |

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

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