

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010	
A	This return/report is for: ☐ a multiemployer plan; ☒ a single-employer plan; ☐ a multiple-employer plan; or ☐ a DFE (specify) ____
B	This return/report is: ☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information
1a	Name of plan GOUGLER INDUSTRIES, INC. NON-UNION EMPLOYEES DEFINED BENEFIT PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 07/01/1958
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) GOUGLER INDUSTRIES, INC. 705 LAKE ST KENT, OH 44240-2738
2b	Employer Identification Number (EIN) 34-1656244
2c	Sponsor's telephone number 330-673-5821
2d	Business code (see instructions) 333200

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	02/25/2011	LAWRENCE WITTENSOLDNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") GOUGLER INDUSTRIES, INC. 705 LAKE ST KENT, OH 44240-2738	3b Administrator's EIN 34-1656244 3c Administrator's telephone number 330-673-5821
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year	5	171
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	26
b Retired or separated participants receiving benefits.....	6b	72
c Other retired or separated participants entitled to future benefits.....	6c	49
d Subtotal. Add lines 6a , 6b , and 6c	6d	147
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	21
f Total. Add lines 6d and 6e	6f	168
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	4
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1B 1G

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
 (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information – Small Plan)
 (3) ☐ 0 **A** (Insurance Information)
 (4) ☐ **C** (Service Provider Information)
 (5) ☐ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>GOUGLER INDUSTRIES, INC. NON-UNION EMPLOYEES DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>GOUGLER INDUSTRIES, INC.</u>	D Employer Identification Number (EIN) <u>34-1656244</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2009</u>
2	Assets:
a	Market value 2a <u>4463630</u>
b	Actuarial value 2b <u>4909993</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>85</u> <u>3969422</u>
b	For terminated vested participants 3b <u>53</u> <u>518396</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>21725</u>
(2)	Vested benefits 3c(2) <u>711965</u>
(3)	Total active 3c(3) <u>33</u> <u>733690</u>
d	Total 3d <u>171</u> <u>5221508</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>7.45</u> %
6	Target normal cost 6 <u>27499</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>02/24/2011</u>
Signature of actuary	Date
<u>SETH H. PITASKY, EA, MAAA</u>	<u>08-07321</u>
Type or print name of actuary	Most recent enrollment number
<u>SUMMIT RETIREMENT PLAN SERVICES</u>	<u>330-644-2044</u>
Firm name	Telephone number (including area code)
<u>13680 CLEVELAND AVENUE NW</u> <u>UNIONTOWN, OH 44685</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	697854	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	171158	0
9	Amount remaining (Item 7 minus item 8).....	526696	0
10	Interest on item 9 using prior year's actual return of <u>-15.35</u> %	-80848	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.11</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....		0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	445848	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	85.49 %
15	Adjusted funding target attainment percentage.....	15	94.03 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	90.87 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/28/2010	17651	0			
Totals ►			18(b)	17651	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	15855
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:		

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

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	27499
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	662106	128656
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	156155
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	140540	0
36 Additional cash requirement (item 34 minus item 35).....	36	15615
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	15855
38 Interest-adjusted excess contributions for current year (see instructions).....	38	240
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan <u>GOUGLER INDUSTRIES, INC. NON-UNION EMPLOYEES DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GOUGLER INDUSTRIES, INC.</u>	D Employer Identification Number (EIN) <u>34-1656244</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	<u>0</u>	<u>0</u>
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	<u>0</u>	<u>17651</u>
(2) Participant contributions	1b(2)	<u>0</u>	<u>0</u>
(3) Other	1b(3)	<u>25847</u>	<u>26986</u>
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	<u>701031</u>	<u>205450</u>
(2) U.S. Government securities	1c(2)	<u>1717805</u>	<u>1801568</u>
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	<u>0</u>	<u>0</u>
(B) All other	1c(3)(B)	<u>364521</u>	<u>223639</u>
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	<u>190096</u>	<u>41447</u>
(B) Common	1c(4)(B)	<u>1182859</u>	<u>1651686</u>
(5) Partnership/joint venture interests	1c(5)	<u>0</u>	<u>0</u>
(6) Real estate (other than employer real property)	1c(6)	<u>0</u>	<u>0</u>
(7) Loans (other than to participants)	1c(7)	<u>0</u>	<u>0</u>
(8) Participant loans	1c(8)	<u>0</u>	<u>0</u>
(9) Value of interest in common/collective trusts	1c(9)	<u>0</u>	<u>0</u>
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	<u>0</u>	<u>0</u>
(12) Value of interest in 103-12 investment entities	1c(12)	<u>0</u>	<u>0</u>
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	<u>281471</u>	<u>311181</u>
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	<u>0</u>	<u>0</u>

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	4463630	4279608

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4463630	4279608
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	17651	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		17651

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	206	
(B) U.S. Government securities	2b(1)(B)	74746	
(C) Corporate debt instruments	2b(1)(C)	26826	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		101778
(2) Dividends: (A) Preferred stock	2b(2)(A)	6315	
(B) Common stock	2b(2)(B)	62526	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		68841
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1989695	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1976971	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		12724

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	0	
(B) Other	2b(5)(B)	68587	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		68587
(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)		38226
c Other income.....	2c		45375
d Total income. Add all income amounts in column (b) and enter total.....	2d		353182

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	537303	
(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)		537303
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	-99	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		-99
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		537204

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-184022
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: SCHLABIG & ASSOCIATES

(2) EIN: 34-0876435

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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
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.).....		X	
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.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan <u>GOUGLER INDUSTRIES, INC. NON-UNION EMPLOYEES DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GOUGLER INDUSTRIES, INC.</u>	D Employer Identification Number (EIN) <u>34-1656244</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>34-6509682</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

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

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

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

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

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

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

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

Schedule R (Form 5500) 2009
v.092308.1

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 items 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 items 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 items 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 items 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 items 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 items 13e(1) and 13e(2).)

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

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

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

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

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

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

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 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 items (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 item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Financial Statements
And Supplemental Information
GOUGLER INDUSTRIES, INC.
Third Amended and Restated Non-Union Employees
Defined Benefit Pension Plan and Trust
June 30, 2010 and 2009

FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION

GOUGLER INDUSTRIES, INC.
Third Amended and Restated Non-Union Employees
Defined Benefit Pension Plan and Trust

June 30, 2010 and 2009

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SUPPLEMENTAL INFORMATION

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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
Gougler Industries, Inc.
Third Amended and Restated Non-Union Employees
Defined Benefit Pension Plan and Trust
Kent, Ohio

We were engaged to audit the financial statements of the Gougler Industries, Inc. Third Amended and Restated Non-Union Employees Defined Benefit Pension Plan and Trust as of June 30, 2010 and 2009, and for the years then ended, and the supplemental schedules as of and for the year ended June 30, 2010 as listed in the accompanying index. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note E, which was certified by FirstMerit Bank, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee, as of and for the years ended June 30, 2010 and 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Schlabig & Associates, Ltd

February 9, 2011
Kent, Ohio

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

GOUGLER INDUSTRIES, INC.

Third Amended and Restated Non-Union Employees

Defined Benefit Pension Plan and Trust

	June 30,	
	2010	2009
<u>ASSETS</u>		
Investments, at market value:		
Cash and cash equivalents	\$ 205,450	\$ 701,031
Corporate bonds	223,639	364,521
U.S. government securities	1,801,568	1,717,805
Mutual funds	311,181	281,471
Common stocks	1,651,686	1,182,859
Preferred stocks	41,447	190,096
TOTAL INVESTMENTS	<u>4,234,971</u>	<u>4,437,783</u>
Employer's contribution receivable	17,651	0
Accrued interest receivable	26,986	25,847
	<u>44,637</u>	<u>25,847</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 4,279,608</u>	<u>\$ 4,463,630</u>

The notes to the financial statements are an integral part of these statements.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

GOUGLER INDUSTRIES, INC.

Third Amended and Restated Non-Union Employees

Defined Benefit Pension Plan and Trust

	Years ended June 30,	
	2010	2009
ADDITIONS TO NET ASSETS		
Investment income:		
Interest	\$ 101,778	\$ 120,375
Dividends	75,829	70,749
Net appreciation in fair value of investments	158,023	0
Employer contributions	17,651	0
TOTAL ADDITIONS TO NET ASSETS	<u>353,281</u>	<u>191,124</u>
DEDUCTIONS FROM NET ASSETS		
Net depreciation in fair value of investments	0	1,047,302
Benefits paid directly to participants	537,303	513,738
TOTAL DEDUCTIONS FROM NET ASSETS	<u>537,303</u>	<u>1,561,040</u>
NET CHANGE	<u>(184,022)</u>	<u>(1,369,916)</u>
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	4,463,630	5,833,546
END OF YEAR	<u>\$ 4,279,608</u>	<u>\$ 4,463,630</u>

The notes to the financial statements are an integral part of these statements.

STATEMENT OF ACCUMULATED PLAN BENEFITS

GOUGLER INDUSTRIES, INC.

Third Amended and Restated Non-Union Employees
Defined Benefit Pension Plan and Trust

July 1, 2009

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Vested benefits:

Participants currently receiving payments	\$ 3,969,422
Other participants	1,230,361
	5,199,783

Nonvested benefits	21,725
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TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	\$ 5,221,508
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The notes to the financial statements are an integral part of these statements.

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

GOUGLER, INDUSTRIES, INC.

Third Amended and Restated Non-Union Employees

Defined Benefit Pension Plan and Trust

Year ended June 30, 2009

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

AT BEGINNING OF YEAR	\$ 6,419,615
Increase (decrease) during the year attributed to:	
Benefits accumulated	(1,175,676)
Increase for interest due to the decrease in the discount period	491,307
Benefits paid	(513,738)
NET DECREASE	(1,198,107)
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR	<u>\$ 5,221,508</u>

The notes to the financial statements are an integral part of these statements.

NOTES TO FINANCIAL STATEMENTS

GOUGLER INDUSTRIES, INC.

Third Amended and Restated Non-Union Employees Defined Benefit Pension Plan and Trust

June 30, 2010 and 2009

NOTE A – DESCRIPTION OF PLAN

The following brief description of the Gougler Industries, Inc. Third Amended and Restated Non-Union Employees Defined Benefit Pension Plan and Trust ("Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General: The Plan is a defined benefit pension plan covering substantially all non-union employees of Gougler Industries, Inc. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Pension Benefits: Employees with five or more years of service are entitled to annual pension benefits beginning at normal retirement age (65) equal to the number of years of credited service earned as of the date they cease to accumulate credited years of service, multiplied by the dollar amount in effect at the time they cease to accumulate credited years of service. The Plan permits early retirement at the age of 62. If employees terminate with at least five years of service, accrued benefits with respect to the date of termination are vested.

Death and Disability Benefits: Following are the type of benefits paid for death and disability:

1. **Disability Retirement** - If an employee is totally and permanently disabled after 10 or more years of service, a basic disability benefit equal to the accrued normal retirement benefit is payable.
2. **Pre-Retirement Survivor Benefits (After Age 55)** - If an employee dies in service after meeting the eligibility conditions for early retirement, the dependent spouse receives the same benefit as if the employee had retired the day before the employee's death under the survivor option.
3. **Pre-Retirement Survivor Benefits (Before Age 55)** - If an employee dies after completing five years of service, the spouse shall receive a monthly benefit equal to the benefit the employee would have received if the employee had retired on the day prior to death with a 50% Joint and Survivor option election in effect. Benefits to the spouse will commence with the month following the date that the employee would have reached age 55.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The accompanying financial statements are prepared on the accrual basis of accounting.

NOTES TO FINANCIAL STATEMENTS—CONTINUED

GOUGLER INDUSTRIES, INC.

Third Amended and Restated Non-Union Employees Defined Benefit Pension Plan and Trust

June 30, 2010 and 2009

NOTE B—SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Estimates: The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition: If available, quoted market prices are used to value investments. Investments in common stocks, preferred stocks and mutual funds are valued at the quoted market price.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Actuarial Present Value of Accumulated Plan Benefits: Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present vested employees or their beneficiaries. Benefits under the Plan are based on employees' number of years of credited service. The accumulated plan benefits for active employees are based on their number of years of credited service ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances, retirement, death, disability, and termination of employment are included, to the extent they are deemed attributable to employee years of service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from the Summit Retirement Plan Services, Inc. and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant assumptions used in the valuations as of July 1, 2009 were (a) life expectancy of participants (the 1983 Group Annuity Mortality Table was used), (b) retirement age assumptions (the assumed age of retirement was 65) or completion of five years of service if later, but no later than age 65, and (c) investment return. The 2009 valuation includes an assumed average rate of return of 7.449%. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Payment of Benefits: Benefit payments to participants are recorded upon distribution.

NOTES TO FINANCIAL STATEMENTS – CONTINUED

GOUGLER INDUSTRIES, INC.

Third Amended and Restated Non-Union Employees Defined Benefit Pension Plan and Trust

June 30, 2010 and 2009

NOTE C – FUNDING POLICY

The Company's contribution policy is to contribute not less than the minimum required contribution as determined under the Internal Revenue Code and ERISA. The minimum required contribution before carryover balances was \$156,155 and \$171,158 for the Plan years ended June 30, 2010 and 2009. The Company elected to use carryover balances in lieu of a contribution for the Plan year ended June 30, 2009. The Company elected to use carryover balances for all but \$17,651 for the Plan year ended June 30, 2010. The Company met the minimum funding requirements of the Internal Revenue Code and ERISA for both years.

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

NOTE D – PLAN TERMINATION

As of the Plan Termination Date, retirement income accrued because of Participants' coverage hereunder shall be nonforfeitable. However, a Participant shall have recourse toward satisfaction of such nonforfeitable benefit only from the assets of this Plan or from the Pension Benefit Guaranty Corporation (PBGC), and not from the Company or any of its officers, employees or agents or from any of the fiduciaries under this Plan unless otherwise required by law. After any final expenses have been withdrawn from the Fund, the Company shall cause the amount withdrawn from the Fund to be allocated among the Participants and their Beneficiaries in accordance with Section 4044(a) of ERISA and regulations issued thereunder.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all Participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefits obligations, and may also depend on the financial condition of the Company and the level of benefits guaranteed by the PBGC.

NOTES TO FINANCIAL STATEMENTS—CONTINUED

GOUGLER INDUSTRIES, INC.

Third Amended and Restated Non-Union Employees Defined Benefit Pension Plan and Trust

June 30, 2010 and 2009

NOTE E—INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate at June 30, by the trustee.

	2010	2009
Investments at fair value:		
Cash and cash equivalents	\$ 205,450	\$ 701,031
Corporate bonds	223,639	364,521
U.S. government securities	1,801,567	1,717,805
Mutual funds	311,182	281,471
Common stocks	1,651,686	1,182,859
Preferred stocks	41,447	190,096
Accrued interest receivable	26,986	25,847
Interest	101,778	120,375
Dividends	75,829	70,749
Net appreciation (depreciation) in fair value of investments	158,023	(1,047,302)

NOTE F—TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated February 5, 2001 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTES TO FINANCIAL STATEMENTS—CONTINUED

GOUGLER INDUSTRIES, INC.

Third Amended and Restated Non-Union Employees Defined Benefit Pension Plan and Trust

June 30, 2010 and 2009

NOTE G— FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits.

		Fair Value Measurements at Reporting Date Using:		
		Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>June 30, 2010</u>	Fair Value			
Corporate bonds	\$ 223,639	\$ 223,639	\$ 0	\$ 0
U.S. government securities	1,801,567	1,801,567	0	0
Mutual funds	311,182	311,182	0	0
Common stocks	1,651,686	1,651,686	0	0
Preferred stocks	41,447	41,447	0	0
Total	<u>\$ 4,029,521</u>	<u>\$ 4,029,521</u>	<u>\$ 0</u>	<u>\$ 0</u>
<u>June 30, 2009</u>				
Corporate bonds	\$ 364,521	\$ 364,521	\$ 0	\$ 0
U.S. government securities	1,717,805	1,717,805	0	0
Mutual funds	281,471	281,471	0	0
Common stocks	1,182,859	1,182,859	0	0
Preferred stocks	190,096	190,096	0	0
Total	<u>\$ 3,736,752</u>	<u>\$ 3,736,752</u>	<u>\$ 0</u>	<u>\$ 0</u>

The Fair Value Measurements and Disclosures Topic of FASB Accounting Standards Codification, establishes a 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, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were used only when Level 1 or 2 inputs were not available.

Level 1 Fair Value Measurements

The fair values of common stock, preferred stock, corporate bonds and debentures, and U.S. government securities are based on quoted market prices.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

GOUGLER INDUSTRIES, INC.

Third Amended and Restated Non-Union Employees Defined Benefit Pension Plan and Trust

June 30, 2010 and 2009

NOTE G - FAIR VALUE MEASUREMENTS - CONTINUED

Investments: Investments in marketable securities with readily determinable fair values and all investments in debt securities are reported at their fair values in the statements of net assets available for benefits based upon closing price on the active market on which the individual securities are traded. Mutual funds are valued at the net asset value of shares held by the Plan at the end of its fiscal year. Unrealized gains and losses are included in the change in net assets available for benefits.

Level 2 Fair Value Measurements

Valuations based on quoted prices for similar assets and liabilities traded in the active markets; quoted prices for identical or similar instruments in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived from or corroborated by observable market data by correlation or other means.

Level 3 Fair Value Measurements

Valuations based on unobservable inputs which are significant to the fair value measurement.

There have not been any changes in the methodologies used as of June 30, 2010 and 2009.

NOTE H - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of the changes in net assets per the financial statements for the year ended June 30, 2010 to Schedule H of the Form 5500.

	Amounts per Financial Statements	Activity in Registered Investment Co.	Amounts per Schedule H of Form 5500
Dividend income	\$ 75,829	\$ (6,988)	\$ 68,841
Net gain (loss) on sale of assets	0	12,724	12,724
Other income	0	45,375	45,375
Unrealized appreciation (depreciation) of assets - other	0	68,587	68,587
Net investment gain (loss) from registered investment companies	158,023	(119,797)	38,226
Total administrative expenses	0	99	99

NOTES TO FINANCIAL STATEMENTS - CONTINUED

GOUGLER INDUSTRIES, INC.

Third Amended and Restated Non-Union Employees Defined Benefit Pension Plan and Trust

June 30, 2010 and 2009

NOTE H – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500 - CONTINUED

The interest and dividends earned by the mutual fund investment were, for financial statement purposes, reported as part of interest and dividends. They are reported as a portion of net investment gain (loss) from registered investment companies on Schedule H of the Form 5500.

All unrealized appreciation/depreciation of assets and gains/losses from sales of assets were reported as net appreciation in fair market value of investment for financial statement purposes and reported individually on Schedule H of the Form 5500.

NOTE I – INVESTMENTS

The following investments represent 5% or more of the Plan's net assets available for benefits at June 30:

	2010
U.S. Government Treasury Note, 08/15/13	\$ 219,766
U.S. Government Treasury Note, 11/15/10	253,975
U.S. Government FFCB, 12/12/13	222,250
U.S. Government FNMA, 10/15/11	264,298
	2009
Federated Government Obligations Fund	\$ 701,031
U.S. Government Treasury Note, 11/15/10	262,960
U.S. Government Treasury Note, 10/15/11	270,235

NOTE J – TRANSACTIONS WITH PARTIES-IN-INTEREST

The Plan does not consider the Company's contributions to the Plan to be party-in-interest transactions. The Company provides certain accounting, administrative, and investment management services to the Plan for which no fees are charged. The Company also paid all administrative expenses for the Plan in plan years ended June 30, 2010 and 2009, respectively.

NOTE K – RISKS AND UNCERTAINTIES

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

NOTES TO FINANCIAL STATEMENTS – CONTINUED

GOUGLER INDUSTRIES, INC.

Third Amended and Restated Non-Union Employees
Defined Benefit Pension Plan and Trust

June 30, 2010 and 2009

NOTE K – RISKS AND UNCERTAINTIES - CONTINUED

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE L – SUBSEQUENT EVENTS

On December 28, 2010, the Company made a contribution of \$117,117 for the plan year ending June 30, 2011.

Subsequent events were evaluated through February 9, 2011, which is the date of the financial statements were available to be issued.

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

GOUGLER INDUSTRIES, INC.

Third Amended and Restated Non-Union Employees

Defined Benefit Pension Plan and Trust

EIN: 34-1656244 Plan 001

June 30, 2010

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	Cost	Current Value
	U.S. Government	Federated Government Obligations	\$ 205,450	\$ 205,450
	U.S. Government	Treasury Note, 08/15/13, 4.25%, \$200,000	194,312	219,766
	U.S. Government	Treasury Note, 11/15/10, 4.5%, \$250,000	251,515	253,975
	U.S. Government	Treasury Note, 2/15/12, 4.875%, \$100,000	99,922	107,133
	U.S. Government	Treasury Note, 07/31/11, 5.0%, \$200,000	201,219	209,618
	U.S. Government	FFCB, 12/12/13, 4.75%, \$200,000	202,804	222,250
	U.S. Government	FHLMC MTN V-A, 06/15/15, 1.5%, \$100,000	100,000	100,824
	U.S. Government	FHLE, 10/22/10, 4.375%, \$150,000	149,925	151,875
	U.S. Government	FHLMC, 3/5/12, 4.750%, \$150,000	151,221	160,266
	U.S. Government	FNMA, 10/15/11, 5.0%, \$250,000	249,750	264,298
	U.S. Government	FNMA, 10/15/14, 4.625%, \$100,000	99,940	111,563
	Bank of America Corp	Corporate Bond, 03/15/19, 5.49%, \$70,000	70,000	67,691
	Prudential Financial	Corporate Bond, 6/15/17, 6.1%, \$50,000	50,810	53,251
	Verizon Communications	Corporate Bond, 2/15/11, 5.35%, \$100,000	105,300	102,697
	AT & T Inc.	Common Stock	40,361	36,043
	Waste Management Int'l.	Common Stock	40,968	38,487
	Chubb Corp.	Common Stock	41,638	40,008
	Spectra Energy Corp.	Common Stock	39,689	42,348
	Pfizer, Inc.	Common Stock	24,008	19,593
	Merck & Co., Inc.	Common Stock	43,872	40,565
	Abbott Labs	Common Stock	38,195	38,827
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	DuPont E I De Nemours & Co	Common Stock	35,889	52,404
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	Conocophillips	Common Stock	62,317	62,099
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	Cincinnati Financial Corp	Common Stock	58,019	61,183
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SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) CONTINUED

GOUGLER INDUSTRIES, INC.

Third Amended and Restated Non-Union Employees

Defined Benefit Pension Plan and Trust

EIN: 34-1656244 Plan 001

June 30, 2010

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	Intel Corp	Common Stock	46,983	62,143
	Int'l Business Machines Corp	Common Stock	45,240	62,975
	Microsoft Corp	Common Stock	33,199	36,586
	Dominion Resources Inc.	Common Stock	41,729	41,839
	Duke Energy Holding Corp	Common Stock	36,254	39,200
	Southern Company	Common Stock	61,240	65,894
	HCP Inc.	Real Estate Investment Trust	40,061	46,440
	Ishares	MCSI EAFE Index Fund	79,301	89,067
	Ishares	Russell Midcap Index Fund	87,995	114,211
	SPDR DJ Wilshire	Int'l Real Estate Exchange Traded Fund	39,131	47,690
	Vanguard	Emerging Markets Exchange Traded Fund	40,014	60,214
	Alabama Power Co	6.375% Prfd Stock, Notes Due 6/15/2046	41,531	41,447

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

GOUGLER INDUSTRIES, INC.
Third Amended and Restated Non-Union Employees
Defined Benefit Pension Plan and Trust

EIN: 34-1656244 Plan 001

June 30, 2010

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of loan)	(c) Purchase price	(d) Selling price	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
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There were no transactions to be reported for the plan year ended June 30, 2010

Plan Name: Gougler Industries, Inc. Non-Union Employees' Defined Benefit
 EIN: 34-1656244
 Plan Number: 001

Schedule SB, Line 26--Schedule of Active Participant Data																				
YEARS OF CREDITED SERVICE																				
Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up		
Attained Age	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 to 29	0		0		1		0		0		0		0		0		0		0	
30 to 34	0		2		1		0		0		0		0		0		0		0	
35 to 39	0		3		0		1		0		0		0		0		0		0	
40 to 44	0		2		0		0		0		0		0		0		0		0	
45 to 49	1		1		0		0		0		1		0		0		0		0	
50 to 54	0		1		1		0		0		1		0		0		0		0	
55 to 59	0		0		0		2		3		1		1		1		3		0	
60 to 64	0		1		0		1		0		0		1		0		0		0	
65 to 69	0		0		1		0		1		0		0		0		0		0	
70 & up	0		0		0		0		1		0		0		0		0		0	

GOUGLER INDUSTRIES, INC.
Plan Name: Gougler Industries, Inc. Non-Union Employees Defined Benefit Plan
Plan EIN: 34-1656244
Plan Number: 001

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

ACTUARIAL COST METHODS

Traditional Unit Credit

The actuarial cost method used in the valuation was the unit credit cost method.

The normal cost is the sum of all the individual normal costs for each participant. For active participants, the individual normal cost is the present value of the benefit earned during the year being valued. For active participants whose credited service equals or exceeds the plan maximum, if any, and for non-active participants, the normal cost is zero.

The actuarial accrued liability is the sum of the individual accrued liabilities for all participants. The individual accrued liability for an active participant is the present value of the accrued benefit as of the valuation date. The unfunded liability is the actuarial accrued liability less the valuation assets.

The total annual cost of the plan is the normal cost plus an amount to amortize the shortfall amount.

Projected Unit Credit

The actuarial cost method used in the development of the maximum contribution and the at-risk liabilities was the projected unit credit cost method.

Under this method, the normal cost is the sum of the individual normal costs for all participants. For an active participant, the individual normal cost is the present value at the current age of the projected benefit at the assumed retirement age, based on the actuarial assumptions, divided by the participant's expected years of credited service at that age. For a non-active participant, the normal cost is zero.

The actuarial accrued liability is the sum of the individual accrued liabilities for all plan participants. For an active participant, the individual accrued liability is the product of the normal cost and the total years of credited service at the current age. For non-active participants, the individual accrued liability is the present value at the current age of future benefits. The unfunded actuarial accrued liability equals the actuarial accrued liability less the valuation assets.

GOUGLER INDUSTRIES, INC.
Plan Name: Gougler Industries, Inc. Non-Union Employees Defined Benefit Plan
Plan EIN: 34-1656244
Plan Number: 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (Continued)

ACTUARIAL METHOD AND ASSUMPTIONS

A summary of the actuarial assumptions used in the valuation is presented below:

Valuation Assets - Market value.

Mandated Discount Rates

March 2009 Full Yield Curve

Plan's Effective Interest Rate: 7.449%

Financial Accounting Standards Board No. 35 Rates:

Mandated Discount Rates (above)

Salary Scale - Salary increases were not assumed in the valuation.

Taxable Wage Base Increase Assumption - Increases to the taxable wage base were not assumed.

Retirement Rates - Employees were assumed to retire at age 65.

Termination - T-4 LESS GA51M - Termination rates were assumed in the valuation. Employees were assumed to terminate in accordance with the rates shown below:

<u>Age</u>	<u>Males</u>	<u>Females</u>
20	0.0544	0.0544
25	0.0529	0.0529
30	0.0507	0.0507
35	0.0470	0.0470
40	0.0419	0.0419
45	0.0354	0.0354
50	0.0248	0.0248
55	0.0094	0.0094
60	0.0009	0.0009

GOUGLER INDUSTRIES, INC.**Plan Name: Gougler Industries, Inc. Non-Union Employees Defined Benefit Plan****Plan EIN: 34-1656244****Plan Number: 001****Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (Continued)**

Pre-retirement Mortality - IRS 2009 P.V. M Optional Combined Table and IRS 2009 P.V. F Optional Combined Table - Pre-retirement mortality was assumed in the valuation. Sample rates are as follows:

<u>Age</u>	<u>Males</u>	<u>Females</u>
20	0.0002	0.0001
25	0.0003	0.0001
30	0.0004	0.0002
35	0.0007	0.0004
40	0.0009	0.0005
45	0.0011	0.0008
50	0.0015	0.0011
55	0.0024	0.0023
60	0.0050	0.0046

Post-retirement Mortality - IRS 2009 P.V. M Optional Combined Table and IRS 2009 P.V. F Optional Combined Table - Post-retirement mortality was assumed in the valuation. Sample rates are as follows:

<u>Age</u>	<u>Males</u>	<u>Females</u>
65	0.0101	0.0089
70	0.0172	0.0152
75	0.0301	0.0246
80	0.0548	0.0410
85	0.0990	0.0703
90	0.1720	0.1255
95	0.2591	0.1884
100	0.3391	0.2337
105	0.3979	0.2931

Rates of Disablement - Hallman & Lorber Disability Table (Male) and Hallman & Lorber Disability Table (Femal - Rates of disablement were assumed. Sample rates are as follows:

<u>Age</u>	<u>Males</u>	<u>Females</u>
20	0.0003	0.0003
25	0.0003	0.0003
30	0.0003	0.0004
35	0.0004	0.0006
40	0.0008	0.0012
45	0.0016	0.0022
50	0.0033	0.0036
55	0.0069	0.0094
60	0.0115	0.0090

GOUGLER INDUSTRIES, INC.
Plan Name: Gougler Industries, Inc. Non-Union Employees Defined Benefit Plan
Plan EIN: 34-1656244
Plan Number: 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (Continued)

Post-Disablement Mortality - IRS 2009 P.V. M Optional Combined Table and IRS 2009 P.V. F Optional Combined Table - Post-disablement mortality was assumed in the valuation. Sample rates are as follows:

<u>Age</u>	<u>Males</u>	<u>Females</u>
65	0.0101	0.0089
70	0.0172	0.0152
75	0.0301	0.0246
80	0.0548	0.0410
85	0.0990	0.0703
90	0.1720	0.1255
95	0.2591	0.1884
100	0.3391	0.2337
105	0.3979	0.2931

Administrative Expenses - None assumed.

Percent Married - 0% of males and 0% of females were assumed to be married.

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

GOUGLER INDUSTRIES, INC.
Third Amended and Restated Non-Union Employees
Defined Benefit Pension Plan and Trust

EIN: 34-1656244 Plan 001

June 30, 2010

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of loan)	(c) Purchase price	(d) Selling price	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
--------------------------------------	--	-----------------------	----------------------	--	----------------------	--	------------------------------

There were no transactions to be reported for the plan year ended June 30, 2010

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning <u>07/01/2009</u> and ending <u>06/30/2010</u>		
► Round off amounts to nearest dollar.		
► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.		
A Name of plan GOUGLER INDUSTRIES, INC. NON-UNION EMPLOYEES DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GOUGLER INDUSTRIES, INC.	D Employer Identification Number (EIN) 34-1656244	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2009</u>			
2 Assets:			
a Market value.....	2a		4463630
b Actuarial value.....	2b		4909993
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	85	3969422
b For terminated vested participants	3b	53	518396
c For active participants:			
(1) Non-vested benefits.....	3c(1)		21725
(2) Vested benefits.....	3c(2)		711965
(3) Total active	3c(3)	33	733690
d Total.....	3d	171	5221508
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		7.45%
6 Target normal cost.....	6		27499

Statement by Enrolled Actuary	
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.	
SIGN HERE SETH H. PITASKY, EA, MAAA Signature of actuary SETH H. PITASKY, EA, MAAA Type or print name of actuary SUMMIT RETIREMENT PLAN SERVICES Firm name 13680 CLEVELAND AVENUE NW UNIONTOWN OH 44685 Address of the firm	2/24/2011 Date 0807321 Most recent enrollment number 330-644-2044 Telephone number (including area code)

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:			
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: % ☒ N/A, full yield curve used
b Applicable month (enter code)			21b
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	27499
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	662106	128656
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	34	156155
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	140540	0
36 Additional cash requirement (item 34 minus item 35)	36	15615
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	15855
38 Interest-adjusted excess contributions for current year (see instructions)	38	240
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

GOUGLER INDUSTRIES, INC.
Plan Name: Gougler Industries, Inc. Non-Union Employees Defined Benefit Plan
Plan EIN: 34-1656244
Plan Number: 001

Schedule SB, Part V - Summary of Plan Provisions

A summary of the major plan provisions used in the valuation is presented below:

Plan effective date: July 1, 1958.

Latest plan amendment: January 1, 2008.

Eligibility requirements: None.

Average compensation: The highest 5 consecutive years of pensionable earnings. In no event shall pensionable earnings exceed the limitation specified in Section 401(a)(17) of the Internal Revenue Code.

Accrued benefit: The accrued benefit is determined as follows:

times years of service, minimum \$288.00 times years of service.

Normal retirement eligibility: Upon the attainment of age 65.

Normal retirement benefit: Unreduced accrued benefit payable immediately.

Normal form of benefit:

Married members - A pension payable for life. Upon the death of the member, the surviving spouse will receive a 55.00% lifetime continuance of the pension.

Single members - A pension payable for life.

Early retirement eligibility: Upon the attainment of age 55 and completion of 10 years of service.

Early retirement benefit: The accrued benefit payable immediately without reduction for early commencement.

Disability retirement eligibility: None required.

Disability retirement benefit: The benefit accrued to date of disablement payable immediately without reduction for early commencement.

Death benefit eligibility: Upon death after completion of vesting eligibility criteria.

Death benefit: 55.000% of the accrued benefit unreduced for early commencement but reduced for form of payment. Said pension shall commence at normal retirement age.

Vesting eligibility: Accrued benefit is 100% vested upon completion of 5 years of service.

Vested benefit: The vested benefit is payable upon attainment of normal retirement age.

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

GOUGLER INDUSTRIES, INC.

Third Amended and Restated Non-Union Employees

Defined Benefit Pension Plan and Trust

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

GOUGLER INDUSTRIES, INC.

Third Amended and Restated Non-Union Employees

Defined Benefit Pension Plan and Trust

EIN: 34-1656244 Plan 001

June 30, 2010

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GOUGLER INDUSTRIES, INC.
Plan Name: Gougler Industries, Inc. Non-Union Employees Defined Benefit Plan
Plan EIN: 34-1656244
Plan Number: 001

Schedule SB, line 32 – Schedule of Amortization Bases

AMORTIZATION BASES UNDER SECTION 430 OF THE IRS CODE

Type of Base	Present Value of Remaining Installments	Valuation Date as of Which the Base was Established	Number of Years Remaining in the Amortization Period	Annual Amortization Installment
Shortfall base	\$662,106	01/01/2008	6	\$128,656

GOUGLER INDUSTRIES, INC.

Schedule SB, line 19 - Discounted Employer Contributions

Plan Name: Gougler Industries, Inc. Non-Union Employees Defined Benefit Plan

Plan EIN: 34-1656244

Plan Number: 001

Valuation Date:

7/1/2009

V. 19(c) Discounted Employer Contributions

2009 Plan Year			
<u>Date</u>	<u>Contribution Amount</u>	<u>Effective Interest Rate</u>	<u>Contribution Amount</u>
12/28/2010	17651	7.45%	\$ 15,855
Contributions Allocated Adjusted to Valuation Date			\$ 15,855

GOUGLER INDUSTRIES, INC.

Plan Name: Gougler Industries, Inc. Non-Union Employees Defined Benefit Plan

Plan EIN: 34-1656244

Plan Number: 001

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

Each participant is assumed to retire at age 65.