

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

Part I	Annual Report Identification Information		
For calendar plan year 2009 or fiscal plan year beginning <u>07/01/2009</u> and ending <u>06/30/2010</u>			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>THE INCORPORATED TRUSTEES OF THE GOSPEL WORKER SOCIETY EMPLOYEES' RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ►	<u>001</u>	
	1c Effective date of plan	<u>07/01/1974</u>	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>THE INCORPORATED TRUSTEES OF THE GOSPEL WORKER SOCIETY</u> <u>2000 BROOKPARK ROAD</u> <u>CLEVELAND, OH 44109-5812</u>	2b Employer Identification Number (EIN) <u>34-0766171</u>	2c Sponsor's telephone number <u>216-749-1428</u>	2d Business code (see instructions) <u>451211</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>04/14/2011</u>	<u>MARK AKERS</u>
	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

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") THE INCORPORATED TRUSTEES OF THE GOSPEL WORKER SOCIETY 2000 BROOKPARK ROAD CLEVELAND, OH 44109-5812	3b Administrator's EIN 34-0766171 3c Administrator's telephone number 216-749-1428
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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	118
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	55
b Retired or separated participants receiving benefits.....	6b	31
c Other retired or separated participants entitled to future benefits.....	6c	26
d Subtotal. Add lines 6a , 6b , and 6c	6d	112
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	4
f Total. Add lines 6d and 6e	6f	116
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	1
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:
 1A 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)	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	(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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>THE INCORPORATED TRUSTEES OF THE GOSPEL WORKER SOCIETY EMPLOYEES' RETIREMENT 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>THE INCORPORATED TRUSTEES OF THE GOSPEL WORKER SOCIETY</u>	D Employer Identification Number (EIN) <u>34-0766171</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>11709650</u>
b	Actuarial value 2b <u>11709650</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>35</u> <u>3810623</u>
b	For terminated vested participants 3b <u>25</u> <u>721147</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>257696</u>
(2)	Vested benefits 3c(2) <u>4498222</u>
(3)	Total active 3c(3) <u>58</u> <u>4755918</u>
d	Total 3d <u>118</u> <u>9287688</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>7.51</u> %
6	Target normal cost 6 <u>289003</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>04/05/2011</u>
Signature of actuary	Date
<u>AUDREY A. CERVAS</u>	<u>08-06430</u>
Type or print name of actuary	Most recent enrollment number
<u>TOWERS WATSON DELAWARE INC.</u>	<u>216-937-4000</u>
Firm name	Telephone number (including area code)
<u>1001 LAKESIDE AVENUE, SUITE 1900</u> <u>CLEVELAND, OH 44114-1172</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)	1604296	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8).....	1604296	0
10 Interest on item 9 using prior year's actual return of <u>-8.37</u> %	-134280	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		837281
b Interest on (a) using prior year's effective rate of <u>6.69</u> %		56014
c Total available at beginning of current plan year to add to prefunding balance		893295
d Portion of (c) to be added to prefunding balance.....		662942
12 Reduction in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	1470016	662942

Part III Funding percentages		
14 Funding target attainment percentage.....	14	103.11 %
15 Adjusted funding target attainment percentage.....	15	126.07 %
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	126.21 %
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
03/25/2010	100000		03/04/2011	250000	
05/06/2010	100000				
06/03/2010	100000				
06/28/2010	100000				
09/03/2010	100000				
10/01/2010	100000				
			Totals ►	18(b)	850000
				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
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 780140
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 4
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	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	
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	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment		
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	0
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	780140
38 Interest-adjusted excess contributions for current year (see instructions).....	38	780140
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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 THE INCORPORATED TRUSTEES OF THE GOSPEL WORKER SOCIETY EMPLOYEES' RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE INCORPORATED TRUSTEES OF THE GOSPEL WORKER SOCIETY		D Employer Identification Number (EIN) 34-0766171

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PNC INSTITUTIONAL INVESTMENTS
25-1211909

(b) Enter name and EIN or address of person who provided you disclosure 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)

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) 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
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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>		
A Name of plan THE INCORPORATED TRUSTEES OF THE GOSPEL WORKER SOCIETY EMPLOYEES' RETIREMENT PLAN	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 THE INCORPORATED TRUSTEES OF THE GOSPEL WORKER SOCIETY	D Employer Identification Number (EIN) <u>34-0766171</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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	500000	450000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	25311	27341
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	147103	317711
(2) U.S. Government securities	1c(2)	47566	37221
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2642898	2502181
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	8358516	10000036
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	11721394	13334490

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	11721394	13334490
---	-----------	----------	----------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	850000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		850000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	87	
(B) U.S. Government securities	2b(1)(B)	2619	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2706
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	45172	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	295423	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		340595
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	2566097	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2387330	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		178767

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	129316	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		129316
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		725425
c Other income.....	2c		6616
d Total income. Add all income amounts in column (b) and enter total.....	2d		2233425

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	620329	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		620329
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		620329

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1613096
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: BLANDA BECKER & COMPANY

(2) EIN: 34-1601475

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>THE INCORPORATED TRUSTEES OF THE GOSPEL WORKER SOCIETY EMPLOYEES' RETIREMENT 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>THE INCORPORATED TRUSTEES OF THE GOSPEL WORKER SOCIETY</u>	D Employer Identification Number (EIN) <u>34-0766171</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>34-6702847</u> <u>25-1211909</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
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(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): _____

THE INCORPORATED TRUSTEES OF THE GOSPEL WORKER SOCIETY
EMPLOYEE'S RETIREMENT PLAN
FINANCIAL REPORT
JUNE 30, 2010 AND 2009

THE INCORPORATED TRUSTEES OF THE GOSPEL WORKER SOCIETY
EMPLOYEES' RETIREMENT PLAN

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April 1, 2011

The Incorporated Trustees
of the Gospel Worker Society
The Plan Administrator of
Employee's Retirement Plan

We were engaged to audit the accompanying statements of net assets available for benefits of The Incorporated Trustees of the Gospel Worker Society Employee's Retirement Plan as of June 30, 2010 and 2009, and the related statement of changes in net assets available for benefits for the years then ended, and the financial schedules for the year ended June 30, 2010. 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 4, which was certified by PNC, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and financial 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.

The information disclosed in Note 7 "Accumulated Plan Benefits" was obtained from the Towers Watson actuary report dated July 1, 2009 and we did not perform any auditing procedures with respect to this summarized information.

Because of the significance of the information 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 generally accepted auditing standards 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.

Blanda Becker + Co. Inc.

Blanda Becker + Co., Inc.

THE INCORPORATED TRUSTEES OF THE GOSPEL WORKER SOCIETY

EMPLOYEES' RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

June 30, 2010 and 2009

ASSETS	<u>2010</u>	<u>2009</u>
INVESTMENTS, at fair value		
Short-term investments	\$ 317,711	\$ 147,103
Government and agency obligations	37,221	47,566
Mutual funds	10,000,036	8,358,516
Common stocks	<u>2,502,181</u>	<u>2,642,898</u>
Total investments	12,857,149	11,196,083
RECEIVABLES		
Employer's contributions	450,000	500,000
Accrued income	<u>27,341</u>	<u>25,311</u>
	477,341	525,311
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 13,334,490</u>	<u>\$ 11,721,394</u>

The accompanying notes are an integral part of these financial statements

THE INCORPORATED TRUSTEES OF THE GOSPEL WORKER SOCIETY

EMPLOYEES' RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended June 30, 2010 and 2009

	<u>2010</u>	<u>2009</u>
ADDITIONS TO NET ASSETS		
Contributions - employer	\$ 850,000	\$ 900,000
Gain on sale of investments	178,767	-
Interest and dividends received	343,301	390,362
Unrealized appreciation	854,741	-
Miscellaneous	<u>6,616</u>	<u>182</u>
TOTAL ADDITIONS	2,233,425	1,290,544
DEDUCTIONS		
Retirement benefits paid to participants	620,329	583,244
Loss on sale of investments	-	1,012,819
Unrealized depreciation	<u>-</u>	<u>392,776</u>
TOTAL DEDUCTIONS	620,329	1,988,839
NET INCREASE (DECREASE)	1,613,096	(698,295)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>11,721,394</u>	<u>12,419,689</u>
End of year	<u>\$ 13,334,490</u>	<u>\$ 11,721,394</u>

The accompanying notes are an integral part of these financial statements

THE INCORPORATED TRUSTEES OF THE GOSPEL WORKER SOCIETY

EMPLOYEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan

The following brief description of The Incorporated Trustees of the Gospel Worker Society Employee's Retirement Plan (Plan) is provided for general information purpose only. Participants should refer to the Plan agreement for more complete information.

A. General

The Plan is a defined benefit pension plan covering substantially all employees of The Incorporated Gospel Worker Society. It is subject to the provision of the Employee Retirement Income Security Act of 1974 (ERISA).

B. Eligibility to participate

Employees participate in the Plan on July 1 following completion of one year of service, attainment of age 21 and completion of 1,000 hours of service in a twelve month period measured from an individual employee's date of hire or the first day of any Plan year thereafter.

C. Pension benefits

Employees with one or more years of service are entitled to monthly pension benefits beginning at normal retirement age (65) equal to 2.5% of average monthly compensation plus 2.7% of average monthly compensation in excess of social security compensation times years of service to a maximum of 35 years. There are minimum retirement monthly benefits of \$13.50 times years of service (maximum 35 years) and the benefit as computed under the formula in effect prior to July 1, 1997, for service to June 30, 1997. The maximum benefit is the lesser of the Internal Revenue Code Section 415 dollar limit and 100% of average compensation for the highest three years. The average monthly compensation is the average monthly pay for the highest five consecutive years in the ten years preceding retirement. Monthly compensation cannot exceed \$20,417 starting July 1, 2009. Social Security Covered Compensation is expressed as a monthly amount and equals one-twelfth of the 35-year average of taxable wages ending in the year of Social Security Normal Retirement.

The Plan permits early retirement at age 60 for those employees with at least 15 years of service. Such employees may elect a deferred benefit commencing at their normal retirement date, computed by multiplying the normal retirement benefit by a ratio of completed service at early retirement to total possible service to age 65, further reduced actuarially for early commencement.

Employees with five or more years of service, regardless of age, are eligible for a vested deferred retirement benefit that equals 100% of the early retirement benefit described above. If an employee terminates before rendering five years of service, he forfeits the right to receive any portion of his accumulated Plan benefits.

THE INCORPORATED TRUSTEES OF THE GOSPEL WORKER SOCIETY

EMPLOYEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan (continued)

D. Death and disability benefits

If an active participant dies subsequent to becoming eligible for early retirement, but prior to retirement, his beneficiary would receive 75% of the participant's accrued early retirement benefits payable in monthly income or a lump sum. If the participant has a surviving spouse, however, the spouse would receive the benefit in Pre-Retirement Death Benefit (vested), if of greater value. If an employee or former employee dies subsequent to becoming eligible for vested benefits but prior to retirement, his beneficiary would receive 50% of the participant's accrued early retirement benefits payable in monthly income or a lump sum. Active employees with 15 or more years of service who become totally disabled will receive monthly disability benefits that are equal to the early retirement benefits described in [C] above without actuarial reduction. Disability benefits are paid until death or recovery from total disability. Evidence of continued eligibility may be requested by the Retirement Committee.

E. Contributions

Annual contributions are made at the discretion of the Plan Administrator in an amount that is within the range of minimum and maximum tax deductible limits. These amounts are determined by independent consulting actuaries in order to provide sufficient assets to meet the benefits to ultimately be paid to Plan participants. The determination of such amounts by the actuaries is based upon current market interest rates, compensation increases rate (4.0%), mortality and turnover experience, and retirement at normal retirement age (65).

F. Plan termination

In the event the Plan terminates, the net assets of the Plan shall be allocated among the participants of the Plan in accordance with provisions of Section 4044 of Employee Retirement Income Security Act of 1974 (ERISA), as amended, and the benefits of such participants shall be fully vested and non-forfeitable to the extent funded following such allocation.

Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participant's benefits. Whether a particular participant's accumulated plan benefit will be paid depends on both the priority of these benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at the time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may be provided for at all.

THE INCORPORATED TRUSTEES OF THE GOSPEL WORKER SOCIETY

EMPLOYEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 2. Summary of Significant Accounting Policies

A. Date of Management's Review

Subsequent events were evaluated through April 1, 2011, which is the date the financial statements were available to be issued.

B. Basis of Accounting

The accompanying statements are prepared on the accrual basis of accounting.

C. 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.

D. Investment Valuation and Income Recognition

Investments are reported at fair market 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 fair values of common stock, most corporate bonds, and U.S. government securities are based on quoted market prices.

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

E. Expenses of the Plan

All administrative and trustee expenses are paid by the Company.

F. Payment of Benefits

Benefit payments to participants are recorded upon distribution.

THE INCORPORATED TRUSTEES OF THE GOSPEL WORKER SOCIETY

EMPLOYEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 2. Summary of Significant Accounting Policies (continued)

G. Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value accumulated plan benefits for determining cash contributions is determined by Towers Watson, Plan actuaries, and results from applying actuarial assumptions to reflect the probability of payment (by means of decrements such as for death, disability, withdrawals or retirements) and the time value of money (through discounts for interest) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of July 1, 2009 and 2008 were [a] life expectancy of participants (2009 and 2008 the 1994 Group Annuity Mortality Table for male and female projected to 2002), [b] disability assumptions (2009 and 2008, the Watson Wyatt 1985 Disability Study Class I male and female), [c] retirement age assumptions (the assumed average retirement age was 65), [d] investment return (assumed average rate of return 6.5%) and [e] salary scale (4% compounded annually). The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Different actuarial assumptions and other factors would be applicable in determining the actuarial present value of accumulated plan benefits if the Plan is terminated.

Note 3. Fair Value Measurements

The Plan's investments are reported at fair market value in the accompanying statement of net assets available for benefits. The methods used to measure fair value, may produce an amount that may not be indicative of net realizable value or reflective of future market 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 determine the fair value of certain financial instruments could result in different fair value measurement at the reporting date.

The fair value measurements authoritative literature established a fair value hierarchy that prioritizes 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 have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. The Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value.

Level 1 Fair Value Measurements

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

THE INCORPORATED TRUSTEES OF THE GOSPEL WORKER SOCIETY

EMPLOYEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 4. Investments

The Plan's investments are held by the bank-administered trust fund. Investments that represent 5% or more of the Plan's net assets are as follows:

	<u>June 30, 2010</u>		<u>June 30, 2009</u>	
	<u>Shares/ Face Value Cost</u>	<u>Current Value</u>	<u>Shares/ Face Value Cost</u>	<u>Current Value</u>
PNC International Equity Fund	\$ 1,087,930	\$ 911,898	\$ 1,712,401	\$ 1,304,190
PNC Bond Fund Class I	\$ 8,126,256	\$ 8,495,581	\$ 6,318,963	\$ 6,297,434
PNC Small Cap Core Fund			\$ 976,432	\$ 756,892

The Allegiant Funds changed names in 2010 to reflect PNC ownership.

THE INCORPORATED TRUSTEES OF THE GOSPEL WORKER SOCIETY

EMPLOYEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 5. Information Prepared and Certified By Trustee

PNC, Trustee of the Plan, holds the Plan's investment assets and executes transactions therein. Financial information relating to those assets is included in the accompanying financial statements and schedules based on information that has been prepared and certified by the Trustee. The information, which has not been audited by us as independent accountants, is summarized below:

	<u>June 30, 2010</u>		<u>June 30, 2009</u>	
	<u>Current</u>		<u>Current</u>	
Investments:	<u>Value</u>	<u>Cost</u>	<u>Value</u>	<u>Cost</u>
Short-term investments including money market funds	\$ 317,711	\$ 317,711	\$ 147,103	\$ 147,103
Government and agency obligations	\$ 37,221	\$ 34,266	\$ 47,566	\$ 44,435
Mutual funds	\$ 10,000,036	\$ 9,843,378	\$ 8,358,516	\$ 9,007,796
Common stocks	\$ 2,502,181	\$ 2,406,245	\$ 2,642,898	\$ 2,676,435
Accrued income	\$ 27,341	\$ 27,341	\$ 25,311	\$ 25,311

Items not audited which occasioned changes in net assets include the following:

	<u>2010</u>	<u>2009</u>
Net appreciation (depreciation) in fair value of investments (government, agency obligations, and stocks)	\$ 854,741	\$ (392,776)
Interest and dividends received	343,301	390,362
Gain (loss) on sale of investments	178,767	(1,012,819)
Miscellaneous - net	<u>6,616</u>	<u>182</u>
	\$ 1,383,425	\$ (1,015,051)

THE INCORPORATED TRUSTEES OF THE GOSPEL WORKER SOCIETY

EMPLOYEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 6. Income Tax Status

The Internal Revenue Service has ruled that the Plan qualifies under Section 401 and the related Trust qualifies under Section 501(a) of the Internal Revenue Code (IRC) and is, therefore, not subject to tax. The plan was amended June 30, 1997 and approved by the Internal Revenue Service. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The plan administrator is not aware of any course of action or series of events that might adversely affect the Plan's qualified status. Participants are not subject to federal income taxes on the contributions of the Company, or any gains or income earned by Plan assets. However, plan benefits received are taxable to them. The plan had minor amendments made in January 2007. A favorable determination letter from the Internal Revenue Service was received in March 2008.

Note 7. Funding Policy

The Company's funding policy is to make not less than the ERISA minimum annual contributions to the Plan in amounts sufficient to fund the Plan's normal service cost on a current basis plus the amount required to amortize the unfunded actuarial liability based on ERISA requirement amortization period.

THE INCORPORATED TRUSTEES OF THE GOSPEL WORKER SOCIETY

EMPLOYEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 8. Accumulated plan benefits

The accumulated plan benefit information as of the beginning of the plan year is as follows:

	<u>2009</u>	<u>2008</u>
Actuarial present value of accumulated plan benefits		
Vested benefits:		
Participants currently receiving payments	\$ 3,977,584	\$ 3,663,901
Other participants	<u>5,891,586</u>	<u>5,900,512</u>
	9,869,170	9,564,413
Non-vested benefits	<u>233,144</u>	<u>210,537</u>
	<u>\$ 10,102,314</u>	<u>\$ 9,774,950</u>

The changes in accumulated plan benefits comprise the following:

Actuarial present value of accumulated benefits on July 1, 2008	<u>\$ 9,774,950</u>
Increase(decrease) in plan year due to:	
Benefits Accumulated	392,775
Decrease in discount period	641,947
Benefits paid	(583,244)
Actuarial gains and losses	<u>(124,114)</u>
Actuarial present value of accumulated benefits on July 1, 2009	<u>\$ 10,102,314</u>

Note 9. 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 change could materially affect the amounts reported in the statement of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the 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.

THE INCORPORATED TRUSTEES OF THE GOSPEL WORKER SOCIETY

EMPLOYEES' RETIREMENT PLAN

EMPLOYER NO. 34-0766171

Plan No. 001

June 30, 2010

<u>Identity of Party</u>	<u>Description of Investment</u>	<u>Cost</u>	<u>Current Value</u>
<u>UNITED STATES TREASURY AND GOVERNMENT AGENCY SECURITIES</u>			
Federal National Mortgage Association			
GTD MTG - 7.00% due September 1, 2015		\$ 1,106	\$ 1,167
Federal National Mortgage Association			
GTD MTG - 7.00% due June 1, 2031		6,120	6,775
GNMA GTD Pass-thru CTF Pool - 7.0%			
due May 15, 2023		<u>27,020</u>	<u>29,279</u>
		<u>\$ 34,246</u>	<u>\$ 37,221</u>

FORM 5500, SCHEDULE H, PART I, LINE 1C(1) INVESTMENTS

* PNC Prime Money Market Fund discretionary	\$ 317,711	\$ 317,711
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* represents a party-in-interest

THE INCORPORATED TRUSTEES OF THE GOSPEL WORKER SOCIETY

EMPLOYEES' RETIREMENT PLAN

EMPLOYER NO. 34-0766171

Plan No. 001

June 30, 2010

<u>Identity of party</u>	<u>Description of investment</u>	<u>Cost</u>	<u>Current Value</u>
<u>MUTUAL FUNDS</u>			
PNC International Equity Fund		\$ 1,087,930	\$ 911,898
PNC Bond Fund Class I		\$ 8,126,256	\$ 8,495,581
PNC Small Cap Core Fund		\$ 629,192	\$ 592,557
		\$ 9,843,378	\$ 10,000,036

FORM 5500, SCHEDULE H, PART 1, LINE 1B(3) INVESTMENTS

Accrued income	\$ 27,341	\$ 27,341
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THE INCORPORATED TRUSTEES OF THE GOSPEL WORKER SOCIETY

EMPLOYEES' RETIREMENT PLAN

EMPLOYER NO. 34-0766171

Plan No. 001

FORM 5500, SCHEDULE H, PART I, LINE 1C4(B) INVESTMENTS

		<u>June 30, 2010</u>		
629	Allergan Inc	\$	28,419	\$ 36,646
225	Amazon		26,797	24,583
969	American Electric Power		32,361	31,299
646	American Express		26,784	25,646
699	Ameriprise Financial		26,906	25,255
1492	Amerisource Bergen		42,336	47,371
358	Amgen		22,353	18,831
568	Apache Corporation		49,825	47,820
410	Apple Inc		44,474	103,127
1,397	AT&T Inc		34,337	33,793
2,303	Bank of America		38,046	33,094
969	Broadcom Corp		25,675	31,948
995	Capital One Financial		42,933	40,098
1,115	Celanese Corp		24,802	27,775
860	CenturyLink		29,164	28,647
568	Chubb Corp		23,360	28,406
1,891	Cisco Sys Inc		42,085	40,297
10,180	Citigroup		43,313	38,277
970	Coach		26,259	35,453
690	Cooper Industries PLC		28,990	30,360
170	Core Laboratories		23,112	25,094
	Totals forward	\$	682,331	\$ 753,820

THE INCORPORATED TRUSTEES OF THE GOSPEL WORKER SOCIETY

EMPLOYEES' RETIREMENT PLAN

EMPLOYER NO. 34-0766171

Plan No. 001

FORM 5500, SCHEDULE H, PART I, LINE 1C4(B) INVESTMENTS

		<u>June 30, 2010</u>			
Totals forward		\$	682,331	\$	753,820
830	Covidien PLC		40,036		33,349
603	Cummins		31,729		39,273
655	Dolby Laboratories Inc		24,118		41,062
747	Dollar Tree		22,073		31,098
2,105	EMC Corp		35,946		38,521
566	Emerson Electric		27,178		24,729
570	Equity Residential		25,810		23,735
1,170	Exxon Mobil Corp		85,169		66,772
2,271	Ford Motor Company		26,915		22,892
2,434	General Electric		41,247		35,098
1,310	General Mills Inc		42,086		46,531
114	Google Inc		50,219		50,724
950	The Hershey Company		45,593		45,533
420	Hess Corporation		26,100		21,143
680	Hewlett-Packard		32,441		29,430
1,554	Intel Corp		25,436		30,225
410	International Business Machs Corp		44,521		50,627
1,812	JP Morgan Chase & Co		60,018		66,337
568	Johnson & Johnson		35,533		33,546
1,389	Johnson Controls		34,470		37,322
1,480	Limited Brands		37,002		32,664
Totals forward		\$	1,475,971	\$	1,554,431

THE INCORPORATED TRUSTEES OF THE GOSPEL WORKER SOCIETY

EMPLOYEES' RETIREMENT PLAN

EMPLOYER NO. 34-0766171

Plan No. 001

FORM 5500, SCHEDULE H, PART I, LINE 1C4(B) INVESTMENTS

		<u>June 30, 2010</u>			
Totals forward		\$	1,475,971	\$	1,554,431
1,720	Mattel Inc		37,243		36,395
707	Merck & Co		26,519		24,724
568	Metlife Inc		20,411		21,448
2,637	Microsoft Corp		66,522		60,677
629	Occidental Pete Corp		38,103		48,527
2,113	Oracle Corp		41,963		45,345
421	PPG Industries Inc		26,772		25,433
453	Parker Hannifin Corp		26,561		25,123
821	Pepsico Inc		47,650		50,040
2,497	Pzifer Inc		40,523		35,607
568	T. Rowe Price		24,225		25,214
1,057	Proctor & Gamble		60,867		63,399
681	Rockwell Automation		28,291		33,430
568	Ross Stores Inc		22,995		30,269
358	Schlumberger Ltd		27,061		19,812
452	Shire PLC		30,160		27,744
611	JM Smucker		38,151		36,794
1,140	Starbucks		31,639		27,702
507	3M Company		36,003		40,048
579	Union Pacific Corp		43,083		40,246
594	United Technologies Corp		<u>34,268</u>		<u>38,557</u>
Totals forward		\$	2,224,981	\$	2,310,965

THE INCORPORATED TRUSTEES OF THE GOSPEL WORKER SOCIETY

EMPLOYEES' RETIREMENT PLAN

EMPLOYER NO. 34-0766171

Plan No. 001

FORM 5500, SCHEDULE H, PART I, LINE 1C4(B) INVESTMENTS

June 30, 2010

Totals forward		\$ 2,224,981	\$ 2,310,965
1,162	Unitedhealth Group Inc	31,327	33,001
978	Viacom Inc Class B	22,592	30,680
838	Wal Mart Stores Inc	46,657	40,283
1,781	Wells Fargo & Co	47,291	45,594
821	Wisconsin Energy Corp	<u>33,397</u>	<u>41,658</u>
		<u>\$ 2,406,245</u>	<u>\$ 2,502,181</u>

THE INCORPORATED TRUSTEES OF THE GOSPEL WORKER SOCIETY

EMPLOYEES' RETIREMENT PLAN

EMPLOYER NO. 34-0766171

Plan No. 001

FORM 5500, SCHEDULE H, PART IV, LINE 4(J) REPORTABLE TRANSACTIONS

June 30, 2010

INDIVIDUAL SECURITY TRANSACTIONS IN EXCESS OF 5% OF THE CURRENT VALUE
OF PLAN ASSETS

5% of total value of Plan assets	\$	642,857
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THERE ARE NO REPORTABLE TRANSACTIONS.

PNC reported an aggregate purchase of \$ 2,030,063 and redemption of \$ 1,821,075 with the PNC Prime Money Market Fund for the 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 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 The Incorporated Trustees of the Gospel Worker Society Employees'	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 The Incorporated Trustees of the Gospel Worker Society	D Employer Identification Number (EIN) 34-0766171
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>7</u> Day <u>1</u> Year <u>2009</u>		
2	Assets:		
	a Market value	2a	11,709,650
	b Actuarial value	2b	11,709,650
3	Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a	3,810,623
	b For terminated vested participants	3b	721,147
	c For active participants:		
	(1) Non-vested benefits	3c(1)	257,696
	(2) Vested benefits	3c(2)	4,498,222
	(3) Total active	3c(3)	4,755,918
	d Total	3d	9,287,688
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	7.51 %
6	Target normal cost	6	289,003

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	Audrey A. Cervas <i>aa</i> Signature of actuary Audrey A. Cervas Type or print name of actuary Towers Watson Delaware Inc. Firm name 1001 Lakeside Avenue, Suite 1900 Cleveland OH 44114-1172 Address of the firm 04/05/2011 Date 08-06430 Most recent enrollment number (216) 937-4000 Telephone number (including area code)
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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 ☐

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)	1,604,296	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	1,604,296	0
10	Interest on item 9 using prior year's actual return of <u>8.37</u> %	(134,280)	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		837,281
b	Interest on (a) using prior year's effective rate of <u>6.69</u> %		56,022
c	Total available at beginning of current plan year to add to prefunding balance		893,303
d	Portion of (c) to be added to prefunding balance.....		662,942
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	1,470,016	662,942

Part III Funding percentages			
14	Funding target attainment percentage.....	14	103.11 %
15	Adjusted funding target attainment percentage.....	15	126.07 %
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	126.21 %
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
03/25/2010	100,000		03/04/2011	250,000	
05/06/2010	100,000				
06/03/2010	100,000				
06/28/2010	100,000				
09/03/2010	100,000				
10/01/2010	100,000				
			Totals ►	18(b)	850,000
				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	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	780,140

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 4
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		
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29		
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 0		
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	0		0
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33).....	34 0		
	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0
36 Additional cash requirement (item 34 minus item 35).....	36 0		
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37 780,140		
38 Interest-adjusted excess contributions for current year (see instructions).....	38 780,140		
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 SB ATTACHMENTS

Statement by Enrolled Actuary

Plan Sponsor	The Incorporated Trustees of the Gospel Workers Society
EIN/PN	34-0766171/001
Plan Name	The Incorporated Trustees of The Gospel Worker Society Employees' Retirement Plan
Valuation Date	July 1, 2009
Enrolled Actuary	Audrey A. Cervas
Enrollment Number	08-06430

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

Plan Name:	The Incorporated Trustees of The Gospel Worker Society Employees' Retirement Plan
EIN / PN:	34-0766171 / 001
Plan Sponsor:	The Incorporated Trustees of the Gospel Workers Society
Valuation Date:	July 1, 2009

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SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of July 1, 2009

See Schedule SB, Part V for retirement rates. It is assumed that participants will retire upon becoming eligible for normal retirement (age 65) or current age if later.

Plan Name: The Incorporated Trustees of The Gospel Worker Society Employees' Retirement Plan
EIN / PN: 34-0766171 / 001
Plan Sponsor: The Incorporated Trustees of the Gospel Workers Society
Valuation Date: July 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions and Methods

Plan Sponsor

The Incorporated Trustees of the Gospel Workers Society

EIN/PN

34-0766171/001

Discount Rates

Current plan year PPA effective interest rate: 7.51%

Full Yield Curve: March

Assumed Cost of Living Adjustments

None.

Inclusion Date

The valuation date coincident with or next following the date on which the employee becomes a participant.

Administrative Expenses

None.

Mortality

For target liability, the prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.

Retirement

It is assumed that participants will retire upon becoming eligible for normal retirement (age 65) or current age if later.

Plan Name: The Incorporated Trustees of The Gospel Worker Society Employees' Retirement Plan
EIN / PN: 34-0766171 / 001
Plan Sponsor: The Incorporated Trustees of the Gospel Workers Society
Valuation Date: July 1, 2009

SCHEDULE SB ATTACHMENTS

Disability Rates

Wyatt 1985 Disability Study Class 1 male and female rates.

Disability Mortality

1985 Pension Disability Mortality for males and females.

Compensation Increases

Future compensation will increase at the rate of 4.00% per year, compounded annually.

Future Increases in Social Security

3.50% annual increases in the national average wage index are assumed.

Future Increases in Maximum Benefits and Plan Compensation Limitations

It is assumed that maximum benefit and plan compensation limitations under the Internal Revenue Code will not increase in the future.

Representative Termination Rates

Percentage leaving during the year		
Attained Age	Males	Females
20	14.95%	24.96%
25	9.94	14.95
30	6.91	9.94
35	4.88	6.91
40	2.82	4.88
45	1.67	2.82
50	0.40	1.67
55	0.00	0.40
60 and over	0.00	0.00

Plan Name: The Incorporated Trustees of The Gospel Worker Society Employees' Retirement Plan
EIN / PN: 34-0766171 / 001
Plan Sponsor: The Incorporated Trustees of the Gospel Workers Society
Valuation Date: July 1, 2009

SCHEDULE SB ATTACHMENTS

Form of Payment

Participants are assumed to elect the single life form.

Marriage

85% of male and 50% of female participants are assumed to be married. In addition, male spouses are assumed to be three years older than female spouses.

Employees

It was assumed there will be no new or rehired employees.

Plan Compensation

Compensation assumed paid in the current year beginning on the valuation date is the prior year's compensation rolled forward by the salary increase assumption.

Asset Method

Under this method, valuation assets are equal to the market value of assets as of the valuation date plus the discounted present value of contributions expected to be made after the valuation date based on the prior plan year PPA effective interest rate.

Participant Data

Employee data was supplied by a printout as of the valuation date. Data on other participants was supplied by the Incorporated Trustees of the Gospel Worker Society.

Tax Policy

The actuarial valuation performed for the plan year ending June 30, 2010 is used to determine the maximum deductible contribution for the tax year ending June 30, 2010.

Benefits not Included in Valuation

None.

Plan Name: The Incorporated Trustees of The Gospel Worker Society Employees' Retirement Plan
EIN / PN: 34-0766171 / 001
Plan Sponsor: The Incorporated Trustees of the Gospel Workers Society
Valuation Date: July 1, 2009

SCHEDULE SB ATTACHMENTS

PBGC Premium Funding Target

For purposes of determining the PBGC Premium Funding Target, the Standard Premium Funding Target was determined using the assumptions described above, except the 3-segment interest rates for June 2008 were used instead of the above interest assumption.

Nature of Actuarial Calculations

The results documented in this report are estimates based on data that may be imperfect and on assumptions about future events. Certain plan provisions may be approximated or deemed insignificant and therefore are not valued. Assumptions may be made about participant data or other factors. Reasonable efforts were made in this valuation to ensure that items that are significant in the context of the actuarial liabilities or costs are treated appropriately, and not excluded or included inappropriately. A range of results, different from those presented in this report could be considered reasonable. The numbers are not rounded, but this is for convenience only and should not imply precision, which is not inherent in actuarial calculations.

The assumptions selected for this valuation other than those prescribed by law, generally reflect long-term average expectations. If overall future plan experience is less favorable than assumed, the relative level of plan costs or contribution requirements determined in this valuation will likely increase in future valuations. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for the measurements (such as the end of an amortization period); and changes in plan provisions or applicable law. It is beyond the scope of this actuarial valuation to analyze the potential range of future pension contributions, but we can do so upon request.

Plan Name: The Incorporated Trustees of The Gospel Worker Society Employees' Retirement Plan
EIN / PN: 34-0766171 / 001
Plan Sponsor: The Incorporated Trustees of the Gospel Workers Society
Valuation Date: July 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Principal Plan Provisions

Plan Sponsor

The Incorporated Trustees of the Gospel Worker Society.

Effective Date and Most Recent Amendment

July 1, 1974 (as most recently amended effective July 1, 2006).

Plan Year

The twelve-month period ending June 30, 2010.

Eligibility for Participation

All employees after completing one year of service and attaining age 21.

Credited Service

One year is credited for each plan year in which at least 1,000 hours are completed. In the year of termination, fractional service is granted.

Vesting Service

One year is credited for each plan year in which at least 1,000 hours are completed.

Final Average Compensation

Average Monthly Compensation is the average monthly pay for the highest five consecutive years in the ten years preceding retirement. Monthly Compensation cannot exceed \$20,417 starting July 1, 2009.

Normal Retirement Benefit

Eligibility: Later of age 65 and fifth anniversary of participation.

Benefit: Monthly Benefit Amount – (a) 2.5% of Average Monthly Compensation not greater than Social Security Covered Compensation plus (b) 2.7% of Average Monthly Compensation in excess of Social Security Covered Compensation times (c) years of service to a maximum of 35 years.

Plan Name: The Incorporated Trustees of The Gospel Worker Society Employees' Retirement Plan
EIN / PN: 34-0766171 / 001
Plan Sponsor: The Incorporated Trustees of the Gospel Workers Society
Valuation Date: July 1, 2009

SCHEDULE SB ATTACHMENTS

There are minimum retirement monthly benefits of \$13.50 times years of service (maximum 35 years) and the benefit as computed under the formula in effect prior to July 1, 1997 for service to June 30, 1997.

Maximum benefit is the lesser of the IRC Section 415 dollar limit and 100% of average compensation for high 3 years.

Social Security Covered Compensation is expressed as a monthly amount and equals one-twelfth of the 35-year average of taxable wages ending in the year of Social Security Normal Retirement.

Early Retirement Benefit

Eligibility: Age 60 with at least 15 years of service.

Benefit: Monthly Benefit Amount – Accrued benefit calculated as in Normal Retirement Benefit above multiplied by a ratio of completed service at early retirement to total possible service to age 65, further reduced actuarially for early commencement. The early commencement reduction factors are summarized below:

Age	Factor
60	.6458
61	.7023
62	.7650
63	.8348
64	.9128

Disability Benefit

Eligibility: Any age but with 15 years of service.

Benefit shall be calculated in the manner described in Early Retirement Benefit above without actuarial reduction.

Termination Benefit

Vesting: Any age with at least 5 years of service.

Termination Benefit: Accrued benefit calculated as in Normal Retirement Benefit above multiplied by a ratio of completed service at termination to total possible service to age 65, further reduced actuarially if commencement is earlier than normal.

Plan Name: The Incorporated Trustees of The Gospel Worker Society Employees' Retirement Plan
EIN / PN: 34-0766171 / 001
Plan Sponsor: The Incorporated Trustees of the Gospel Workers Society
Valuation Date: July 1, 2009

SCHEDULE SB ATTACHMENTS

Pre-Retirement Death Benefit (Early Retirement)

If an active participant dies subsequent to becoming eligible for early retirement but prior to retirement, his beneficiary would receive 75% of the participant's accrued early retirement benefits payable in monthly income or a lump sum. If the participant has a surviving spouse, however, the spouse would receive the benefit in Pre-Retirement Death Benefit (Vested), if of greater value.

Pre-Retirement Death Benefit (Vested)

If an employee or former employee dies subsequent to becoming eligible for vested benefits, but prior to retirement, his spouse would receive 50% of the participant's actuarially adjusted accrued retirement benefits payable in monthly income.

Optional Forms of Payment

The normal form of payment is a Single Life Option or an actuarially reduced 50% Joint & Survivor Option for a married employee. Optional forms of payment are the following actuarial equivalent forms of payment:

- i) 50%, 75%, 100% Joint & Survivor.
- ii) 5, 10 or 15 year certain and continuous.
- iii) Cash refund annuity.

Changes in Plan Provisions since Last Actuarial Valuation

None.

Plan Name: The Incorporated Trustees of The Gospel Worker Society Employees' Retirement Plan
EIN / PN: 34-0766171 / 001
Plan Sponsor: The Incorporated Trustees of the Gospel Workers Society
Valuation Date: July 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25 Change in Method

As permitted by regulations, the full yield curve was changed from using June to using March for discounting projected cash flows. This change was automatically approved.

Plan Name: The Incorporated Trustees of The Gospel Worker Society Employees' Retirement Plan
EIN / PN: 34-0766171 / 001
Plan Sponsor: The Incorporated Trustees of the Gospel Workers Society
Valuation Date: July 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 **Schedule of Active Participant Data as of July 1, 2009**

Attained Age		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 & Over		
		No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	
Under 25	0		2		0		0		0		0		0		0		0		0		0	
25 - 29	0		0		1		0		0		0		0		0		0		0		0	
30 - 34	0		0		0		0		0		0		0		0		0		0		0	
35 - 39	0		0		1		0		1		0		0		0		0		0		0	
40 - 44	0		0		0		2		2		2		2		0		0		0		0	
45 - 49	0		2		0		3		1		0		4		0		0		0		0	
50 - 54	0		1		0		3		2		3		2		1		1		1		0	
55 - 59	0		2		0		0		3		3		0		0		0		0		0	
60 - 64	0		0		1		1		1		1		0		0		1		0		0	
65 - 69	0		1		0		0		1		1		0		1		0		0		0	
70 & Over	0		1		0		1		1		2		1		1		0		0		0	

Plan Name: The Incorporated Trustees of The Gospel Worker Society Employees' Retirement Plan
 EIN / PN: 34-0766171 / 001
 Plan Sponsor: The Incorporated Trustees of the Gospel Workers Society
 Valuation Date: July 1, 2009



Line 4(c) EIN 34-0766171
PN 001

GOSPEL WORKERS SOC RET PLAN ROLL
CONSOLIDATED ACCOUNT STATEMENT
Account number 20-75-502-4458704
May 1, 2010 - June 30, 2010

Detail

Portfolio

Interest bearing cash

Description	Value last statement	Current market value		% of total portfolio	Unrealized gain/loss	Total original value at PNC		Current yield	Estimated annual income	Accrued income
		Current	price per unit			Avg. original value	at PNC per unit			
PNC PRIME MONEY MARKET FUND #417	Quantity \$40,254.68 40,254.680		\$40,254.68 \$1.0000	0.32 %		\$40,254.68	\$1.00	0.06 %	\$20.13	\$1.52
20-75-073-4458699										
PNC PRIME MONEY MARKET FUND #417	277,455.84 277,455.840		277,455.84 1.0000	2.16 %		277,455.84 1.00		0.06 %	138.74	7.22
20-75-073-4458712										
Total interest bearing cash	\$317,710.52		\$317,710.52	2.47 %		\$317,710.52		0.05 %	\$158.87	\$8.74

US government securities

Description (Cusip)	Value last statement		Current market value		% of total portfolio	Unrealized gain/loss	Total original value at PNC		Current yield	Estimated annual income	Accrued income
	Quantity		Current price per unit				Avg. original value at PNC per unit				
FEDERAL NATL MTG ASSN											
POOL #550568		\$1,146.24		\$1,167.40	0.01 %	\$21.16	\$1,106.01	\$102.28	6.49 %	\$75.70	\$6.52
7.00% DUE 09-01-2015		1,081.370		\$107.9560							
NOT RATED											
(31385RTZ3)											
20-75-073-4458712											36.47
FEDERAL NATL MTG ASSN		6,628.15		6,774.21	0.06 %	146.06	6,120.02	101.16	6.26 %	423.51	
POOL #581486		6,050.080		111.9690							
7.00% DUE 06-01-2031											
NOT RATED											
(31387D6X2)											
20-75-073-4458712											



Line 401 EIN 34-0766171 PN 001

Detail

US government securities

Description [Cusip]	Value last statement		Current market value		% of total portfolio	Unrealized gain/loss	Avg. original value at PNC per unit		Current yield	Estimated annual income	Accrued income
	Quantity	price per unit	Current price per unit	Current			27,020.00	101.65			
GOVT NATL MTG ASSN I	28,887.89	29,278.91			0.23 %	391.02			6.36 %	1,860.78	160.23
POOL #357905	26,582.630	110.1430									
07.000% DUE 05/15/2023											
NOT RATED											
(36203SR25)											
20-75-073-4458712											
Total US government securities	\$36,662.28	\$37,220.52			0.29 %	\$558.24	\$34,246.03		6.34 %	\$2,359.99	\$203.22

Corporate stock - common

Description [Symbol]	Value last statement		Current market value		% of total portfolio	Unrealized gain/loss	Avg. original value at PNC per unit		Current yield	Estimated annual income	Accrued income
	Quantity	price per unit	Current price per unit	Current			\$28,989.59	\$42.01			
COOPER INDUSTRIES PLC (CBE)		\$28,989.59	\$30,360.00		0.24 %	\$1,370.41			2.46 %	\$745.20	\$186.30
SEDOL B40K911 ISIN IE00B40K9117	690		\$44.0000								
20-75-073-4458699											
COVIDIEN PLC (COV)	40,034.28	33,349.40			0.26 %	- 6,686.88	40,036.28		1.80 %	597.60	
SEDOL: B3QN1M2	830		40.1800				48.24				
ISIN: IE00B3QN1M21											
20-75-073-4458699											
CORE LABORATORIES N V (CLB)	23,111.51	25,093.70			0.20 %	1,982.19	23,111.51				
20-75-073-4458699	170	147.6100					135.95				
AT&T INC (T)	34,701.48	33,793.43			0.27 %	- 908.05	34,337.14		6.95 %	2,346.96	
20-75-073-4458699	1,397	24.1900					24.58				
ALLERGAN INC (AGN)	29,927.82	36,645.54			0.29 %	6,717.72	28,418.56		0.35 %	125.80	
20-75-073-4458699	629	58.2600					45.18				
AMAZON COM INC (AMZN)	26,796.83	24,583.50			0.20 %	- 2,213.33	26,796.83				
20-75-073-4458699	225	109.2600					119.10				



Line 401 EIN 34-0766171 PNC001

GOSPEL WORKERS SOC RET PLAN ROLL
CONSOLIDATED ACCOUNT STATEMENT
Account number 20-75-502-4458704
May 1, 2010 - June 30, 2010

Detail

Corporate stock - common

Description (Symbol)	Value last statement		Current market value		% of total portfolio	Unrealized gain/loss	Avg. original value at PNC		Current yield	Estimated annual income	Accrued income
	Quantity	price per unit	Current price per unit	Current price per unit			at PNC per unit	Total original value at PNC			
AMERICAN ELECTRIC POWER INC (AEP)	32,360.51	31,298.70	31,298.70	31,298.70	0.25 %	- 1,061.81	32,360.51	33.40	5.21 %	1,627.92	
20-75-073-4458699	969	32,300.00	32,300.00	32,300.00							
AMERICAN EXPRESS CO (AXP)	26,784.32	25,646.20	25,646.20	25,646.20	0.20 %	- 1,138.12	26,784.32	41.46	1.82 %	465.12	116.28
20-75-073-4458699	646	39,700.00	39,700.00	39,700.00							
AMERISOURCEBERGEN CORP (ABC)	42,335.94	47,371.00	47,371.00	47,371.00	0.37 %	5,035.06	42,335.94	28.38	1.01 %	477.44	
20-75-073-4458699	1,492	31,750.00	31,750.00	31,750.00							
AMERIPRISE FINANCIAL INC-W/I (AMP)	26,906.19	25,254.87	25,254.87	25,254.87	0.20 %	- 1,651.32	26,906.19	38.49	2.00 %	503.28	
20-75-073-4458699	699	36,130.00	36,130.00	36,130.00							
AMGEN INC (AMGN)	22,353.31	18,830.80	18,830.80	18,830.80	0.15 %	- 3,522.51	22,353.31	62.44			
20-75-073-4458699	358	52,600.00	52,600.00	52,600.00							
APACHE CORPORATION (APA)	49,824.72	47,819.92	47,819.92	47,819.92	0.38 %	- 2,004.80	49,824.72	87.72	0.72 %	340.80	
20-75-073-4458699	568	84,190.00	84,190.00	84,190.00							
APPLE INC (AAPL)	58,739.80	103,127.30	103,127.30	103,127.30	0.81 %	44,387.50	44,473.55	108.47		92.12	
20-75-073-4458699	410	251,530.00	251,530.00	251,530.00							
BANK OF AMERICA CORP (BAC)	38,046.14	33,094.11	33,094.11	33,094.11	0.26 %	- 4,952.03	38,046.14	16.52	0.28 %		
20-75-073-4458699	2,303	14,370.00	14,370.00	14,370.00							
BROADCOM CORP (BRCM)	24,851.79	31,947.93	31,947.93	31,947.93	0.25 %	7,096.14	25,675.28	26.50	0.98 %	310.08	
20-75-073-4458699	969	32,970.00	32,970.00	32,970.00							
CAPITAL ONE FINANCIAL CORP (COF)	42,932.93	40,098.50	40,098.50	40,098.50	0.32 %	- 2,834.43	42,932.93	43.15	0.50 %	199.00	
20-75-073-4458699	995	40,300.00	40,300.00	40,300.00							
CELANESE CORP-SERIES A (CE)	27,002.38	27,774.65	27,774.65	27,774.65	0.22 %	772.27	24,801.65	22.24	0.65 %	178.40	
20-75-073-4458699	1,115	24,910.00	24,910.00	24,910.00							
CENTURYLINK INC (CTL)	29,163.55	28,646.60	28,646.60	28,646.60	0.23 %	- 516.95	29,163.55	33.91	8.71 %	2,494.00	
20-75-073-4458699	860	33,310.00	33,310.00	33,310.00							
CHUBB CORP (CBI)	22,651.84	28,405.68	28,405.68	28,405.68	0.23 %	5,753.84	23,359.63	41.13	2.96 %	840.64	210.16
20-75-073-4458699	568	50,010.00	50,010.00	50,010.00							
CISCO SYSTEMS INC (CSCO)	36,403.28	40,297.21	40,297.21	40,297.21	0.32 %	3,893.93	42,084.76	22.26			
20-75-073-4458699	1,891	21,310.00	21,310.00	21,310.00							
CITIGROUP INC (C)	43,313.07	38,276.80	38,276.80	38,276.80	0.30 %	- 5,036.27	43,313.07	4.25			
20-75-073-4458699	10,180	3,760.00	3,760.00	3,760.00							
COACH INC (COH)	26,259.26	35,453.50	35,453.50	35,453.50	0.28 %	9,194.24	26,259.26	27.07	1.65 %	582.00	145.50
20-75-073-4458699	970	36,550.00	36,550.00	36,550.00							



LINE 401 EIN 34-0766171 PN 001

GOSPEL WORKERS SOC RET PLAN ROLL
CONSOLIDATED ACCOUNT STATEMENT
Account number 20-75-502-4458704
May 1, 2010 - June 30, 2010

Detail

Corporate stock - common

Description (Symbol)	Value last statement		Current market value		% of total portfolio	Unrealized gain/loss	Total original value at PNC		Current yield	Estimated annual income	Accrued income
	Quantity	price per unit	Current	price per unit			Avg. original value	at PNC per unit			
CUMMINS INC (CMI)	31,729.36	39,273.39		39,273.39	0.31 %	7,544.03	31,729.36	52.62	1.08 %	422.10	
20-75-073-4458699	603	65.1300		65.1300							
DOLBY LABORATORIES INC (DLB)	24,418.40	41,061.95		41,061.95	0.32 %	16,643.55	24,117.69	36.82			
CLASS A	655	62.6900		62.6900							
20-75-073-4458699											
DOLLAR TREE INC (DLTR)	20,965.80	31,097.61		31,097.61	0.25 %	10,131.81	22,073.00	29.55			
20-75-073-4458699	747	41.6300		41.6300							
EMC CORP (EMC)	35,946.04	38,521.50		38,521.50	0.30 %	2,575.46	35,946.04	17.08			
20-75-073-4458699	2,105	18.3000		18.3000							
EMERSON ELECTRIC CO (EMR)	27,177.96	24,728.54		24,728.54	0.20 %	- 2,449.42	27,177.96	48.02	3.07 %	758.44	
20-75-073-4458699	566	43.6900		43.6900							
EQUITY RESIDENTIAL (EQR)	25,809.55	23,734.80		23,734.80	0.19 %	- 2,074.75	25,809.55	45.28	3.25 %	769.50	192.38
SH BEN INT REIT	570	41.6400		41.6400							
20-75-073-4458699											
EXXON MOBIL CORP (XOM)	81,825.61	66,771.90		66,771.90	0.52 %	- 15,053.71	85,169.30	72.79	3.09 %	2,059.20	
20-75-073-4458699	1,170	57.0700		57.0700							
FORD MOTOR COMPANY (F)	26,915.21	22,891.68		22,891.68	0.18 %	- 4,023.53	26,915.21	11.85	1.99 %	454.20	
20-75-073-4458699	2,271	10.0800		10.0800							
GENERAL ELECTRIC CO (GE)	41,246.90	35,098.28		35,098.28	0.28 %	- 6,148.62	41,246.90	16.95	2.78 %	973.60	243.40
20-75-073-4458699	2,434	14.4200		14.4200							
GENERAL MILLS INC (GIS)	39,657.56	46,531.20		46,531.20	0.37 %	6,873.64	42,086.06	32.13	3.16 %	1,467.20	
20-75-073-4458699	1,310	35.5200		35.5200							
GOOGLE INC-CL A (GOOG)	48,061.26	50,724.30		50,724.30	0.40 %	2,663.04	50,219.00	440.52			
20-75-073-4458699	114	444.9500		444.9500							
THE HERSCHEY COMPANY (HSY)	45,592.58	45,533.50		45,533.50	0.36 %	- 59.08	45,592.58	47.99	2.68 %	1,216.00	
20-75-073-4458699	950	47.9300		47.9300							
HESSE CORPORATION (HES)	26,099.72	21,142.80		21,142.80	0.17 %	- 4,956.92	26,099.72	62.14	0.80 %	168.00	
20-75-073-4458699	420	50.3400		50.3400							
HEWLETT-PACKARD CO (HPQ)	32,441.17	29,430.40		29,430.40	0.23 %	- 3,010.77	32,441.17	47.71	0.74 %	217.60	
20-75-073-4458699	680	43.2800		43.2800							
INTEL CORP (INTC)	26,516.25	30,225.30		30,225.30	0.24 %	3,709.05	25,436.35	16.37	3.24 %	979.02	
20-75-073-4458699	1,554	19.4500		19.4500							

Detail

Corporate stock - common

Description (Symbol)	Value last statement		Current market value		% of total portfolio	Unrealized gain/loss	Total original value at PNC		Current yield	Estimated annual income	Accrued income
	Quantity	price per unit	Current price per unit	Avg. original value at PNC per unit							
INTERNATIONAL BUSINESS MACHS (IBM) CORP	44,160.50	50,626.80	123,4800	44,520.86	0.40 %	6,466.30	44,520.86	108.59	2.11 %	1,066.00	
20-75-073-4458699	410										
JPMORGAN CHASE & CO (JPM)	61,807.32	66,337.32		60,018.09	0.52 %	4,530.00	60,018.09		0.55 %	362.40	
20-75-073-4458699	1,812	36,6100		33.12							
JOHNSON & JOHNSON (JNJ)	32,262.40	33,546.08		35,533.21	0.27 %	1,283.68	35,533.21		3.66 %	1,226.88	
20-75-073-4458699	568	59,0600		62.56							
JOHNSON CONTROLS INC (JCI)	34,470.40	37,322.43		34,470.40	0.30 %	2,852.03	34,470.40		1.94 %	722.28	180.57
20-75-073-4458699	1,389	26,8700		24.82							
LIMITED BRANDS INC (LTD)	37,001.92	32,663.60		37,001.92	0.26 %	- 4,338.32	37,001.92		2.72 %	888.00	
20-75-073-4458699	1,480	22,0700		25.00							
MATTEL INC (MAT)	37,243.33	36,395.20		37,243.33	0.29 %	- 848.13	37,243.33		3.55 %	1,290.00	
20-75-073-4458699	1,720	21,1600		21.65							
MERCK & CO INC (MRK)	26,519.07	24,723.79		26,519.07	0.20 %	- 1,795.28	26,519.07		4.35 %	1,074.64	268.66
20-75-073-4458699	707	34,9700		37.51							
METLIFE INC (MET)	20,410.97	21,447.68		20,410.97	0.17 %	1,036.71	20,410.97		1.96 %	420.32	
20-75-073-4458699	568	37,7600		35.93							
MICROSOFT CORP (MSFT)	66,383.13	60,677.37		66,522.05	0.48 %	- 5,705.76	66,522.05		2.26 %	1,371.24	
20-75-073-4458699	2,637	23,0100		25.23							
OCCIDENTAL PETROLEUM CORP (OXY)	41,394.49	48,527.35		38,102.80	0.38 %	7,132.86	38,102.80		1.98 %	956.08	239.02
20-75-073-4458699	629	77,1500		60.58							
ORACLE CORP (ORCL)	45,253.51	45,344.98		41,963.46	0.36 %	91.47	41,963.46		0.94 %	422.60	
20-75-073-4458699	2,113	21,4600		19.86							
PPG INDUSTRIES INC (PPG)	26,772.36	25,432.61		26,772.36	0.20 %	- 1,339.75	26,772.36		3.58 %	909.36	
20-75-073-4458699	421	60,4100		63.59							
PARKER HANNIFIN CORP (PH)	26,561.11	25,123.38		26,561.11	0.20 %	- 1,437.73	26,561.11		1.88 %	471.12	
20-75-073-4458699	453	55,4600		58.63							
PEPSICO INC (PEP)	45,317.80	50,039.95		47,650.12	0.39 %	4,722.15	47,650.12		3.16 %	1,576.32	
20-75-073-4458699	821	60,9500		58.04							
PFIZER INC (PFE)	41,085.11	35,607.22		40,523.03	0.28 %	- 5,477.89	40,523.03		5.05 %	1,797.84	
20-75-073-4458699	2,497	14,2600		16.23							

line 401 EIN 34-0766171 PN 001



Detail

Corporate stock - common

Description (Symbol)	Value last statement		Current market value		% of total portfolio	Unrealized gain/loss	Total original value at PNC		Current yield	Estimated annual income	Accrued income
	Quantity	Current price per unit	Current price per unit	Current price per unit			Avg. original value at PNC	Avg. original value at PNC			
PRICE T ROWE GROUP INC (TROW)	23,915.68	25,213.52	25,213.52	25,213.52	0.20 %	1,297.84	24,225.33	24,225.33	2.44 %	613.44	
20-75-073-4458699	568		44,390.00	44,390.00			42.65	42.65			
PROCTER & GAMBLE CO (PG)	59,425.74	63,398.86	63,398.86	63,398.86	0.50 %	3,973.12	60,866.52	60,866.52	3.22 %	2,036.84	
20-75-073-4458699	1,057		59,980.00	59,980.00			57.58	57.58			
ROCKWELL AUTOMATION INC (ROK)	28,291.24	33,430.29	33,430.29	33,430.29	0.27 %	5,139.05	28,291.24	28,291.24	2.86 %	953.40	
20-75-073-4458699	681		49,090.00	49,090.00			41.54	41.54			
ROSS STORES INC (ROST)	21,924.80	30,268.72	30,268.72	30,268.72	0.24 %	8,343.92	22,995.53	22,995.53	1.21 %	363.52	
20-75-073-4458699	568		53,290.00	53,290.00			40.49	40.49			
SCHLUMBERGER LTD (SLB)	19,371.38	19,811.72	19,811.72	19,811.72	0.16 %	440.34	27,061.69	27,061.69	1.52 %	300.72	75.18
SEDOL 2779201 ISIN AN8068571086	358		55,340.00	55,340.00			75.59	75.59			
20-75-073-4458699											
SHIRE PLC (SHPGY)	30,159.64	27,743.76	27,743.76	27,743.76	0.22 %	- 2,415.88	30,159.64	30,159.64	0.56 %	154.58	
SPONSORED ADR	452		61,380.00	61,380.00			66.72	66.72			
20-75-073-4458699											
JM SMUCKER CO/THE-NEW COM WI (SJM)	38,150.90	36,794.42	36,794.42	36,794.42	0.29 %	- 1,356.48	38,150.90	38,150.90	2.66 %	977.60	
20-75-073-4458699	611		60,220.00	60,220.00			62.44	62.44			
STARBUCKS CORP (SBUX)	31,639.33	27,702.00	27,702.00	27,702.00	0.22 %	- 3,937.33	31,639.33	31,639.33	1.65 %	456.00	
20-75-073-4458699	1,140		24,300.00	24,300.00			27.75	27.75			
3M COMPANY (MMM)	36,003.28	40,047.93	40,047.93	40,047.93	0.32 %	4,044.65	36,003.28	36,003.28	2.66 %	1,064.70	
20-75-073-4458699	507		78,990.00	78,990.00			71.01	71.01			
UNION PACIFIC CORP (UNP)	43,082.58	40,246.29	40,246.29	40,246.29	0.32 %	- 2,836.29	43,082.58	43,082.58	1.90 %	764.28	191.07
20-75-073-4458699	579		69,510.00	69,510.00			74.41	74.41			
UNITED TECHNOLOGIES CORP (UTX)	32,112.50	38,556.54	38,556.54	38,556.54	0.30 %	6,444.04	34,267.82	34,267.82	2.62 %	1,009.80	
20-75-073-4458699	594		64,910.00	64,910.00			57.69	57.69			
UNITEDHEALTH GROUP INC (UNH)	29,026.76	33,000.80	33,000.80	33,000.80	0.26 %	3,974.04	31,327.40	31,327.40	1.77 %	581.00	
20-75-073-4458699	1,162		28,400.00	28,400.00			26.96	26.96			
VIACOM INC CLASS B WI (VIAB)	22,628.47	30,679.86	30,679.86	30,679.86	0.24 %	8,051.39	22,591.51	22,591.51	1.92 %	586.80	146.70
20-75-073-4458699	978		31,370.00	31,370.00			23.10	23.10			
WAL-MART STORES INC (WMT)	40,592.72	40,282.66	40,282.66	40,282.66	0.32 %	- 310.06	46,657.12	46,657.12	2.52 %	1,013.98	
20-75-073-4458699	838		48,070.00	48,070.00			55.68	55.68			
WELLS FARGO & COMPANY (WFC)	46,674.45	45,593.60	45,593.60	45,593.60	0.36 %	- 1,080.85	47,290.61	47,290.61	0.79 %	356.20	
20-75-073-4458699	1,781		25,600.00	25,600.00			26.55	26.55			



GOSPEL WORKERS SOC RET PLAN ROLL
CONSOLIDATED ACCOUNT STATEMENT
Account number 20-75-502-4458704
May 1, 2010 - June 30, 2010

Detail

Corporate stock - common

Description (Symbol)	Value last statement		Current market value		% of total portfolio	Unrealized gain/loss	Total original value at PNC		Current yield	Estimated annual income	Accrued income
	Quantity	price per unit	Quantity	price per unit			Avg. original value	at PNC per unit			
WISCONSIN ENERGY CORP (WEC)	33,422.91	41.65754	33,422.91	41.65754	0.33 %	8,234.63	33,397.21	40.68	3.16 %	1,313.60	
20-75-073-4458699	821	50.7400									
Total corporate stock - common	\$2,390,961.71	\$2,502,180.76			19.46 %	\$111,219.05	\$2,406,245.10		1.94 %	\$48,512.76	\$2,195.22

Registered investment companies

Description (Symbol)	Value last statement		Current market value		% of total portfolio	Unrealized gain/loss	Total original value at PNC		Current yield	Estimated annual income	Accrued income
	Quantity	price per unit	Quantity	price per unit			Avg. original value	at PNC per unit			
PNC INTERNATIONAL EQUITY FUND (PIUIX) CLASS I	\$828,831.02	\$911.89832	75,676.209	\$12.0500	7.10 %	\$83,067.30	\$1,087,929.84	\$14.38			
20-75-073-4458712											
PNC BOND FUND (PFDIX) CLASS I	8,104,781.45	8,495,580.61	817,668.971	10.3900	66.08 %	390,799.16	8,126,255.56	9.94	3.85 %	327,010.38	24,934.31
20-75-073-4458712											
PNC SMALL CAP CORE FUND (PPCIX) CLASS I	487,725.18	592,557.33	63,922.042	9.2700	4.61 %	104,832.15	629,192.25	9.84			
20-75-073-4458712											
Total registered investment companies	\$9,421,337.65	\$10,000,036.26			77.78 %	\$578,698.61	\$9,843,377.65		3.27 %	\$327,010.38	\$24,934.31
Total portfolio	\$12,166,672.16	\$12,857,148.06			100.00 %	\$690,475.90	\$12,601,579.30		2.94 %	\$378,042.00	\$27,341.49

