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 10/01/2009 and ending 09/30/2010

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
PENSION PLAN FOR EMPLOYEES OF FIRST NATIONAL BANK OF JEFFERSONVILLE

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/01/1967

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
THE FIRST NATIONAL BANK OF JEFFERSONVILLE

P.O. BOX 398
4866 STATE ROUTE 52
JEFFERSONVILLE, NY 12748

2b Employer Identification Number (EIN)
14-0779859

2c Sponsor's telephone number
845-482-4000

2d Business code (see instructions)
522110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/05/2011	JOHN RUSSELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
THE FIRST NATIONAL BANK OF JEFFERSONVILLE

P.O. BOX 398
4866 STATE ROUTE 52
JEFFERSONVILLE, NY 12748

3b Administrator's EIN
14-0779859

3c Administrator's telephone number
845-482-4000

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**	179
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**	114
b	Retired or separated participants receiving benefits	**6b**	43
c	Other retired or separated participants entitled to future benefits	**6c**	25
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	182
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f	Total. Add lines **6d** and **6e**	**6f**	183
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**	4
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1G 3H

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	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)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	X	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)	X	**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

For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

▶ **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
PENSION PLAN FOR EMPLOYEES OF FIRST NATIONAL BANK OF JEFFERSONVILLE

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
THE FIRST NATIONAL BANK OF JEFFERSONVILLE

D Employer Identification Number (EIN)
14-0779859

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 10 Day 01 Year 2009

2	Assets:			
a	Market value	**2a**		7456150
b	Actuarial value	**2b**		7437501
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	42	5850396
b	For terminated vested participants	**3b**	26	333493
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		380929
	(2) Vested benefits	**3c(2)**		1925605
	(3) Total active	**3c(3)**	109	2306534
d	Total	**3d**	177	8490423
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**		6.63 %
6	Target normal cost	**6**		380178

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

	05/12/2011
Signature of actuary	Date
JOHN B. WUKITSCH, ASA	11-05731
Type or print name of actuary	Most recent enrollment number
MILLIMAN, INC.	518-514-7100
Firm name	Telephone number (including area code)
4 CORP. PLAZA, 250 WASH. AVE. EXT. ALBANY, NY 12203-5401	
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 [ ]

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)	808652	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)		
9	Amount remaining (Item 7 minus item 8)	808652	0
10	Interest on item 9 using prior year's actual return of -2.90 %	-23451	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		1281048
	b Interest on (a) using prior year's effective rate of 6.33 %		81090
	c Total available at beginning of current plan year to add to prefunding balance		1362138
	d Portion of (c) to be added to prefunding balance		
12	Reduction in balances due to elections or deemed elections		
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	785201	0

Part III Funding percentages

14	Funding target attainment percentage	14	78.35 %
15	Adjusted funding target attainment percentage	15	78.35 %
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	83.03 %
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
01/15/2010	750000				
			Totals ► 18(b)	750000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	736147

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.92 %	6.71 %	6.80 %	☐ N/A, full yield curve used

b Applicable month (enter code) — **21b**: 0

22 Weighted average retirement age — **22**: 60

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	**31**		380178
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		1328698	251359
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**		
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	**34**		631537

	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**	631537
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	736147
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	104610
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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

A Name of plan
PENSION PLAN FOR EMPLOYEES OF FIRST NATIONAL BANK OF JEFFERSONVILLE

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE FIRST NATIONAL BANK OF JEFFERSONVILLE

D Employer Identification Number (EIN)
14-0779859

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

CITIZENS BANK

05-6073921

(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?
21	NONE	40237	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PENTEGRA RETIREMENT SERVICES

13-3745616

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	12436	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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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 10/01/2009 and ending 09/30/2010

A Name of plan
PENSION PLAN FOR EMPLOYEES OF FIRST NATIONAL BANK OF JEFFERSONVILLE

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
THE FIRST NATIONAL BANK OF JEFFERSONVILLE

D Employer Identification Number (EIN)
14-0779859

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET EAFE INDEX

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-181	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET MID-CAP 400 INDEX

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-005	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL 2000 INDEX

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-012	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET INTERMED GOV'T/CREDIT

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-092	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET MTG-BACKED SECU

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-149	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: STIF

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-156	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET TIPS INDEX SL FUND

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-103	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P 500 FLAGSHIP

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-002	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

A Name of plan
PENSION PLAN FOR EMPLOYEES OF FIRST NATIONAL BANK OF JEFFERSONVILLE

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE FIRST NATIONAL BANK OF JEFFERSONVILLE

D Employer Identification Number (EIN)
14-0779859

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1731000	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	634	17878
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1971033	1838129
(2) U.S. Government securities	1c(2)	0	1135670
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	0	515749
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	597731	2751106
(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)	2982215	0
(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)	308562	2146314
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	7591175	8404846
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	135025	269385
k	Total liabilities (add all amounts in lines 1g through1j)	1k	135025	269385
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	7456150	8135461

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)	750000	
	(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)		750000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	319720	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		319720

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	137071	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		137071
(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)		
c Other income	2c		94725
d Total income. Add all **income** amounts in column (b) and enter total	2d		1301516
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	569932	
(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)		569932
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)	51808	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	465	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		52273
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		622205
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		679311
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) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: PARENTEBEARD LLC (2) EIN: 23-2932984

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

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

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 10/01/2009 and ending 09/30/2010

A Name of plan
PENSION PLAN FOR EMPLOYEES OF FIRST NATIONAL BANK OF JEFFERSONVILLE

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE FIRST NATIONAL BANK OF JEFFERSONVILLE

D Employer Identification Number (EIN)
14-0779859

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 13-3745616

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** 1

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

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):

---

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):

Pension Plan for Employees of First National Bank of Jeffersonville

Financial Statements and
Supplemental Schedules

September 30, 2010 and 2009



Pension Plan for Employees of First National Bank of Jeffersonville

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September 30, 2010 and 2009

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ParenteBeard

Independent Auditors' Report

Plan Administrator
Pension Plan for Employees of
First National Bank of Jeffersonville

We were engaged to audit the accompanying statement of net assets available for benefits of the Pension Plan for Employees of First National Bank of Jeffersonville (the "Plan") as of September 30, 2010 and 2009, and the related statement of changes in net assets available for benefits for the years then ended and the supplemental schedule of (1) Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) and (2) schedule H, Line 4(j) - Schedule of Reportable Transactions as of or for the year ended September 30, 2010. These financial statements and supplemental 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 9, which was certified by Citizens Bank, the trustee of the Plan, except for comparing such information with the related information included in the accompanying financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended September 30, 2010 and 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

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

ParenteBeard LLC

Harrisburg, Pennsylvania
July 1, 2011

Pension Plan for Employees of First National Bank of Jeffersonville

Statement of Net Assets Available for Benefits
September 30, 2010 and 2009

	2010	2009
Assets		
Investments, at fair value:		
Money market fund	$ 1,838,129	$ 1,971,033
Common/collective trust funds	-	2,982,215
Registered investment companies	2,146,314	308,562
Common stocks	2,751,106	597,731
U. S. government agency bonds	513,657	-
Corporate and foreign bonds	515,749	-
State and municipal obligations	622,013	-
Total investments	8,386,968	5,859,541
Employer contribution receivable	-	1,731,000
Accrued interest and dividends	17,878	634
Total assets	8,404,846	7,591,175
Liabilities		
Due to broker for securities purchased	269,385	135,025
Net assets available for benefits	$ 8,135,461	$ 7,456,150

See notes to financial statements

Pension Plan for Employees of First National Bank of Jeffersonville

Statement of Changes in Net Assets Available for Benefits
Years Ended September 30, 2010 and 2009

	2010	2009
Changes in Net Assets Attributed to		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	$ 456,791	$ (145,391)
Interest and dividends	94,725	2,685
Net investment income (loss)	551,516	(142,706)
Employer contributions	750,000	1,974,336
Net changes	1,301,516	1,831,630
Deductions from Net Assets Attributed to		
Benefits paid to participants	569,932	525,684
Administrative expenses	52,273	52,695
Total deductions	622,205	578,379
Net increase in net assets available for benefits	679,311	1,253,251
Net Assets Available for Benefits		
Beginning of year	7,456,150	6,202,899
End of year	$ 8,135,461	$ 7,456,150

See notes to financial statements

1. Description of the Plan

The following brief description of the Pension Plan for Employees of First National Bank of Jeffersonville (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit pension plan covering all eligible employees of The First National Bank of Jeffersonville (the "Bank"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan has evaluated subsequent events through July 1, 2011, which is the date the financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosure in the financial statements.

Employees are credited with a year of service for each Plan year during which they have at least 1,000 hours of service.

An employee who has completed one year of service with the Bank (by having at least 1,000 hours of service during any twelve month period as defined) and has attained age 21 becomes eligible to participate in the Plan. Employees are enrolled in the Plan on the first day of the month immediately following the date eligibility requirements are met.

A participant's retirement benefits vest upon completion of five years of service.

Pension Benefits

Eligible employees are entitled to pension benefits beginning on the first day of the calendar month following their termination of employment and their attainment of normal retirement age (age 65).

For service credit earned prior to December 31, 2010, the normal retirement benefit is a monthly amount equal to 1.75% of the participant's average compensation multiplied by years of service for benefit purposes, up to a maximum of thirty-five years reduced by the lesser of (a) 0.49% of the lesser of the participant's average earnings, final average earnings or covered compensation multiplied by years of service for benefit purposes, up to a maximum of thirty-five years; or (b) 0.875% of the lesser of the participant's average monthly earnings, final average earnings or covered compensation multiplied by years of service for benefit purposes, up to a maximum of thirty-five years. Effective December 31, 2010, the crediting rate was simplified and reduced to 1% of the participant's average compensation multiplied by years of service. The actuarial present value of accumulated plan benefits as of September 30, 2010 does not include the effects of this amendment, if any. An eligible employee may elect early retirement on the first day of any calendar month following their termination of employment, provided they have attained age 55. Upon election of early retirement, participants are entitled to receive reduced early retirement benefits in accordance with the terms of the Plan. Employees whose employment continues beyond their normal retirement date are entitled to pension benefits beginning on their postponed retirement date which is the first day of the calendar month following their termination of employment. Participants are entitled to receive postponed retirement benefits equal to the actuarial equivalent of their normal retirement benefit.

Participants may elect to receive the value of their accumulated plan benefits in any of the following optional forms of payment as described in the Plan document: (a) normal annuity; or (b) qualified joint and survivor annuity; or (c) joint and survivor annuity; or (d) joint and survivor annuity with guaranteed payments; or (e) life annuity. The retirement benefits described above assume that the participant has chosen to be paid in the form of a normal annuity. The amount of monthly benefit payments will differ in accordance with the terms of the Plan if the participant elects to receive payment in any form other than a normal annuity.

Death and Disability Benefits

If a vested participant dies before retirement, their designated beneficiary receives a monthly annuity in accordance with terms of the Plan. Active employees who become totally disabled may receive monthly disability benefits in accordance with terms of the Plan. Disability benefits are paid until normal retirement age at which time disabled participants begin receiving their normal retirement benefits. Disability payments may also be terminated prior to normal retirement age if any of the following events occur: (a) the disabled participant recovers; or (b) the disabled participant refused to take a medical examination that was requested by the Bank; or (c) the disabled participant elects an early retirement; or (d) the disabled participant dies; or (e) the Plan is liquidated.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Risks and Uncertainties

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 compensation and 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.

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for a discussion of fair value measurements.

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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Net investment returns reflect certain fees paid by the investment funds to their affiliated investment advisors, transfer agents, and others as further described in each fund prospectus or other published documents. These fees are deducted prior to allocation of the Plan's investment earnings activity and thus are not separately identifiable as an expense.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances such as retirement, death, disability, and termination of employment are included to the extent they are attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits presented below is based on actuarial valuations as of October 1, 2009 and 2008 prepared by an actuarial firm using the projected unit credit actuarial cost method. The actuarial present value of accumulated plan benefits is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits as of October 1 is as follows:

	2009	2008
Vested benefits:		
Retired participants	$ 5,862,471	$ 2,735,117
Other participants	2,341,657	4,403,703
Total vested benefits	8,204,128	7,138,820
Nonvested benefits	413,587	157,029
Total actuarial present value of accumulated plan benefits	$ 8,617,715	$ 7,295,849

The changes in the actuarial present value of the accumulated plan benefits for the year ended September 30, 2009 are summarized as follows:

Actuarial present value of accumulated plan benefits, at beginning of year	$ 7,295,849
Increase (decrease) during the year attributable to:	
Benefits accumulated	1,170,309
Increase for interest due to decrease in discount periods	457,414
Benefits paid	(525,684)
Change in actuarial assumptions	219,827
Net increase	1,321,866
Actuarial present value of accumulated plan benefits, at end of year	$ 8,617,715

The significant actuarial assumptions used in the valuation as of September 30, 2009 are as follows:

1. *Life expectancy of participants.* 2009 male and female static mortality tables for non-annuitants and annuitants as published in final IRS regulation 1.430(h)(3)-1(e) were used.

2. *Retirement age assumptions.* 80% of retirements are assumed to occur at age 62. 100% of retirements are assumed to occur at age 65.

3. *Annual rate of salary increase.* A rate of 4% was used.

4. *Investment return.* A rate of 6.5% was used.

The methods and assumptions used in the current valuation are the same as those used in the prior valuation except as follows:

1. The salary projection assumption was reduced from 5.0% to 4.0%.

2. The assumed percentage of participants that are married was changed from 80% to 100%.

3. The age difference assumption for married participants was changed from wives being assumed to be four years younger than their husbands to wives being assumed to be three years younger than their husbands.

4. The mortality table was changed from the Separate RP2008 Annuitants/ Non-Annuitants Mortality Tables for males and females to the Separate RP2009 Annuitants/Non-Annuitants Mortality Tables for males and females. This changes was as prescribed by the Pension Protection Act.

5. The assumed disability rate was changed to assume no incidence of disability.

6. An early retirement assumption was added to better reflect anticipated plan experience.

7. An administrative expense load equal to the prior year's actual expenses was added to the Funding Target Normal Cost.

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

New Accounting Standards and Pronouncements

In January 2010, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update No. 2010-06 "Fair Value Measurements and Disclosures: Improving Disclosures about Fair Value Measurements", ("ASU 2010-06"), which provides a greater level of disaggregated information and more robust disclosures about valuation techniques and inputs to fair value measurements, transfers in and out of Levels 1 and 2, and the separate presentation of information in Level 3 reconciliations on a gross basis rather than net. New disclosures and clarifications of existing disclosures are effective for interim and annual reporting periods beginning after December 15, 2009. Level 3 disclosures are effective for fiscal years beginning after December 15, 2010. Adoption of ASU 2010-06 had no material impact on the Plan's financial statements but expanded disclosures about certain fair value measurements.

The FASB issued an interpretation regarding accounting for uncertainty in income taxes. This interpretation clarifies the accounting for uncertainty in income taxes recognized in an enterprise's financial statements and is effective for fiscal years beginning after December 15, 2008. The Plan has adopted the provisions of the pronouncement, and the adoption did not impact the amounts reported in the Plan's financial statements.

3. Fair Value Measurements

The Plan measures on a recurring basis its investments at fair value in accordance with FASB codification, "Fair Value Measurements and Disclosures," which provides the framework for measuring fair value. That framework provides a fair value hierarchy used to classify the inputs used in measuring fair value. The hierarchy prioritizes the inputs used in determining valuations into three levels. The levels of the fair value hierarchy are as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices in active markets that are accessible to the Plan for identical assets. These generally provide the most reliable evidence and are used to measure fair value whenever available.

Level 2 - Inputs to the valuation methodology include inputs, other than Level 1 inputs, that are observable either directly or indirectly for substantially the full term of the asset through corroboration with observable market data. Level 2 inputs include quoted market prices in active markets for similar assets, quoted market prices in markets that are not active for identical or similar assets, and other observable inputs.

Level 3 - Inputs to the valuation methodology are unobservable inputs and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for investments measured at fair value. There have been no significant changes in the methodologies used as of September 30, 2010. Similar valuation methodologies were used to value the Plan's investments as of September 30, 2009.

Level 1 Fair Value Measurements

The fair values of the money market fund and registered investment companies are based on quoted net asset values of the shares held by the Plan at year-end. The fair values of common stocks are valued at the closing price reported in the active market on which the individual securities are traded.

Level 2 Fair Value Measurements

Investments in common/collective trust funds were valued at the net value of participation units held by the Plan at year-end. The value of these units was determined by the trustee based on the current market values of the underlying assets of the common/collective trust fund as based on information obtained from independent pricing services. Investments in corporate and foreign bonds, U. S. government agency bonds and state and municipal obligations are valued based on yields currently available on comparable securities of issuers with similar credit ratings.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of September 30:

	2010			
		Fair Value Measurement Using:		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money market fund	$ 1,838,129	$ 1,838,129	$ -	$ -
Registered investment companies:				
World Bond Fund	154,429	154,429	-	-
Intermediate Term Bond Fund	373,136	373,136	-	-
Short Term Bond Fund	359,488	359,488	-	-
Small Cap Blend Fund	177,270	177,270	-	-
Large Cap Blend Fund	456,520	456,520	-	-
Foreign Large Cap Value Fund	446,391	446,391	-	-
Diversified Emerging Markets Fund	179,080	179,080	-	-
Total registered investment companies	2,146,314	2,146,314	-	-
U. S. government agency bonds	513,657	-	513,657	-
State and municipal obligations	622,013	-	622,013	-
Corporate and foreign bonds:				
Aa credit rating	100,000	-	100,000	-
A credit rating	415,749	-	415,749	-
Total corporate and foreign bonds	515,749	-	515,749	-

	2010			
		Fair Value Measurement Using:		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Common stocks:				
Consumer discretionary	$ 392,479	$ 392,479	$ -	$ -
Consumer staples	170,486	170,486	-	-
Energy	243,335	243,335	-	-
Financials	357,928	357,928	-	-
Health care	260,473	260,473	-	-
Industrials	466,085	466,085	-	-
Information technology	543,376	543,376	-	-
Materials	215,857	215,857	-	-
Telecommunication services	35,750	35,750	-	-
Utilities	65,337	65,337	-	-
Total common stocks	2,751,106	2,751,106	-	-
	$ 8,386,968	$ 6,735,549	$ 1,651,419	$ -

	2009			
Money market fund	$ 1,971,033	$ 1,971,033	$ -	$ -
Common/collective trust funds	2,982,215	-	2,982,215	-
Registered investment companies	308,562	308,562	-	-
Common stocks	597,731	597,731	-	-
	$ 5,859,541	$ 2,877,326	$ 2,982,215	$ -

4. Funding Policy

The Bank's funding policy is to make annual contributions to the Plan as determined by the Plan's independent actuary. The contributions are determined using an actuarial cost method which takes into consideration the present value of benefits expected to accrue during the Plan year. No participant contributions are permitted. The minimum funding requirements of ERISA were met for 2010 and 2009.

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

5. Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

a) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.

b) Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U. S. government agency) up to the applicable limitations (discussed subsequently).

c) All other vested benefits (that is, vested benefits not insured by PBGC).

d) All nonvested benefits.

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

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

6. Investments

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

	2010	2009
RBS Citizens N.A. Cash Sweep Account	$ 1,838,129	$ 1,971,033
State Street S&P 500 Index	*	954,953
State Street Interm Gov/Credit	*	1,060,053
State Street Mortgage Backed	*	400,165
Templeton Institutional Foreign	446,391	-
SPDR S&P 500 ETF Trust	456,520	-

* *Does not represent five percent or more of the Plan's net assets available for benefits for the respective year, but is shown for comparative purposes.*

For the following years ended September 30, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	2010	2009
Registered investment companies	$ 72,987	$ 9,924
Common stocks	147,136	15,433
U. S. government agency bonds	13,657	-
Corporate and foreign bonds	12,984	-
State and municipal obligations	16,497	-
Common/collective trust funds	193,530	(170,748)
Net appreciation (depreciation) in fair value of investments	$ 456,791	$ (145,391)

7. Related Party Transactions

The Plan's investments are administered under a contract with Citizens Bank, the custodian of the Plan. Contributions are held and managed by Citizens Bank, who invests cash received, interest, and dividend income and makes distributions to participants. These transactions qualify as party-in-interest transactions.

Administrative expenses of Citizens Bank are paid by the Plan. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Bank. No such officer or employee receives compensation from the Plan.

8. Tax Status

The Plan obtained its latest determination letter on August 31, 2004, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable regulations of the Internal Revenue Code. Therefore, they believe that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the plan and has concluded that as of September 30, 2010, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to September 30, 2007.

9. Information Certified by Trustee

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2010 and 2009. Accordingly, Citizens Bank, the trustee of the Plan, has certified to the completeness and accuracy of all investment information reported in the accompanying statement of net assets available for benefits as of September 30, 2010 and 2009, the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of September 30, 2010, the related investment activity reported in the statement of changes in net assets available for benefits for the years ended September 30, 2010 and 2009, and the supplemental Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended September 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

For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

▶ **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

Pension Plan for Employees of First National Bank of Jeffersonville

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

The First National Bank of Jeffersonville

D Employer Identification Number (EIN)

14-0779859

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 10 Day 1 Year 2009

2 Assets:

a	Market value	**2a**	7,456,150
b	Actuarial value	**2b**	7,437,501

3 Funding target/participant count breakdown

			(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	42	5,850,396
b	For terminated vested participants	**3b**	26	333,493
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		380,929
	(2) Vested benefits	**3c(2)**		1,925,605
	(3) Total active	**3c(3)**	109	2,306,534
d	Total	**3d**	177	8,490,423

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**	6.63 %
6	Target normal cost	**6**	380,178

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

Jeb B. Wukitsch — Signature of actuary

05/12/11 — Date

JOHN B. WUKITSCH, ASA — Type or print name of actuary

11-05731 — Most recent enrollment number

MILLIMAN, INC. — Firm name

(518)514-7100 — Telephone number (including area code)

4 CORP. PLAZA, 250 WASH. AVE. EXT.

ALBANY NY 12203-5401 — Address of the firm

If 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
	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	808,652	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)		
9	Amount remaining (Item 7 minus item 8)	808,652	0
10	Interest on item 9 using prior year's actual return of (2.90) %	(23,451)	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		1,281,048
	b Interest on (a) using prior year's effective rate of 6.33 %		81,090
	c Total available at beginning of current plan year to add to prefunding balance		1,362,138
	d Portion of (c) to be added to prefunding balance		
12	Reduction in balances due to elections or deemed elections		
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	785,201	0

Part III Funding percentages

14	Funding target attainment percentage	14	78.35 %
15	Adjusted funding target attainment percentage	15	78.35 %
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	83.03 %
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
1/15/2010	750,000				
			Totals ► 18(b)	750,000	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	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	736,147

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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
0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: 4.92 %	2nd segment: 6.71 %	3rd segment: 6.80 %	☐ N/A, full yield curve used

b Applicable month (enter code)	21b	0
22 Weighted average retirement age	22	60

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

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

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	380,178

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1,328,698	251,359
b Waiver amortization installment	0	0

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	631,537

	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	631,537
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	736,147
38 Interest-adjusted excess contributions for current year (see instructions)	38	104,610
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

Pension Plan for Employees of First National Bank of Jeffersonville

EIN 14-0779859 / PN 001

Schedule SB Attachment, line 22 - Weighted Average Retirement Age

Age	BOY Actives	Ret. Rate	Retirements	EOY Actives	Wtd. Avg. Retirees
55	102	15.00%	15	87	8.09
56	87	5.00%	4	83	2.2
57	83	5.00%	4	79	2.24
58	79	5.00%	4	75	2.27
59	75	5.00%	4	71	2.31
60	71	5.00%	4	67	2.35
61	67	5.00%	3	64	1.79
62	64	80.00%	51	13	31
63	13	5.00%	1	12	0.62
64	12	5.00%	1	11	0.63
65	11	100.00%	11	0	7.01
Weighted Average age of retirees					60.51

Weighted average age of retirees is the sum of the product of the age times the number of retirees at that age divided by the total number of retirees leaving the group from age 55 to age 65.

Pension Plan for Employees of First National Bank of Jeffersonville
EIN/PN: 14-0779859/001
Attachment to 2009 Form 5500
Schedule SB, Line 19 - Discounted Employer Contributions

Line 19a. - Contribution Allocated Toward Unpaid Minimum Required Contribution from Prior Plan Years

None

Line 19b. - Contributions Made To Avoid Benefit Restrictions

Date	Plan Year to Apply Contribution	Effective Interest Rate	Contribution Amount	Discounted Value as of 10/1/2009
None				
Total			0	0

Line 19c. - Contributions Allocated Toward Minimum Required Contribution for Current Year

Date	Plan Year to Apply Contribution	Effective Interest Rate	Late Quarterly Interest Rate	Contribution Amount	Discounted Value as of 10/1/2009
1/15/2010	2009	6.63%		750,000	736,147
Total				750,000	736,147

Pension Plan for Employees of First National Bank of Jeffersonville
EIN 14-0779859 / PN 001
Schedule SB, Part V –
Statement of Actuarial Assumptions/Methods

1. Actuarial Cost Method – Unit Credit:

The valuation of retirement benefits is determined under the "Unit Credit Actuarial Cost Method", as prescribed by the Pension Protection Act of 2006 (PPA). In this method, the regular Plan cost arises from two sources: a Target Normal Cost and an Amortization Payment for the Funding Target Shortfall.

The Funding Target is determined as the actuarial present value of benefits as of the valuation date. The Shortfall is equal to the Funding Target less the Plan Assets.

The Normal Cost is the Actuarial Present Value of benefits expected to accrue during the valuation year.

2. Actuarial Assumptions:

Interest Rates:

PPA Funding:	Segment rates without phase-in (4.93%, 6.71%, 6.80%) with no lookback.
SFAS 35:	6.50% per year.

Mortality:

PPA Funding:	Static RP2009 Annuitants/Non-Annuitants Mortality Tables for males and females (previously, Static RP2008 Annuitants/Non-Annuitants Mortality Tables for males and females).
SFAS 35:	Static RP2009 Annuitants/Non-Annuitants Mortality Tables for males and females (previously, Static RP2008 Annuitants/Non-Annuitants Mortality Tables for males and females).

Salary Scale: 4.0%.

Provisions for Expenses: $52,695.

Incidence of Disability: None assumed.

Rates of Retirement:

Age	
55	15.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	5.00%
61	5.00%
62	80.00%
63	5.00%
64	5.00%
65	100.00%

Pension Plan for Employees of First National Bank of Jeffersonville
EIN 14-0779859 / PN 001
Schedule SB, Part V –
Statement of Actuarial Assumptions/Methods

Multiplying each age by the overall probability of retiring at that age, and summing the products, results in a weighted average retirement age of 60.

Terminated Vested Participants are assumed to retire at age 65.

Withdrawal (Vested and and non-vested): Rates of withdrawal, depending on age and sex, as follows:

Age	Male	Female
25	5.3%	5.3%
30	4.8%	4.8%
35	4.5%	4.5%
40	3.8%	3.8%
45	3.2%	3.2%
50	1.5%	1.5%
55	0.3%	0.3%
60 and over	0.0%	0.0%

Spouses: 100% of employees are assumed to have eligible spouses. Wives are assumed to be 3 years younger than their husbands.

3. Asset Valuation Method — Market Value of Assets.

Pension Plan for Employees of First National Bank of Jeffersonville

EIN 14-0779859 / PN 001
Schedule SB, Part V –
Summary of Plan Provisions

Basic Information

Plan Name:	Pension Plan for Employees of First National Bank of Jeffersonville
Effective Date of Plan:	February 1, 1983
EIN/PN	14-0779859 / 001
Plan Year:	October 1st – September 30th
Employees:	All employees who have worked 1,000 or more Hours of Service in a Plan Year.
Eligibility:	Age 21 with one year of eligibility service.
Compensation:	Total W-2 earnings, including contributions made on the employees' behalf by the Employer under salary deferral agreements.
Average Annual Compensation:	The 5 consecutive Calendar years for which Compensation was highest. If the participant has less than 5 consecutive Plan Years of service, Average Compensation will be based on complete years only.
Service:	
Benefit Service	Elapsed Time Method from Date of Participation.
Vesting Service	1,000 hours.
Employee Contribution:	None. Plan is funded entirely by employer contributions.

Pension Plan for Employees of First National Bank of Jeffersonville

EIN 14-0779859 / PN 001
Schedule SB, Part V –
Summary of Plan Provisions

Benefit Formulas and Eligibilities

Normal Retirement:

Eligibility	Age 65.
Benefit	(1) 1.75% of his Average Compensation, multiplied by Years of Benefit Service up a maximum of 35 years, minus (2) The lesser of: a) 0.49% of Final Average Compensation (up to Covered Compensation) multiplied by Years of Benefit Service up to a maximum of 35 years. b) 0.875% of Average Compensation (up to Covered Compensation) multiplied by Years of Benefit Service up to a maximum of 35 years.

Deferred Retirement:

Benefit	Calculated in the same manner as described in Normal Retirement above, based on service at actual retirement date, however, not less than the Actuarial Equivalent of the Participant's Normal Retirement Benefit.

Early Retirement:

Eligibility	Age 55.
Benefit	A Participant's Early Retirement Benefit is a monthly pension benefit equal to his Accrued Benefit determined as of his Early Retirement Date, reduced by 0.25% on (a) under Normal Retirement Benefit and 0.50% on (b) under Normal Retirement Benefit for each month that the Early Retirement Date precedes the Normal Retirement Date. If an active participant has completed at least 10 years of Vesting Service, the reduction on (a) under Normal Retirement Benefit will be 0.25% for each month the Early Retirement Date precedes the attainment of age 62.

Pension Plan for Employees of First National Bank of Jeffersonville

EIN 14-0779859 / PN 001
Schedule SB, Part V –
Summary of Plan Provisions

Vested Termination:

Eligibility

Vested Percentage is determined In accordance with the following table:

Years of Vesting Service	Vested Percentage
Less than 5	0%
5 or more	100%

Benefit

Accrued benefit payable at Normal Retirement.

Pre-Retirement Surviving Spouse Coverage

Benefit

A pension to the beneficiary equal to the amount that would have been paid had the participant separated from service on his date of death, survived to his earliest retirement date, retired with a Joint & 50% Survivor Pension, and died on the day after he retired.

Normal Form of Benefit

5 Year Certain and Life Annuity. A participant that is married must take the benefit in the form of a Joint and 50% Survivor benefit unless the spouse provides written consent to waive the Joint & 50% Survivor benefit. However, if the monthly payment is less than $50, quarterly payments will be made.

Qualified Joint and Survivor Annuity

Unless elected otherwise in writing at retirement, a married participant will receive his/her benefits as an actuarially equivalent Joint and 50% Survivor Annuity with the spouse as contingent beneficiary.

Optional Forms of Benefits:

Life Annuity
Joint and Contingent (50%, 50% with 5 yr. Certain, 75%, 75% with 5 yr. Certain, 100%, 100% with 5 yr. Certain)
5 yr. Certain and life annuity

Optional forms of benefits are equal to the Actuarial Equivalent of the Normal Benefit Form and Actuarial Equivalence is based on the following interest and mortality assumptions:

Interest: 7% per annum, compounded annually
Mortality: 1984 Unisex Pension Mortality Table

Maximum Benefit:

The maximum Plan benefit is limited as required by IRC Section 415(b).

Pension Plan for Employees of First National Bank of Jeffersonville

EIN 14-0779859 / PN 001

Schedule SB, line 24 –

Change in Actuarial Assumptions

i) The salary projection assumption was reduced from 5.0% to 4.0%.

ii) The assumed percentage of participants that are married was changed from 80% to 100%.

iii) The age difference assumption for married participants was changed from wives being assumed to be 4 years younger than their husbands to wives being assumed to be 3 years younger than their husbands.

iv) For SFAS35 liability, the mortality table was changed from the Separate RP2008 Annuitants/Non-Annuitants Mortality Tables for males and females to the Separate RP2009 Annuitants/Non-Annuitants Mortality Tables for males and females. This change was made to better reflect anticipated plan experience.

v) For minimum funding purposes, the mortality table was changed from the Separate RP2008 Annuitants/Non-Annuitants Mortality Tables for males and females to the Separate RP2009 Annuitants/Non-Annuitants Mortality Tables for males and females as prescribed under PPA.

vi) The assumed disability rate was changed to assume no incidence for disability.

vii) An early retirement assumption was added to better reflect anticipated plan experience.

Pension Plan for Employees of First National Bank of Jeffersonville

EIN 14-0779859 / PN 001

Schedule SB, line 25 – Change in Method

i) An administrative expense load equal to the prior year's actual expenses was added to the Funding Target Normal Cost.

Pension Plan for Employees of First National Bank of Jeffersonville

EIN 14-0779859 / PN 001

Schedule SB, line 26 –

Schedule of Active Participant Data

Number of Participants by Age and Service Groups

	Years of Service										
Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40&Up	Total
0-24	2	4	-	-	-	-	-	-	-	-	6
25-29	2	12	1	-	-	-	-	-	-	-	15
30-34	2	3	8	4	-	-	-	-	-	-	17
35-39	1	1	2	4	1	-	-	-	-	-	9
40-44	3	5	2	2	3	3	-	-	-	-	18
45-49	-	6	1	-	1	4	-	-	-	-	12
50-54	2	6	4	3	1	1	-	-	-	-	17
55-59	-	-	5	-	-	1	-	-	-	-	6
60-64	2	1	1	-	2	3	1	-	-	-	10
65-69	-	-	-	1	-	-	-	-	-	-	1
70&Up	-	-	-	-	-	-	-	-	-	-	-
Total	14	38	24	14	8	12	1	-	-	-	111

Average Compensation by Age and Service Groups

	Years of Service										
Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40&Up	Average
0-24	*	*	-	-	-	-	-	-	-	-	*
25-29	*	*	*	-	-	-	-	-	-	-	*
30-34	*	*	*	*	-	-	-	-	-	-	*
35-39	*	*	*	*	*	-	-	-	-	-	*
40-44	*	*	*	*	*	*	-	-	-	-	*
45-49	-	*	*	-	*	*	-	-	-	-	*
50-54	*	*	*	*	*	*	-	-	-	-	*
55-59	-	-	*	-	-	*	-	-	-	-	*
60-64	*	*	*	-	*	*	*	-	-	-	*
65-69	-	-	-	*	-	-	-	-	-	-	*
70&Up	-	-	-	-	-	-	-	-	-	-	-
Average	*	40,216	40,596	*	*	*	*	-	-	-	41,602

* If there are fewer than 20 participants in a cell, the average compensation is not reported.

Pension Plan for Employees of First National Bank of Jeffersonville
EIN 14-0779859 / PN 001

Schedule SB, line 32 –
Schedule of Amortization Bases

The amount needed to amortize the net Funding Shortfall to the Applicable Funding Target, in combination with prior Shortfall amortization payments, for the plan year beginning October 1, 2009 is determined below. The net Shortfall Amount is amortized in seven level payments using the current segment interest rates.

1. Present Value of Remaining Prior Shortfall Amortizations

	Date Established	Amortization Amount	Present Value Factor	Present Value
a.	October 1, 2008	$247,357	5.27528	$1,304,877
b.	Total	247,357		1,304,877

2. Development of current year Shortfall Base

a.	Applicable Funding Target	8,490,423
b.	Applicable Funding Target Percentage	94%
c.	Plan Assets less Carryover and Prefunding Balances	6,652,300
d.	Funding Shortfall Amount [(a) x (b) – (c) – (1b)]	23,821
e.	Amortization factor for current year	5.95256
f.	Shortfall Amortization for current year [(d) / (e)]	4,002

3. Total Shortfall Amortization [(1b) + (2f)] $251,359

Pension Plan for Employees of First National Bank of Jeffersonville

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
EIN: 14-0779859 Plan Number: 001
September 30, 2010

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
*	RBS CITIZENS N.A. CASH SWEEP ACCOUNT	Money market fund	$ 1,838,129	$ 1,838,129
			1,838,129	1,838,129
	FED FARM CR BK $100,000 PAR 3.740% 4/19/17	U. S. government agency bonds	100,000	104,250
	FED HOME LN BKS $100,000 PAR 4.050% 4/15/19	U. S. government agency bonds	100,000	101,969
	FED NATL MTG ASSN $100,000 PAR 3.100% 8/25/15	U. S. government agency bonds	100,000	101,031
	FED NATL MTG ASSN $100,000 PAR 3.300% 3/01/16	U. S. government agency bonds	100,000	101,094
	FEDERAL FARM CR BKS $100,000 PAR 4.250% 1/27/20	U. S. government agency bonds	100,000	105,313
			500,000	513,657
	BK OF AMERICA $100,000 PAR 3.700% 9/01/15	Corporate and foreign bonds	100,315	101,029
	JPMORGAN CHASE $100,000 PAR 4.400% 7/22/20	Corporate and foreign bonds	101,300	102,411
	JPMORGAN CHASE & CO $100,000 PAR 3.700% 1/20/15	Corporate and foreign bonds	101,394	105,633
	CREDIT SUISSE $100,000 PAR 5.400% 1/14/20	Corporate and foreign bonds	99,756	106,676
	SANTANDER US $100,000 PAR 2.991% 10/07/13	Corporate and foreign bonds	100,000	100,000
			502,765	515,749
	DENVER CO BAB $100,000 PAR 3.500% 12/15/20	State and municipal obligations	101,282	101,282
	NEW JERSEY ENV $100,000 PAR 4.500% 9/01/18	State and municipal obligations	102,171	104,669
	OREGON ST BAB $100,000 PAR 2.600% 4/01/14	State and municipal obligations	100,000	102,906
	WILLIAMSPORT PA $100,000 PAR 5.090% 1/01/19	State and municipal obligations	100,000	106,210
	WISCONSIN STBAB $100,000 PAR 3.600% 5/01/21	State and municipal obligations	100,000	99,637
	NEW YORK N Y $100,000 PAR 4.366% 8/01/17	State and municipal obligations	102,063	107,309
			605,516	622,013
	ABBOTT LABORATORIES	Common stocks	27,005	26,120
	AFLAC INC	Common stocks	17,023	20,684
	ALLEGHENY TECHNOLOGIES INC	Common stocks	13,889	13,935
	ALLIANCE DATA SYS CORP	Common stocks	21,369	22,841
	AMETEK INC	Common stocks	15,874	21,496
	AMPHENOL CORP NEW	Common stocks	20,747	24,490
	APACHE CORP.	Common stocks	27,884	29,328
	APPLE COMPUTER INC.	Common stocks	30,811	42,562
	ASHLAND INC NEW	Common stocks	27,289	31,700
	AT & T INC	Common stocks	33,424	35,750
	AVNET, INC.	Common stocks	20,597	20,257
	BAKER HUGHES INC	Common stocks	36,490	38,340
	BAXTER INTERNATIONAL INC.	Common stocks	23,988	20,277
	BECTON DICKINSON & CO	Common stocks	30,605	31,493
	BEST BUY COMPANY INC	Common stocks	25,991	24,498
	BOEING CO.	Common stocks	31,462	36,597
	BUCYRUS INTL INC NEW	Common stocks	14,984	31,208
	CAPITAL ONE FINL CORP	Common stocks	28,653	25,708
	CATERPILLAR INC	Common stocks	22,274	35,406
	CBS CORP NEW CL B	Common stocks	19,240	19,825
	CELGENE CORP	Common stocks	17,661	17,283
	CHEVRON CORP	Common stocks	33,496	36,473
	CIGNA	Common stocks	24,790	26,835
	CISCO SYSTEMS	Common stocks	33,002	31,755
	CLIFFS NATURAL RESOURCES INC	Common stocks	23,458	25,568
	CLOROX CO.	Common stocks	27,335	30,042
	COCA-COLA CO.	Common stocks	27,197	29,260
	CONOCOPHILLIPS	Common stocks	24,670	28,715
	CREE INC	Common stocks	28,549	27,145
	DEERE & CO.	Common stocks	26,140	31,401
	DOLLAR TREE INC	Common stocks	17,122	25,599
	DOVER CORP.	Common stocks	14,245	20,884
	E M C CORP MASS	Common stocks	24,728	29,450
	E.I. DUPONT deNEMOURS & CO.	Common stocks	20,549	26,772
	EATON CORP	Common stocks	29,039	37,121
	EMERSON ELECTRIC CO.	Common stocks	31,953	34,229

Pension Plan for Employees of First National Bank of Jeffersonville

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
EIN: 14-0779859 Plan Number: 001
September 30, 2010

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
	ENERGIZER HLDGS INC	Common stocks	25,089	25,211
	EXELON CORP	Common stocks	$ 34,361	$ 31,935
	EXXON MOBIL CORP	Common stocks	39,697	37,074
	FIRSTMERIT CORP	Common stocks	21,468	21,984
	FISERV INC	Common stocks	19,006	21,528
	FORTUNE BRANDS INC	Common stocks	21,517	24,615
	FREEPORT-MCMORAN COPPER & GOLD	Common stocks	28,254	29,888
	GENERAL ELECTRIC CO	Common stocks	30,503	32,500
	GLOBAL PAYMENTS INC	Common stocks	30,131	27,879
	GOLDMAN SACHS GROUP INC	Common stocks	35,451	32,531
	GOOGLE INC	Common stocks	29,068	31,547
	HAEMONETICS CORP MASS	Common stocks	19,888	20,486
	HANCOCK HOLDING CO	Common stocks	31,984	22,553
	HANESBRANDS INC	Common stocks	28,674	29,739
	HARRIS CORPORATION	Common stocks	21,999	22,145
	HELMERICH & PAYNE	Common stocks	30,306	30,345
	HEWLETT PACKARD CO	Common stocks	22,508	21,035
	HUBBELL INC. CLASS B	Common stocks	21,570	25,375
	INTEGRA LIFESCIENCES HLDGS C	Common stocks	19,329	17,757
	INTEL CORP	Common stocks	26,202	25,920
	INTERNATIONAL BUSINESS MACHINES	Common stocks	33,865	36,888
	JOHNSON & JOHNSON	Common stocks	26,358	27,882
	JPMORGAN CHASE & CO	Common stocks	38,831	36,157
	KIMBERLY CLARK	Common stocks	21,681	22,767
	LOWES COMPANIES INC	Common stocks	23,868	22,290
	MASTERCARD INC	Common stocks	22,242	22,400
	MCDONALDS CORP.	Common stocks	21,399	26,078
	MEADWESTVACO CORP	Common stocks	25,942	28,037
	MERCK & CO INC NEW	Common stocks	23,285	23,926
	MICROCHIP	Common stocks	23,787	28,305
	MICROSOFT CORP	Common stocks	20,033	18,367
	MSC INDL DIRECT INC CL A	Common stocks	23,817	24,318
	NEXTERA ENERGY INC COM	Common stocks	16,318	16,317
	OCCIDENTAL PETROLEUM CORP.	Common stocks	27,867	27,405
	ORACLE SYSTEMS CORP.	Common stocks	22,266	26,850
	PACTIV CORP	Common stocks	12,526	16,490
	PEOPLES UNITED FINANCIAL INC	Common stocks	22,536	19,635
	PEPSICO INC	Common stocks	29,478	33,220
	PFIZER INC	Common stocks	24,321	23,179
	PHH CORP NEW	Common stocks	20,121	21,060
	PHILLIPS VAN HEUSEN CORP	Common stocks	20,707	30,080
	PNC FINANCIAL SERVICES GROUP	Common stocks	24,626	23,359
	PNM RES INC	Common stocks	19,036	17,085
	PRAXAIR INC. NY COM	Common stocks	23,788	27,078
	PROCTER & GAMBLE CO	Common stocks	29,212	29,985
	QUALCOMM CORP	Common stocks	18,244	18,053
	QUEST DIAGNOSTIC INC	Common stocks	27,235	25,235
	SCRIPPS NETWORKS INTERACTIVE INC	Common stocks	22,283	23,790
	SELECT SEC SPDR MATLS	Common stocks	15,451	16,390
	SPX CORP	Common stocks	22,658	25,312
	STARBUCKS CORP	Common stocks	22,826	24,272
	STERICYCLE INC	Common stocks	9,880	13,896
	TARGET CORP	Common stocks	24,323	26,720
	TRACTOR SUPPLY CO	Common stocks	19,988	23,796
	TRAVELERS COMPANIES INC	Common stocks	25,844	26,050
	UNITED TECHNOLOGIES CORP	Common stocks	32,808	35,615
	UNUMPROVIDENT CORP	Common stocks	24,506	24,365
	US BANCORP DEL (NEW)	Common stocks	17,415	16,215
	VEECO INSTRS INC DEL	Common stocks	22,034	22,665
	WADDELL & REED FINL INC	Common stocks	16,874	13,680
	WALT DISNEY CO.	Common stocks	34,426	38,065
	WASTE MGMT INC DEL	Common stocks	26,675	30,379
	WELLS FARGO & CO NEW	Common stocks	33,593	31,394
	WESTERN DIGITAL CORP	Common stocks	28,959	21,293
	WHIRLPOOL CORP	Common stocks	30,312	32,384

Pension Plan for Employees of First National Bank of Jeffersonville

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
EIN: 14-0779859 Plan Number: 001
September 30, 2010

(a)	Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
	YUM BRANDS INC	Common stocks	15,547	20,727
	3M CO	Common stocks	27,508	30,349
	ENSCO PLC SPONSORED ADR	Common stocks	$ 15,986	$ 15,655
	RAYONIER INC COM	Common stocks	18,587	22,554
			2,582,410	2,751,106
	TEMPLETON INSTITUTIONAL FOREIGN	Registered investment companies	435,974	446,391
	ISHARES MSCI EMERGING MKTS	Registered investment companies	159,543	179,080
	ISHARES S&P SMALL CAP INDEX FD	Registered investment companies	159,800	177,270
	SPDR S&P 500 ETF TRUST	Registered investment companies	448,195	456,520
	TEMPLETON GLOBAL BOND ADVISOR #616	Registered investment companies	150,595	154,429
	VANGUARD ADMIRAL FIXED STCORP #539	Registered investment companies	354,677	359,488
	VANGUARD INTER TERM BD IDX SS #1350	Registered investment companies	354,624	373,136
			2,063,408	2,146,314
			$ 8,092,228	$ 8,386,968

* A party-in-interest as defined by ERISA

Pension Plan for Employees of First National Bank of Jeffersonville

Schedule H, Line 4(j) - Schedule of Reportable Transactions
EIN: 14-0779859 Plan Number: 001
Year Ended September 30, 2010

	Identity of Party (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Lease Rental (e)	Expenses (f)	Cost (g)	Current Value (h)	Net Gain (Loss) (i)
	Single Transactions								
	State Street Mortgage Backed	Common/collective trust fund	$ -	$ 421,983	$ -	$ -	$ 407,140	$ 421,983	$ 14,843
	State Street Interm Gov/Credit	Common/collective trust fund	-	1,129,669	-	-	1,075,817	1,129,669	53,852
	State Street S&P 500 Flagship	Common/collective trust fund	-	1,003,823	-	-	990,259	1,003,823	13,564
	State Street Mid-Cap 400 Index	Common/collective trust fund	-	336,493	-	-	304,148	336,493	32,345
*	RBS Citizens N.A. Cash Sweep Account	Money market fund	481,000	-	-	-	481,000	481,000	-
*	RBS Citizens N.A. Cash Sweep Account	Money market fund	1,250,000	-	-	-	1,250,000	1,250,000	-
*	RBS Citizens N.A. Cash Sweep Account	Money market fund	750,263	-	-	-	750,263	750,263	-
*	RBS Citizens N.A. Cash Sweep Account	Money market fund	3,159,821	-	-	-	3,159,821	3,159,821	-
*	RBS Citizens N.A. Cash Sweep Account	Money market fund	1,003,823	-	-	-	1,003,823	1,003,823	-
*	RBS Citizens N.A. Cash Sweep Account	Money market fund	2,185,998	-	-	-	2,185,998	2,185,998	-
*	RBS Citizens N.A. Cash Sweep Account	Money market fund	-	3,159,821	-	-	3,159,821	3,159,821	-
	Series Transactions								
	Standard & Poors Tr Unit Ser 1	Registered investment company	448,195	-	-	282	448,195	448,195	-
	Vanguard Inter Term BD IDX SS #1350	Registered investment company	354,625	-	-	-	354,625	354,625	-
	Vanguard Short Term Corp Fund #39	Registered investment company	354,676	-	-	-	354,676	354,676	-
*	RBS Citizens N.A. Cash Sweep Account	Money market fund	8,867,169	-	-	-	8,867,169	8,867,169	-
*	RBS Citizens N.A. Cash Sweep Account	Money market fund	-	9,000,073	-	-	9,000,073	9,000,073	-

* A party-in-interest as defined by ERISA