

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 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>THE C.J. KREHBIEL COMPANY EMPLOYEES PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1963</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1963</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1963</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>C.J. KREHBIEL COMPANY</u> <u>3962 VIRGINIA AVENUE</u> <u>CINCINNATI, OH 45227</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-0345250</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>513-271-6035</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>323100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-0345250</u>	2c Sponsor's telephone number <u>513-271-6035</u>	2d Business code (see instructions) <u>323100</u>	
2b Employer Identification Number (EIN) <u>31-0345250</u>					
2c Sponsor's telephone number <u>513-271-6035</u>					
2d Business code (see instructions) <u>323100</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	<u>10/13/2011</u>	<u>MIKE DONLEY</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") C.J. KREHBIEL COMPANY 3962 VIRGINIA AVENUE CINCINNATI, OH 45227	3b Administrator's EIN 31-0345250 3c Administrator's telephone number 513-271-6035
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	145
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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	106
b Retired or separated participants receiving benefits.....	6b	3
c Other retired or separated participants entitled to future benefits.....	6c	22
d Subtotal. Add lines 6a , 6b , and 6c	6d	131
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	3
f Total. Add lines 6d and 6e	6f	134
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	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B 1G

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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

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

A Name of plan <u>THE C.J. KREHBIEL COMPANY EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>C.J. KREHBIEL COMPANY</u>	D Employer Identification Number (EIN) <u>31-0345250</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>	
2 Assets:	
a Market value	2a <u>9342687</u>
b Actuarial value	2b <u>9342687</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>4</u> <u>49212</u>
b For terminated vested participants	3b <u>20</u> <u>226175</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>0</u>
(2) Vested benefits	3c(2) <u>5283074</u>
(3) Total active	3c(3) <u>121</u> <u>5283074</u>
d Total	3d <u>145</u> <u>5558461</u>
4 If the plan is at-risk, check the box and complete items (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.52</u> %
6 Target normal cost	6 <u>30000</u>

Statement by Enrolled Actuary

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

SIGN HERE	
Signature of actuary <u>HANS NIENABER</u>	Date <u>11-05737</u>
Type or print name of actuary <u>CUNI, RUST & STRENK, INC.</u>	Most recent enrollment number <u>513-891-0270</u>
Firm name <u>4540 COOPER ROAD, SUITE 304</u> <u>CINCINNATI, OH 45242-5617</u>	Telephone number (including area code)
Address of the firm	

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

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II	Beginning of year carryover and prefunding balances	(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	2404576	
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	20000	
9	Amount remaining (Item 7 minus item 8).....	2384576	
10	Interest on item 9 using prior year's actual return of <u>21.73</u> %	518168	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		
b	Interest on (a) using prior year's effective rate of <u>6.41</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		
12	Reduction in balances due to elections or deemed elections.....	0	
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	2902744	0

Part III	Funding percentages		
14	Funding target attainment percentage.....	14	115.85 %
15	Adjusted funding target attainment percentage.....	15	168.08 %
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	100.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 5.03 %	2nd segment: 6.73 %	3rd segment: 6.82 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan THE C.J. KREHBIEL COMPANY EMPLOYEES PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 C.J. KREHBIEL COMPANY		D Employer Identification Number (EIN) 31-0345250

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PNC BANK, NATIONAL ASSOCIATION
25-1211909

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
PNC FINANCIAL SERVICES GROUP, INC
25-1435979

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

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

PNC BANK

1900 EAST NINTH STREET
CLEVELAND, OH 44114

22-1146430

(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?
13	TRUSTEE	19112	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

CUNI, RUST & STRENK

4540 COOPER ROAD, SUITE 304
CINCINNATI, OH 45242

31-1227755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	11075	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

PENSION BENEFIT GUARANTY CORP.

DEPARTMENT 77430 PO BOX 77000
DETROIT, MI 48277

(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?
23	NONE	10583	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

BARNES DENNIG & CO., LTD

150 EAST FOURTH STREET
CINCINNATI, OH 45202

31-1119890

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	8050	Yes ☐ No ☒	Yes ☐ No ☐	0	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)
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a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning **01/01/2010** and ending **12/31/2010**

A Name of plan THE C.J. KREHBIEL COMPANY EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 C.J. KREHBIEL COMPANY		
D Employer Identification Number (EIN) 31-0345250		

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	13575	102405
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	646433	244838
(2) U.S. Government securities	1c(2)	0	186988
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	8087	0
(B) Common	1c(4)(B)	2324300	3155503
(5) Partnership/joint venture interests	1c(5)	0	5943
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6703938	6997872
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	9696333	10693549

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	37857	15901
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	37857	15901

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	9658476	10677648
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3659	
(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)		3659
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	215439	
(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)		215439
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	3718179	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3694873	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		23306

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	351914	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		351914
(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)		588976
c Other income.....	2c		4655
d Total income. Add all income amounts in column (b) and enter total.....	2d		1187949

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	112138	
(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)		112138
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)	25389	
(2) Contract administrator fees	2i(2)	29695	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1555	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		56639
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		168777

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1019172
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: BARNES DENNIG & CO., LTD.

(2) EIN: 31-1119890

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

- 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)

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 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>THE C.J. KREHBIEL COMPANY EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>C.J. KREHBIEL COMPANY</u>	D Employer Identification Number (EIN) <u>31-0345250</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
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): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3 <u>12</u>

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2010
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

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

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

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

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

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

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

The C.J. Krehbiel Company Employees' Pension Plan

**Financial Statements
With Accompanying Information
Years Ended December 31, 2010 and 2009
With Report of Independent Certified Public Accountants**



BARNES DENNIG

Accounting • Tax • Business Insight

Report of Independent Certified Public Accountants

To the Trustees of
The C.J. Krehbiel Company Employees' Pension Plan
Cincinnati, Ohio

We were engaged to audit the accompanying Statements of Net Assets Available for Benefits of The C.J. Krehbiel Company Employees' Pension Plan as of December 31, 2010 and 2009, and the related Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2010, and Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2010. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by National City Bank and PNC, the trustees of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that National City Bank held the Plan's investment assets and executed investment transactions for the period January 1, 2009 to April 30, 2010 and PNC Bank held the Plan's investment assets and executed investment transactions for the period May 1, 2010 to December 31, 2010. The Plan Administrator has obtained a certification from the trustees as of December 31, 2010 and 2009 and for the year ended December 31, 2010, that the information provided to the Plan Administrator by the trustees 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 schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Cincinnati, Ohio
September 30, 2011

THE C.J. KREHBIEL COMPANY EMPLOYEES' PENSION PLAN

Statements of Net Assets Available for Benefits December 31, 2010 and 2009

	2010	2009
Assets		
Investments, at fair value:		
Mutual funds	\$ 6,997,872	\$ 6,703,938
Common stock	3,155,503	2,324,300
Money market fund	244,838	646,433
U.S. Government securities	186,988	-
Partnership	5,943	-
Preferred stock	-	8,087
Total investments	10,591,144	9,682,758
Accrued interest and dividends	17,913	13,575
Pending trades	84,492	-
Total assets	10,693,549	9,696,333
Liabilities		
Cash overdraft	-	25,420
Accrued administrative expenses	15,901	12,437
Total assets	15,901	37,857
Net assets available for benefits	\$ 10,677,648	\$ 9,658,476

The accompanying notes are an integral part of these financial statements

THE C.J. KREHBIEL COMPANY EMPLOYEES' PENSION PLAN

Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2010

Additions:

Investment income	
Net appreciation in fair value of investments	\$ 964,196
Dividends	215,439
Interest	3,659
Other	<u>4,655</u>
 Total income	 <u>1,187,949</u>

Deductions:

Benefits paid for retirements and terminations	112,138
Administrative expenses	<u>56,639</u>
 Total deductions	 <u>168,777</u>
 Net increase	 1,019,172

Net assets available for benefits:

Beginning of year	<u>9,658,476</u>
 End of year	 <u><u>\$ 10,677,648</u></u>

The accompanying notes are an integral part of these financial statements

THE C.J. KREHBIEL COMPANY EMPLOYEES' PENSION PLAN

Notes to Financial Statements

NOTE 1 DESCRIPTION OF THE PLAN

The following description of The C.J. Krehbiel Company Employees' Pension Plan ("the Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit plan that provides retirement benefits to substantially all Employees' who have attained age 21 and completed one year of eligible service. The Company contributes such amounts as are necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to Plan members. The contributions are designed to fund the Plan's normal service costs on a current basis. National City Bank was the Plan's trustee, which was then acquired by PNC Bank. Effective May 1, 2010, PNC became the Plan's new trustee. Cuni, Rust & Strenk is the Plan's Actuary. The Plan is administered by the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

As of April 15, 2009, the Plan does not permit new entrants.

Pension Benefits

Benefits under the Plan are funded by the Company. Contributions are made based on recommendations by the Actuary, who performs annual valuations of the Plan. The funds are held, invested, and disbursed by the trustee.

Normal retirement occurs at the age of 65 with a monthly benefit based upon the sum of: 1.1% of the employee's average compensation for the years 1993 - 1997 up to the 1997 covered compensation amount, 1.6% of the average compensation for the years 1993 - 1997 in excess of the 1997 covered compensation amount times the years of benefit service at December 31, 1997, 1.1% of the annual compensation for each year after 1997 times the benefit factor for each year and 0.5% of the annual compensation in excess of the integration level times the lesser of the individual's benefit factor and the amount by which 35 exceeds the number of benefit years as of the beginning of such year. Early retirement is permitted after age 60 and 5 years of service. The employee may then elect to begin receiving benefits upon attaining normal retirement date or receive an actuarially reduced benefit upon taking early retirement. There are other various forms of pension benefits and methods of payment available under the Plan.

Death Benefits

In the event of death of an active vested participant after the age of 50, then a death benefit is payable to your beneficiary under the Plan. The death benefit may be paid in various forms and commence at various times depending on whether your beneficiary is your surviving spouse. Regardless of the form in or times at which paid, the value of the death benefit will be equal to the value of the monthly retirement benefit that you had earned under the Plan at the time of your death. Payments to any surviving spouse will continue for the life of the surviving spouse.

Vesting Provisions

All active participants in the Plan became fully vested in their accrued benefits effective as of the freeze date, April 15, 2009.

THE C.J. KREHBIEL COMPANY EMPLOYEES' PENSION PLAN

Notes to Financial Statements (Continued)

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying financial statements of The C.J. Krehbiel Company Employees' Pension Plan have been prepared on the accrual basis of accounting using accounting principles generally accepted in the United States of America.

Investment Valuation

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 5 for 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 includes the plan's gains and losses on investments bought and sold as well as held during the year.

Purchases and sales of investments are accounted for on the trade date (the date the order to buy or sell is executed). The cost of investments sold is computed on an average cost basis. Dividend income is recorded on the ex-dividend date, and interest income is recorded as earned.

Net appreciation (depreciation) in fair value of investments consists of the net realized gain (loss) from sales of assets and the net unrealized gain (loss) from changes in the fair value of assets during the year.

Employee Contributions

Prior to the adoption of The C.J. Krehbiel Company 401(k) Plan on June 1, 1987, participants in the Plan could make after-tax contributions to the Plan. Any contributions to the Plan before 1987 will remain in the Plan and continue to be invested until they are paid. These contributions are typically invested in low-risk bonds and money market funds which are at the discretion of the plan trustees. The balance of these employee contributions and the reinvested income totaled \$329,709 and \$328,227 at December 31, 2010 and 2009, respectively. If a participant terminates and is entitled to receive a retirement benefit under the regular part of the Plan, then the value of the voluntary account will be used to increase the amount of your retirement benefit under the Plan. If, however, you are not entitled to a retirement benefit under the regular part of the Plan, then the voluntary account will be distributed to the participant as if it were a regular retirement benefit under the Plan. Regular retirement benefits are generally not payable before your retirement during employment.

Payment of Benefits

The Plan pays all benefits to pensioners. Benefit payments to participants are recorded upon distribution.

Expenses

In 2010 and 2009, certain expenses and costs of administering the Plan were paid by The C. J. Krehbiel Company (the Company).

THE C.J. KREHBIEL COMPANY EMPLOYEES' PENSION PLAN

Notes to Financial Statements (Continued)

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Related Party Transactions

Certain Plan investments are invested in mutual funds managed by National City Bank and PNC Bank. National City Bank and PNC Bank are the Trustees as defined by the Plan and therefore, these transactions qualify as party-in-interest.

Several employees of the Company provide administrative services to the Plan. These services include Plan oversight and day-to-day Plan administration. The Plan is not charged by the Company for the services of the employees to the Plan.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan Administrator and Actuary to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates. Management believes that the estimates utilized in preparing its financial statements are reasonable and prudent.

Subsequent Events

The Plan has evaluated all events subsequent to the balance sheet date of December 31, 2010 through September 30, 2011, which is the date these financial statements were available to be issued, and have been determined that there are no subsequent events that require disclosure under applicable accounting principles generally accepted in the United States (GAAP) for subsequent events.

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service that employees have rendered to date and that are expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) present employees and their beneficiaries, and (c) beneficiaries of employees who have died. Benefits for retired or terminated employees or their beneficiaries are based on actual benefits earned during their term of employment. The accumulated plan benefits for active employees are based on their actual compensation over their respective years of service, utilizing various benefit formulas as specified by the Plan. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included to the extent they are deemed attributable to employee service rendered to the valuation date.

THE C.J. KREHBIEL COMPANY EMPLOYEES' PENSION PLAN

Notes to Financial Statements (Continued)

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The actuarial present value of accumulated Plan benefits is that amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payments (by means of decrements such as for death, withdrawal, or retirement) between the valuation date and the expected dates of payment. The actuarial assumptions below are based on the assumption 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.

The components of the actuarial present value of accumulated plan benefits as of December 31, 2010 and 2009 are:

	<u>2010</u>	<u>2009</u>
Vested benefits:		
Participants currently receiving payments	\$ 484,407	\$ 337,623
Other participants	<u>6,483,124</u>	<u>6,470,637</u>
Total actuarial present value of accumulated plan benefits	6,967,531	6,808,260
Employee contributions	<u>329,709</u>	<u>328,227</u>
Total accumulated benefits	<u><u>\$ 7,297,240</u></u>	<u><u>\$ 7,136,487</u></u>

The actuarial value of Plan assets was \$10,378,973 and \$9,342,687 as of January 1, 2011 and 2010, respectively.

THE C.J. KREHBIEL COMPANY EMPLOYEES' PENSION PLAN

Notes to Financial Statements (Continued)

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The components of the changes in accumulated plan benefits for the years ended January 1, 2011 and 2010, respectively:

	2010	2009
Actuarial present value of accumulated plan benefits as of January 1, 2010 and 2009, respectively	\$ 7,136,487	\$ 8,243,999
Increase (decrease) during the year attributable to:		
Changes in actuarial assumptions	(128,800)	(1,252,247)
Benefits accumulated and experience	401,691	334,241
Benefits paid for retirements and terminations	(112,138)	(189,506)
Net increase	160,753	(1,107,512)
Actuarial present value of accumulated plan benefits at end of year	\$ 7,297,240	\$ 7,136,487

Due to the inherent uncertainties in actuarial estimates, it is reasonably possible that actuarial estimates could change in the near term.

NOTE 4 INVESTMENTS

The fair value of individual investments that represent 5% or more of the Plan's net assets at December 31, 2010 and 2009 are as follows:

	2010	2009
* PNC Int'l Equity Fund	\$ 1,659,832	\$ 1,578,998
* PNC Total Return Advantage Fund	1,604,108	1,397,132
* PNC Bond Fund	1,605,525	1,346,752
* PNC Small Cap Core Fund	618,473	1,007,063
* PNC Government Mortgage Fund	579,428	485,835
* Designates Party-in-interest.		

During the year ended December 31, 2010 the Plan's investment income (including gains and losses on investments bought and sold, as well as held during the year) were \$964,196.

THE C.J. KREHBIEL COMPANY EMPLOYEES' PENSION PLAN

Notes to Financial Statements (Continued)

NOTE 5 FAIR VALUE MEASUREMENT

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities and the lowest priority to unobservable inputs.

The hierarchy is broken down into three levels base on the ability to observe inputs as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset's 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 assets measured at fair value. There have been no changes in methodologies used at December 31, 2010 and 2009.

Money Market Funds and Mutual Funds: Valued at the net asset value ("NAV") of shares held by the plan at year end.

Preferred stock and common stock: Valued at the closing price reported on the active market on which the individual securities are traded.

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

THE C.J. KREHBIEL COMPANY EMPLOYEES' PENSION PLAN

Notes to Financial Statements (Continued)

NOTE 5 FAIR VALUE MEASUREMENT (CONTINUED)

Assets Measured at Fair Value on a Recurring Basis

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010:

Description	12/31/2010	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 6,997,872	\$ 6,997,872	\$ -	\$ -
Common stock	3,155,503	3,155,503	-	-
Money market funds	244,838	-	244,838	-
U.S. Government Securities	186,988	186,988	-	-
Partnership	5,943	5,943	-	-
Total assets	<u>\$ 10,591,144</u>	<u>\$ 10,346,306</u>	<u>\$ 244,838</u>	<u>\$ -</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009:

Description	12/31/2009	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 6,703,938	\$ 6,703,938	\$ -	\$ -
Common stock	2,324,300	2,324,300	-	-
Money market funds	646,433	-	646,433	-
Preferred Stock	8,087	8,087	-	-
Total assets	<u>\$ 9,682,758</u>	<u>\$ 9,036,325</u>	<u>\$ 646,433</u>	<u>\$ -</u>

THE C.J. KREHBIEL COMPANY EMPLOYEES' PENSION PLAN

Notes to Financial Statements (Continued)

NOTE 6 TAX STATUS

The Plan obtained its latest determination letter on April 4, 2011, 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. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 7 INFORMATION CERTIFIED BY THE TRUSTEES

The following information provided by National City Bank as of December 31, 2009 and PNC Bank as of December 31, 2010 and for the year ended December 31, 2010 was certified by them to be complete and accurate with respect to the following:

	2010	2009
Mutual funds	\$ 6,997,872	\$ 6,703,938
Common stock	3,155,503	2,324,300
Money market funds and cash	104,898	292,786
Preferred Stock	-	8,087
Partnership	5,943	-
	<u>\$ 10,264,216</u>	<u>\$ 9,329,111</u>

- a) The assets held by PNC Bank at December 31, 2010, as well as the transactions involving these assets from May 1, 2010 to December 31, 2010. The assets held by National City Bank at December 31, 2009, as well as the transactions involving these assets from January 1, 2009 to April 30, 2010.
- b) The amount of investment income for the year ended December 31, 2010.
- c) The Schedule H, Line 4i – Schedule of Assets (Held at End of Year) for the year ended December 31, 2010.

THE C.J. KREHBIEL COMPANY EMPLOYEES' PENSION PLAN

Notes to Financial Statements (Continued)

NOTE 8 GENERAL ACTUARIAL DATA

The more significant assumptions underlying the actuarial computations for the years ended December 31, 2010 and 2009 are:

Consulting Actuary	Cuni, Rust & Strenk												
Assumed Rate of Return on Investments	7.5% per annum, compounded annually for 2010 and 2009.												
Salary Increases	0.00% effective in 2009, as all active participants fully vested in their accrued benefits effective of the freeze date of April 15, 2009.												
Mortality	IRS 2011 and IRS 2010 Combined Static Mortality Table for 2010 and 2009, respectively.												
Termination of Employment	Sample probabilities of withdrawal areas follow:												
	<table> <tr> <th><u>Age</u></th><th><u>Percent Terminating Per Year</u></th></tr> <tr> <td>25</td><td>5.3</td></tr> <tr> <td>30</td><td>5.1</td></tr> <tr> <td>40</td><td>3.5</td></tr> <tr> <td>50</td><td>0.4</td></tr> <tr> <td>60</td><td>0.0</td></tr> </table>	<u>Age</u>	<u>Percent Terminating Per Year</u>	25	5.3	30	5.1	40	3.5	50	0.4	60	0.0
<u>Age</u>	<u>Percent Terminating Per Year</u>												
25	5.3												
30	5.1												
40	3.5												
50	0.4												
60	0.0												
Assumed Retirement Age	65, or attained age if older												
Assumptions Made In Valuing Spouse's Benefit	100% of active Employees' assumed to be married, with wives three years younger than their husbands												
Actuarial Method of Calculation	Funding - PPA Funding Method FAS 87/158 - Projected Unit Credit												
Assumed Expense Load	Based on previous years' administrative expenses.												

These 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.

THE C.J. KREHBIEL COMPANY EMPLOYEES' PENSION PLAN

Notes to Financial Statements (Continued)

NOTE 8 GENERAL ACTUARIAL DATA (CONTINUED)

In 2010, the interest rates used to determine the Target liability were updated to the tiered segments rate from 5.32%, 6.45%, and 6.69% to the tiered segment rates of 3.78%, 6.31% and 6.57% as required by IRS regulations. In 2010, the interest rates used to determine the FAS 35 liability were updated to the tiered segment rates from 4.41%, 4.57% and 4.27% to the tiered segment rates of 2.47%, 5.07% and 6.10%. In 2010, the mortality table used for plan liabilities was updated from the IRS 2010 Combined Static Mortality Table to the IRS 2011 Combined Static Mortality Table as required by IRS regulations. Active participants are assumed to elect a lump sum optional form of benefit at decrement.

NOTE 9 FUNDING POLICY

The Plan provides for regular annual funding by the Company. Employer contributions are based on actuarially determined deposit amounts in accordance with the minimum funding requirements of ERISA. The Plan has met the ERISA funding requirements.

Benefit payments are made directly by the Plan to the participant.

NOTE 10 PLAN TERMINATION

The Company expects the Plan to be continued indefinitely, but reserves the right to terminate the Plan and contributions thereunder, in whole or in part, at any time by action of its Trustees. If the Plan is terminated or partially terminated, benefits will be distributed pursuant to the terms of the Plan. Its net assets generally will not be available on a pro-rata basis to provide participants' benefits. Generally, the Plan provides the following priorities:

1. 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 when 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.
2. Vested benefits insured by the Pension Benefit Guarantee Corporation.
3. Other noninsured vested benefits.
4. All other nonvested benefits.

THE C.J. KREHBIEL COMPANY EMPLOYEES' PENSION PLAN

Notes to Financial Statements (Continued)

NOTE 10 PLAN TERMINATION (CONTINUED)

Certain benefits under the Plan are insured by the Pension Benefit Guarantee Corporation (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, there is a statutory ceiling which is adjusted periodically on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2010 and 2009, that ceiling is \$4,500 per month, respectively. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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 conditions of the plan sponsor and the level of benefits guaranteed by the PBGC. PBGC insurance guarantees are backed by the solvency of the PBGC - a U.S. Government agency. Should the PBGC become insolvent, additional appropriations to the agency would need to be authorized by the U.S. Government in order to pay guaranteed benefits.

THE C.J. KREHBIEL COMPANY EMPLOYEES' PENSION PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) Year Ended December 31, 2010

Schedule H (Form 5500)
EIN 31-0345250
Plan Number – 001

Column A	Column B	Column C	Column D	Column E
	Identity of issuer, borrower of similar entity	Description of Investment	Cost	Current Value
	Wells Fargo Bank, N.A	Money Market Fund	\$ 139,939	\$ 139,939
*	PNC Prime Money Market Fund	Money Market Fund	104,899	104,899
	Total money market funds		244,838	244,838
	US Treasury Strips 11/12	U.S. Govt Bond	98,897	98,897
	GMNA II Pass Thru Pool 3985 DTD 05/01/07	U.S. Govt Asset	88,091	88,091
	Total US Government Securities		186,988	186,988
	Blackstone Group	Partnership	5,258	5,943
	Total partnership		5,258	5,943
	Ishares TR Russell	Mutual Fund	317,422	464,712
*	PNC Bond Fund	Mutual Fund	1,553,704	1,605,525
*	PNC Government Mortgage Fund	Mutual Fund	575,882	579,428
*	PNC International Equity Fund	Mutual Fund	1,885,915	1,659,832
*	PNC Mid Cap Value Fund	Mutual Fund	547,728	465,794
*	PNC Small Cap Core Fund	Mutual Fund	570,306	618,473
*	PNC Total Return Advantage Fund	Mutual Fund	1,550,359	1,604,108
	Total mutual funds		7,001,316	6,997,872
	Common Stocks (See Attached)	Common Stock	2,751,695	3,155,503
	Total common stock		2,751,695	3,155,503
	Total investments		<u>\$ 10,190,095</u>	<u>\$ 10,591,144</u>

NOTE: Please find the Schedule of Common Stock (Held at End of Year) information attached.

NOTE: The attached data is based on information that has been certified as complete and accurate by PNC Bank.

* Denotes party-in-interest

See accompanying independent auditors' disclaimer of opinion

Detail

Corporate stock - common

Description (Symbol)	Value last statement	Quantity	Current	% of total portfolio	Unrealized gain/loss	Total original	Current yield	Estimated annual income	Accrued income
			market value Current price per unit			value at PNC Avg. original value at PNC per unit			
MARVELL TECHNOLOGY GROUP LTD (MRVL)	\$15,977.40		\$14,098.00	0.14 %	- \$1,879.40	\$15,977.40			
20-75-884-4468650		760	\$18.5500			\$21.02			
NABORS INDUSTRIES LTD (NBR)	25,089.38		30,967.20	0.31 %	5,877.82	25,305.69			
20-75-835-4468650		1,320	23.4600			19.17			
NOBLE CORPORATION (NE)	24,918.17		25,396.70	0.25 %	478.53	24,918.17	0.98 %	247.08	
SEDOL: B6529D7		710	35.7700			35.10			
ISIN: CH0033347318									
20-75-835-4468650									
CORE LABORATORIES N V (CLB)	14,830.29		19,412.90	0.19 %	4,582.61	14,830.29	0.27 %	52.32	
20-75-884-4468650		218	89.0500			68.03			

Detail

Corporate stock - common

Description (Symbol)	Value last statement	Current	% of total	Unrealized gain/loss	Total original	Current	Estimated	Accrued
		market value			value at PNC			
	Quantity	Current price per unit			Avg. original value at PNC per unit	yield	annual income	income
AT&T INC (T)	41,302.49	44,363.80	0.44 %	3,061.31	42,979.13	5.86 %	2,597.20	
20-75-835-4468650	1,510	29.3800			28.46			
ABBOTT LABORATORIES INC (ABT)	22,638.87	20,122.20	0.20 %	- 2,516.67	21,524.46	3.68 %	739.20	
20-75-884-4468650	420	47.9100			51.25			
ALLERGAN INC (AGN)	14,949.60	16,480.80	0.17 %	1,531.20	11,383.88	0.30 %	48.00	
20-75-884-4468650	240	68.6700			47.43			
ALLSTATE CORP (ALL)	14,505.67	15,270.52	0.15 %	764.85	16,922.13	2.51 %	383.20	95.80
20-75-835-4468650	479	31.8800			35.33			
AMAZON COM INC (AMZN)	14,442.96	21,240.00	0.21 %	6,797.04	14,442.95			
20-75-884-4468650	118	180.0000			122.40			
AMERICAN EXPRESS CO (AXP)	15,470.12	15,665.80	0.16 %	195.68	15,470.12	1.68 %	262.80	
20-75-884-4468650	365	42.9200			42.38			
AMERISOURCEBERGEN CORP (ABC)	18,831.05	22,860.40	0.23 %	4,029.35	18,831.05	1.18 %	268.00	
20-75-884-4468650	670	34.1200			28.11			
AMERIPRISE FINANCIAL INC-W/I (AMP)	14,615.68	19,567.00	0.20 %	4,951.32	14,615.68	1.26 %	244.80	
20-75-884-4468650	340	57.5500			42.99			
APACHE CORPORATION (APA)	25,128.53	30,761.34	0.30 %	5,632.81	23,634.69	0.51 %	154.80	
20-75-835-4468650	258	119.2300			91.61			
APPLE INC (AAPL)	52,742.17	81,607.68	0.80 %	28,865.51	32,385.22			
20-75-884-4468650	253	322.5600			128.00			
AVERY DENNISON CORP (AVY)	25,867.67	31,331.60	0.31 %	5,463.93	25,867.67	1.89 %	592.00	
20-75-835-4468650	740	42.3400			34.96			
BABCOCK & WILCOX CO (BWC)	26,490.36	29,837.94	0.30 %	3,347.58	26,490.37			
20-75-835-4468650	1,166	25.5900			22.72			
BALL CORPORATION (BLL)	20,782.70	24,838.25	0.25 %	4,055.55	20,782.70	0.83 %	204.40	
20-75-884-4468650	365	68.0500			56.94			
BAXTER INTERNATIONAL INC (BAX)	19,389.44	18,830.64	0.19 %	- 558.80	18,414.62	2.45 %	461.28	115.32
20-75-835-4468650	372	50.6200			49.50			
BORG WARNER INC (BWA)	17,588.92	19,175.40	0.19 %	1,586.48	17,588.92	0.67 %	127.20	
20-75-884-4468650	265	72.3600			66.37			
BROADCOM CORP (BRCM)	15,048.80	20,904.00	0.21 %	5,855.20	12,638.92	0.74 %	153.60	
20-75-884-4468650	480	43.5500			26.33			

Detail

Corporate stock - common

Description (Symbol)	Value last statement	Current	% of total	Unrealized gain/loss	Total original	Current	Estimated	Accrued
		market value			value at PNC			
	Quantity	price per unit			Avg. original value at PNC per unit	yield	annual income	income
CSX CORP (CSX)	20,814.88	24,874.85	0.25 %	4,059.97	20,814.88	1.61 %	400.40	
20-75-884-4468650	385	64.6100			54.06			
CVS CAREMARK CORPORATION (CVS)	27,157.68	30,423.75	0.30 %	3,266.07	27,157.68	1.44 %	437.50	
20-75-835-4468650	875	34.7700			31.04			
CALPINE CORP (CPN)	17,475.17	17,742.20	0.18 %	267.03	17,475.17			
20-75-835-4468650	1,330	13.3400			13.14			
CATERPILLAR INC (CAT)	21,909.67	33,249.30	0.33 %	11,339.63	21,909.67	1.88 %	624.80	
20-75-884-4468650	355	93.6600			61.72			
CELANESE CORP-SERIES A (CE)	15,243.02	20,626.17	0.21 %	5,383.15	11,920.56	0.49 %	100.20	
20-75-884-4468650	501	41.1700			23.79			
CELGENE CORP (CELG)	14,789.98	15,672.10	0.16 %	882.12	14,999.24			
20-75-884-4468650	265	59.1400			56.60			
CHEVRON CORPORATION (CVX)	56,517.86	67,981.25	0.67 %	11,463.39	54,904.99	3.16 %	2,145.60	
20-75-835-4468650	745	91.2500			73.70			
CHIPOTLE MEXICAN GRIL CL A (CMG)	7,461.21	13,397.58	0.14 %	5,936.37	7,461.21			
20-75-884-4468650	63	212.6600			118.43			
CHUBB CORP (CB)	31,229.33	34,591.20	0.34 %	3,361.87	31,022.19	2.49 %	858.40	214.60
20-75-835-4468650	580	59.6400			53.49			
CISCO SYSTEMS INC (CSCO)	14,639.25	13,857.55	0.14 %	- 781.70	14,639.25			
20-75-835-4468650	685	20.2300			21.37			
CISCO SYSTEMS INC (CSCO)	20,690.41	17,519.18	0.18 %	- 3,171.23	19,064.00			
20-75-884-4468650	866	20.2300			22.01			
COACH INC (COH)	19,169.66	29,314.30	0.29 %	10,144.64	15,455.01	1.09 %	318.00	79.50
20-75-884-4468650	530	55.3100			29.16			
COCA COLA CO (KO)	30,748.19	35,844.65	0.35 %	5,096.46	28,306.98	2.68 %	959.20	
20-75-884-4468650	545	65.7700			51.94			
CONOCOPHILLIPS (COP)	31,573.40	42,562.50	0.42 %	10,989.10	39,252.73	3.24 %	1,375.00	
20-75-835-4468650	625	68.1000			62.80			
CORNING INC (GLW)	23,811.35	24,439.80	0.24 %	628.45	21,344.19	1.04 %	253.00	
20-75-884-4468650	1,265	19.3200			16.87			
CUMMINS INC (CMI)	14,269.21	25,632.33	0.25 %	11,363.12	14,269.21	0.96 %	244.65	
20-75-884-4468650	233	110.0100			61.24			

Detail

Corporate stock - common

Description (Symbol)	Value last statement	Current market value	% of total portfolio	Unrealized gain/loss	Total original value at PNC	Current yield	Estimated annual income	Accrued income
		Current price per unit			Avg original value at PNC per unit			
DELL INC (DELL)	8,398.05	9,349.50	0.10 %	951.45	8,398.05			
20-75-835-4468650	690	13.5500			12.17			
DISCOVER FINANCIAL W/I (DFS)	14,719.80	18,437.35	0.18 %	3,717.55	14,719.80	0.44 %	79.60	19.90
20-75-835-4468650	995	18.5300			14.79			
DOLBY LABORATORIES INC (DLB) CLASS A	12,637.66	17,408.70	0.17 %	4,771.04	10,474.51			
20-75-884-4468650	261	66.7000			40.13			
DOVER CORP (DOV)	16,173.70	18,704.00	0.19 %	2,530.30	16,173.70	1.89 %	352.00	
20-75-884-4468650	320	58.4500			50.54			
EMC CORP (EMC)	13,422.81	18,320.00	0.18 %	4,897.19	13,422.81			
20-75-884-4468650	800	22.9000			16.78			
EASTMAN CHEM CO (EMN)	18,546.34	25,224.00	0.25 %	6,677.66	18,546.34	2.24 %	564.00	141.00
20-75-884-4468650	300	84.0800			61.82			
EATON CORP (ETN)	16,523.39	21,824.65	0.22 %	5,301.26	16,523.39	2.68 %	584.80	
20-75-884-4468650	215	101.5100			76.85			
EMERSON ELECTRIC CO (EMR)	22,585.65	27,327.26	0.27 %	4,741.61	22,585.65	2.42 %	659.64	
20-75-884-4468650	478	57.1700			47.25			
ENERGIZER HLDGS INC (ENR)	14,513.45	16,402.50	0.16 %	1,889.05	14,513.45			
20-75-884-4468650	225	72.9000			64.50			
ENERGIZER HLDGS INC (ENR)	29,151.47	33,461.10	0.33 %	4,309.63	29,151.47			
20-75-835-4468650	459	72.9000			63.51			
ENSCO PLC ADS (ESV)	17,121.94	20,551.30	0.20 %	3,429.36	17,121.93	2.02 %	413.88	
20-75-835-4468650	385	53.3800			44.47			
EXELON CORPORATION (EXC)	35,334.96	31,479.84	0.31 %	- 3,855.12	42,506.10	5.05 %	1,587.60	
20-75-835-4468650	756	41.6400			56.23			
EXXON MOBIL CORP (XOM)	59,507.72	71,292.00	0.70 %	11,784.28	60,360.11	2.41 %	1,716.00	
20-75-884-4468650	975	73.1200			61.91			
FMC TECHNOLOGIES INC (FTI)	20,771.90	31,563.05	0.31 %	10,791.15	20,771.90			
20-75-884-4468650	355	88.9100			58.51			
FORD MOTOR COMPANY (F)	14,328.61	22,582.55	0.22 %	8,253.94	14,328.61			
20-75-884-4468650	1,345	16.7900			10.65			

Detail

Corporate stock - common

Description (Symbol)	Value last statement	Current market value	% of total portfolio	Unrealized gain/loss	Total original value at PNC	Current yield	Estimated annual income	Accrued income
		Current price per unit			Avg. original value at PNC per unit			
GENERAL ELECTRIC CO (GE)	53,696.77	63,521.17	0.62 %	9,824.40	75,312.06	3.07 %	1,944.88	486.22
20-75-835-4468650	3,473	18.2900			21.69			
GENERAL MILLS INC (GIS)	15,688.38	15,837.55	0.16 %	149.17	15,688.38	3.15 %	498.40	
20-75-835-4468650	445	35.5900			35.25			
GILEAD SCIENCES INC (GILD)	17,828.70	17,214.00	0.17 %	- 614.70	17,828.70			
20-75-884-4468650	475	36.2400			37.53			
GOLDMAN SACHS GROUP INC (GS)	16,906.83	17,824.96	0.18 %	918.13	13,246.26	0.84 %	148.40	
20-75-835-4468650	106	168.1600			124.96			
GOODYEAR TIRE & RUBBER CO (GT)	16,040.56	14,871.75	0.15 %	- 1,168.81	16,040.55			
20-75-835-4468650	1,255	11.8500			12.78			
GOOGLE INC-CL A (GOOG)	45,265.40	44,547.75	0.44 %	- 717.65	40,784.24			
20-75-884-4468650	75	593.9700			543.79			
THE HERSHEY COMPANY (HSY)	25,056.14	24,753.75	0.25 %	- 302.39	25,056.14	2.72 %	672.00	
20-75-884-4468650	525	47.1500			47.73			
HEWLETT-PACKARD CO (HPQ)	13,394.00	10,988.10	0.11 %	- 2,405.90	13,394.00	0.77 %	83.52	
20-75-884-4468650	261	42.1000			51.32			
ILLINOIS TOOL WORKS INC (ITW)	25,190.29	28,569.00	0.28 %	3,378.71	25,190.29	2.55 %	727.60	181.90
20-75-835-4468650	535	53.4000			47.08			
INFORMATICA CORP (INFA)	17,446.89	22,675.45	0.23 %	5,228.56	17,446.89			
20-75-884-4468650	515	44.0300			33.88			
INTEL CORP (INTC)	29,860.39	30,872.04	0.31 %	1,011.65	29,716.05	3.45 %	1,064.30	
20-75-884-4468650	1,468	21.0300			20.24			
INTERNATIONAL BUSINESS MACHS (IBM)	58,208.20	66,042.00	0.65 %	7,833.80	49,573.25	1.78 %	1,170.00	
CORP	450	146.7600			110.16			
20-75-884-4468650								
INTERNATIONAL BUSINESS MACHS (IBM)	18,532.88	21,280.20	0.21 %	2,747.32	18,532.88	1.78 %	377.00	
CORP	145	146.7600			127.81			
20-75-835-4468650								
INTERNATIONAL PAPER CO (IP)	7,791.39	9,670.20	0.10 %	1,878.81	7,791.39	2.76 %	266.25	
20-75-835-4468650	355	27.2400			21.95			
JPMORGAN CHASE & CO (JPM)	46,110.34	48,316.38	0.48 %	2,206.04	46,579.87	0.48 %	227.80	
20-75-835-4468650	1,139	42.4200			40.90			

Detail

Corporate stock - common

Description (Symbol)	Value last statement	Current	% of total portfolio	Unrealized gain/loss	Total original	Current yield	Estimated annual income	Accrued income
		market value			value at PNC			
	Quantity	Current price per unit			Avg. original value at PNC per unit			
JOHNSON & JOHNSON (JNJ)	36,158.23	36,058.55	0.36 %	- 99.68	36,158.23	3.50 %	1,259.28	
20-75-835-4468650	583	61.8500			62.02			
JOY GLOBAL INC (JOYG)	16,510.95	17,783.75	0.18 %	1,272.80	16,510.95	0.81 %	143.50	
20-75-884-4468650	205	86.7500			80.54			
KIMBERLY-CLARK CORP (KMB)	18,219.22	18,281.60	0.18 %	62.38	18,219.22	4.45 %	812.00	191.40
20-75-835-4468650	290	63.0400			62.82			
KROGER CO (KR)	18,999.31	20,347.60	0.20 %	1,348.29	18,999.31	1.88 %	382.20	
20-75-835-4468650	910	22.3600			20.88			
LINCOLN NATIONAL CORP (LNC)	23,281.67	26,224.83	0.26 %	2,943.16	23,459.86	0.72 %	188.60	
20-75-835-4468650	943	27.8100			24.88			
LORILLARD INC (LO)	6,679.36	6,975.10	0.07 %	295.74	6,070.72	5.49 %	382.50	
20-75-835-4468650	85	82.0600			71.42			
LOWES COMPANIES INC (LOW)	30,673.59	35,337.72	0.35 %	4,664.13	30,673.59	1.76 %	619.96	
20-75-835-4468650	1,409	25.0800			21.77			
MASTERCARD INC CL A (MA)	24,027.72	23,531.55	0.23 %	- 496.17	24,027.72	0.27 %	63.00	
20-75-835-4468650	105	224.1100			228.84			
MC DERMOTT INTERNATIONAL INC (MDR)	22,021.35	21,621.05	0.22 %	- 400.30	13,295.83	0.97 %	209.00	
20-75-835-4468650	1,045	20.6900			12.72			
MC DONALDS CORP (MCD)	25,697.58	29,168.80	0.29 %	3,471.22	25,697.58	3.18 %	927.20	
20-75-884-4468650	380	76.7600			67.63			
MEDCO HEALTH SOLUTIONS INC (MHS)	14,299.83	18,687.35	0.19 %	4,387.52	14,299.83			
20-75-884-4468650	305	61.2700			46.88			
MERCK & CO INC (MRK)	45,810.01	45,482.48	0.45 %	- 327.53	47,110.83	4.22 %	1,918.24	479.56
20-75-835-4468650	1,262	36.0400			37.33			
MICROSOFT CORP (MSFT)	44,136.15	44,628.09	0.44 %	491.94	41,882.00	2.30 %	1,023.36	
20-75-835-4468650	1,599	27.9100			26.19			
MICROSOFT CORP (MSFT)	65,500.98	61,178.72	0.60 %	- 4,322.26	57,631.11	2.30 %	1,402.88	
20-75-884-4468650	2,192	27.9100			26.29			
MORGAN STANLEY (MS)	20,593.74	19,863.30	0.20 %	- 730.44	20,121.45	0.74 %	146.00	
20-75-835-4468650	730	27.2100			27.56			
NRG ENERGY, INC. (NRG)	15,846.43	13,756.16	0.14 %	- 2,090.27	16,055.85	2.56 %	352.00	
20-75-835-4468650	704	19.5400			22.81			

Detail

Corporate stock - common

Description (Symbol)	Value last statement	Current market value	%	Unrealized gain/loss	Total original value at PNC	Current yield	Estimated annual income	Accrued income
	Quantity	Current price per unit			Avg. original value at PNC per unit			
NATIONAL OILWELL VARCO INC (NOV)	15,386.18	22,528.75	0.22 %	7,142.57	15,386.18	0.66 %	147.40	
20-75-884-4468650	335	67.2500			45.93			
NETAPP INC (NTAP)	15,040.43	20,335.20	0.20 %	5,294.77	15,040.43			
20-75-884-4468650	370	54.9600			40.65			
NEWFIELD EXPLORATION CO (INX)	19,768.48	20,551.35	0.20 %	782.87	19,768.48			
20-75-884-4468650	285	72.1100			69.36			
NEWMONT MINING CORP (NEM)	13,631.60	13,207.45	0.13 %	- 424.15	13,631.60	0.98 %	129.00	
20-75-884-4468650	215	61.4300			63.40			
NEXTERA ENERGY INC (NEE)	46,916.17	25,371.12	0.25 %	- 21,545.05	26,451.52	3.85 %	976.00	
20-75-835-4468650	488	51.9900			54.20			
NORTHERN TRUST CORP (NTRS)	30,424.30	33,412.23	0.33 %	2,987.93	30,424.30	2.03 %	675.36	168.84
20-75-835-4468650	603	55.4100			50.45			
O REILLY AUTOMOTIVE INC (ORLY)	18,821.31	24,168.00	0.24 %	5,346.69	18,821.31			
20-75-884-4468650	400	60.4200			47.05			
ORACLE CORP (ORCL)	28,327.85	36,151.50	0.36 %	7,823.65	25,079.15	0.64 %	231.00	
20-75-884-4468650	1,155	31.3000			21.71			
PENNEY J C CO INC (JCP)	11,741.30	14,733.36	0.15 %	2,992.06	11,741.29	2.48 %	364.80	
20-75-835-4468650	456	32.3100			25.75			
PEPSICO INC (PEP)	21,881.40	23,518.80	0.23 %	1,637.40	22,818.94	2.94 %	691.20	172.80
20-75-884-4468650	360	65.3300			63.39			
PFIZER INC (PFE)	66,500.48	65,750.05	0.64 %	- 750.43	85,803.60	4.57 %	3,004.00	
20-75-835-4468650	3,755	17.5100			22.85			
PHILIP MORRIS INTERNAT-W/I (PM)	23,216.06	28,094.40	0.28 %	4,878.34	21,677.23	4.38 %	1,228.80	307.20
20-75-884-4468650	480	58.5300			45.16			
PROCTER & GAMBLE CO (PG)	35,411.56	37,311.40	0.37 %	1,899.84	33,005.43	3.00 %	1,117.66	
20-75-835-4468650	580	64.3300			56.91			
PUBLIC STORAGE (PSA)	14,536.50	15,213.00	0.15 %	676.50	14,738.19	3.16 %	480.00	
REITS	150	101.4200			98.25			
20-75-884-4468650								
QUALCOMM INC (QCOM)	25,285.68	25,982.25	0.26 %	696.57	25,285.68	1.54 %	399.00	
20-75-884-4468650	525	49.4900			48.16			

Detail

Corporate stock - common

Description (Symbol)	Value last statement	Current market value	% of total portfolio	Unrealized gain/loss	Total original value at PNC	Current yield	Estimated annual income	Accrued income
	Quantity	Current price per unit			Avg. original value at PNC per unit			
ST JUDE MEDICAL INC (STJ)	24,086.23	25,863.75	0.26 %	1,777.52	24,086.22	0.94 %	242.00	
20-75-884-4468650	605	42.7500			39.81			
STARBUCKS CORP (SBUX)	14,699.03	17,510.85	0.18 %	2,811.82	14,699.03	1.62 %	283.40	
20-75-884-4468650	545	32.1300			26.97			
STARWOOD HOTELS & RESORTS (HOT)	15,477.71	18,841.80	0.19 %	3,364.09	15,477.71	0.50 %	93.00	
WORLDWIDE INC	310	60.7800			49.93			
20-75-884-4468650								
SYMANTEC CORP (SYMC)	19,116.88	19,719.72	0.20 %	602.84	18,580.88			
20-75-835-4468650	1,178	16.7400			15.77			
TARGET CORP (TGT)	19,785.92	22,548.75	0.22 %	2,762.83	19,785.92	1.67 %	375.00	
20-75-835-4468650	375	60.1300			52.76			
TEVA PHARMACEUTICAL INDS LTD (TEVA)	14,400.42	13,814.45	0.14 %	- 585.97	14,400.42	1.28 %	176.76	
ADR	265	52.1300			54.34			
20-75-884-4468650								
3M COMPANY (MMM)	19,270.60	20,280.50	0.20 %	1,009.90	17,032.74	2.44 %	493.50	
20-75-884-4468650	235	86.3000			72.48			
TIFFANY & CO NEW (TIF)	18,634.11	27,149.72	0.27 %	8,515.61	18,601.33	1.61 %	436.00	109.00
20-75-884-4468650	436	62.2700			42.66			
TIME WARNER INC-WHEN ISSUED (TWX)	25,272.36	28,406.11	0.28 %	3,133.75	27,464.89	2.65 %	750.55	
20-75-835-4468650	883	32.1700			31.10			
TIME WARNER CABLE-W/I (TWC)	20,195.40	30,373.80	0.30 %	10,178.40	20,577.41	2.91 %	883.20	
20-75-835-4468650	460	66.0300			44.73			
THE TRAVELERS COS INC (TRV)	24,539.76	27,186.48	0.27 %	2,646.72	24,157.60	2.59 %	702.72	
20-75-835-4468650	488	55.7100			49.50			
UNITED PARCEL SERVICE CL B (UPS)	13,872.08	15,604.70	0.16 %	1,732.62	13,872.08	2.60 %	404.20	
20-75-884-4468650	215	72.5800			64.52			
UNITED TECHNOLOGIES CORP (UTX)	26,088.80	29,913.60	0.30 %	3,824.80	23,413.62	2.16 %	646.00	
20-75-884-4468650	380	78.7200			61.61			
UNITEDHEALTH GROUP INC (UNH)	21,030.61	23,652.05	0.24 %	2,621.44	21,030.61	1.39 %	327.50	
20-75-884-4468650	655	36.1100			32.11			
UNITEDHEALTH GROUP INC (UNH)	19,642.33	21,666.00	0.22 %	2,023.67	19,642.33	1.39 %	300.00	
20-75-835-4468650	600	36.1100			32.74			

Detail

Corporate stock - common

Description (Symbol)	Value last statement	Current market value	% of total portfolio	Unrealized gain/loss	Total original value at PNC	Current yield	Estimated annual income	Accrued income
		Current price per unit			Avg original value at PNC per unit			
VERIZON COMMUNICATIONS INC (VZ)	16,158.91	18,068.90	0.18 %	1,909.99	16,408.88	5.45 %	984.75	
20-75-835-4468650	505	35.7800			32.49			
VIACOM INC CLASS B WI (VIAB)	18,598.17	24,954.30	0.25 %	6,356.13	15,711.96	1.52 %	378.00	
20-75-884-4468650	630	39.6100			24.94			
VISA INC (V)	17,188.42	14,076.00	0.14 %	-3,112.42	15,038.70	0.86 %	120.00	
CLASS A SHARES	200	70.3800			75.19			
20-75-884-4468650								
VISA INC (V)	4,792.97	4,574.70	0.05 %	-218.27	4,792.97	0.86 %	39.00	
CLASS A SHARES	65	70.3800			73.74			
20-75-835-4468650								
WAL-MART STORES INC (WMT)	31,244.56	31,872.63	0.32 %	628.07	29,105.60	2.25 %	715.11	178.78
20-75-835-4468650	591	53.9300			49.25			
WAL-MART STORES INC (WMT)	33,077.21	33,436.60	0.33 %	359.39	34,411.05	2.25 %	750.20	187.55
20-75-884-4468650	620	53.9300			55.50			
WELLS FARGO & COMPANY (WFC)	28,827.09	33,314.25	0.33 %	4,487.16	28,612.87	0.65 %	215.00	
20-75-835-4468650	1,075	30.9900			26.62			
WYNDHAM WORLDWIDE CORP - W/I (WYN)	18,123.14	19,174.40	0.19 %	1,051.26	18,123.14	1.61 %	307.20	
20-75-884-4468650	640	29.9600			28.32			
Total corporate stock - common	\$2,808,333.28	\$3,158,632.55	30.48 %	\$350,299.27	\$2,751,695.16	1.78 %	\$56,287.33	\$3,129.37

Registered investment companies

THE C.J. KREHBIEL COMPANY EMPLOYEES' PENSION PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) Year Ended December 31, 2010

Schedule H (Form 5500)
EIN 31-0345250
Plan Number – 001

Column A	Column B	Column C	Column D	Column E
	Identity of issuer, borrower of similar entity	Description of Investment	Cost	Current Value
*	Wells Fargo Bank, N.A.	Money Market Fund	\$ 139,939	\$ 139,939
	PNC Prime Money Market Fund	Money Market Fund	104,899	104,899
	Total money market funds		244,838	244,838
	US Treasury Strips 11/12	U.S. Govt Bond	98,897	98,897
	GMNA II Pass Thru Pool 3985 DTD 05/01/07	U.S. Govt Asset	88,091	88,091
	Total US Government Securities		186,988	186,988
	Blackstone Group	Partnership	5,258	5,943
	Total partnership		5,258	5,943
	Ishares TR Russell	Mutual Fund	317,422	464,712
*	PNC Bond Fund	Mutual Fund	1,553,704	1,605,525
*	PNC Government Mortgage Fund	Mutual Fund	575,882	579,428
*	PNC International Equity Fund	Mutual Fund	1,885,915	1,659,832
*	PNC Mid Cap Value Fund	Mutual Fund	547,728	465,794
*	PNC Small Cap Core Fund	Mutual Fund	570,306	618,473
*	PNC Total Return Advantage Fund	Mutual Fund	1,550,359	1,604,108
	Total mutual funds		7,001,316	6,997,872
	Common Stocks (See Attached)	Common Stock	2,751,695	3,155,503
	Total common stock		2,751,695	3,155,503
	Total investments		<u>\$ 10,190,095</u>	<u>\$ 10,591,144</u>

NOTE: Please find the Schedule of Common Stock (Held at End of Year) information attached.

NOTE: The attached data is based on information that has been certified as complete and accurate by PNC Bank.

* Denotes party-in-interest

See accompanying independent auditors' disclaimer of opinion

PN: 001

[illegible]

2010 Schedule SB, Line 22--Description of Weighted Average Retirement Age
Plan Name: The C. J. Krehbiel Company Employees' Pension Plan
EIN: 31-0345250
PN: 001

(A)	(B)	(C)	(D)	(E)
Retirement Age	Retirement Rates	Fraction Remaining	Probability Distribution	Sum Weighted Average Age
55	0.00%	1.00000	0.00%	0.00000
56	0.00%	1.00000	0.00%	0.00000
57	0.00%	1.00000	0.00%	0.00000
58	0.00%	1.00000	0.00%	0.00000
59	0.00%	1.00000	0.00%	0.00000
60	0.00%	1.00000	0.00%	0.00000
61	0.00%	1.00000	0.00%	0.00000
62	0.00%	1.00000	0.00%	0.00000
63	0.00%	1.00000	0.00%	0.00000
64	0.00%	1.00000	0.00%	0.00000
65	100.00%	0.00000	100.00%	65.00000

Weighted Average Retirement Age

65.0

The Retirement Rates (Column B) at each Early Retirement Age (Column A) are converted to a probability distribution (Column D). The products of Column A and Column D are summed to determine the resulting Weighted Average Retirement Age.

2010 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Plan Name: The C. J. Krehbiel Company Employees' Pension Plan
EIN: 31-0345250
PN: 001

1. Interest Rates: IRS three-tiered segment rates as of the fourth month prior to the valuation date.
- i. Tier 1 – Years 0-5 5.03% per year.
 - ii. Tier 2 – Years 5-20 6.73% per year.
 - iii. Tier 3 – Years 20+ 6.82% per year.

2. Mortality Rates:
- a. Target Liability IRS 2010 Combined Static Mortality Table.
 - b. Lump Sums IRS 2010 Applicable Mortality Table.

3. Retirement Rates: 100% at age 65

4. Salary Scale: N/A

5. Termination Rates:
- | <u>Age</u> | <u>Rate</u> |
|------------|-------------|
| 25 | 0.05292 |
| 30 | 0.05067 |
| 35 | 0.04698 |
| 40 | 0.03504 |
| 45 | 0.01769 |
| 50 | 0.00405 |
| 55 | 0.00000 |
| 60 | 0.00000 |

2010 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Plan Name: The C. J. Krehbiel Company Employees' Pension Plan
EIN: 31-0345250
PN: 001

- | | | | | | | | | | | | | | | | | | | | |
|-----------------------------|---|------------|-------------|----|---------|----|---------|----|---------|----|---------|----|---------|----|---------|----|---------|----|---------|
| 6. <u>Disability Rates:</u> | <table><tr><td><u>Age</u></td><td><u>Rate</u></td></tr><tr><td>25</td><td>0.00091</td></tr><tr><td>30</td><td>0.00091</td></tr><tr><td>35</td><td>0.00091</td></tr><tr><td>40</td><td>0.00100</td></tr><tr><td>45</td><td>0.00250</td></tr><tr><td>50</td><td>0.00470</td></tr><tr><td>55</td><td>0.00910</td></tr><tr><td>60</td><td>0.01350</td></tr></table> | <u>Age</u> | <u>Rate</u> | 25 | 0.00091 | 30 | 0.00091 | 35 | 0.00091 | 40 | 0.00100 | 45 | 0.00250 | 50 | 0.00470 | 55 | 0.00910 | 60 | 0.01350 |
| <u>Age</u> | <u>Rate</u> | | | | | | | | | | | | | | | | | | |
| 25 | 0.00091 | | | | | | | | | | | | | | | | | | |
| 30 | 0.00091 | | | | | | | | | | | | | | | | | | |
| 35 | 0.00091 | | | | | | | | | | | | | | | | | | |
| 40 | 0.00100 | | | | | | | | | | | | | | | | | | |
| 45 | 0.00250 | | | | | | | | | | | | | | | | | | |
| 50 | 0.00470 | | | | | | | | | | | | | | | | | | |
| 55 | 0.00910 | | | | | | | | | | | | | | | | | | |
| 60 | 0.01350 | | | | | | | | | | | | | | | | | | |
7. Expense Load: Based on previous years' administrative expenses.
8. Percent Married/Spousal Age: 100% with wives 3 years younger than their husbands.
9. Assumed Form of Payment: 100% of Active participants are assumed to elect a Lump Sum optional form at decrement.
10. Actuarial Cost Method: PPA Funding Method.
11. Asset Valuation Method: Market Value.
12. Fiscal Year: June 1, 2010 through May 31, 2011

2010 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name: The C. J. Krehbiel Company Employees' Pension Plan

EIN: 31-0345250

PN: 001

13. Changes Since Last Year:

The interest rates used to determine the Target Liability were updated to the tiered segment rates of 5.03%, 6.73% and 6.82% as indicated above and as required by IRS regulations.

The mortality table used for plan liabilities was updated to the IRS 2010 Combined Static Mortality Table as required by IRS regulations.

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 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 5047(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. 1510-0110 1510-0009 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information	
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>		
A This return/report is for:	☐ a multiemployer plan; ☒ a single-employer plan;	☐ a multiple-employer plan; or ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ an amended return/report;	☐ the final return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here	☐ automatic extension; ☐ the DFVC program;	
D Check box if filing under:	☒ Form 5558; ☐ special extension (enter description) _____	

Part II	Basic Plan Information - enter all requested information	
1a Name of plan THE C.J. KREHBIEL COMPANY EMPLOYEES PENSION PLAN	1b Three-digit plan number (PN) ▶ <u>001</u>	
	1c Effective date of plan <u>01/01/1963</u>	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) C.J. KREHBIEL COMPANY 3962 VIRGINIA AVENUE CINCINNATI OH 45227	2b Employer Identification Number (EIN) <u>31-0345250</u>	
	2c Sponsor's telephone number <u>513-271-6035</u>	
	2d Business code (see instructions) <u>323100</u>	

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

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

SIGN HERE		<u>10/12/11</u>	MIKE DONLEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
V.092307.1

Form 5500 (2010)

Page 2

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

SAME

3b Administrator's EIN**3c** Administrator's telephone number**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:**4b** EIN**a** Sponsor's name**4c** PN**5** Total number of participants at the beginning of the plan year

5 145

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 106

b Retired or separated participants receiving benefits

6b 3

c Other retired or separated participants entitled to future benefits

6c 22

d Subtotal. Add lines 6a, 6b, and 6c

6d 131

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits

6e 3

f Total. Add lines 6d and 6e

6f 134

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

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)

7

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

1B 1G

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**9a** Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

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

b General Schedules

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

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**This schedule is required to be filed under section 104 of the Employee
Retirement Income Security Act of 1974 (ERISA) and section 6059 of the
Internal Revenue Code (the Code).

► File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2010**This Form is Open to Public
Inspection**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

► 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

C. J. Krehbiel Company Employees Pension Plan

B Three-digit
plan number (PN) ►

001

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

CJK, Print Possibilities

D Employer Identification Number (EIN)

31-0345250

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500**Part I Basic Information****1** Enter the valuation date: Month 01 Day 01 Year 2010**2** Assets:

	2a	2b
a Market value	9,342,687	
b Actuarial value		9,342,687

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	4	49,212
b For terminated vested participants	20	226,175
c For active participants:		
(1) Non-vested benefits		0
(2) Vested benefits		5,283,074
(3) Total active	121	5,283,074
d Total	145	5,558,461

4 If the plan is at-risk, check the box and complete lines a and b ☐

	4a	4b
a Funding target disregarding prescribed at-risk assumptions		
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		

5 Effective interest rate **5** 6.52**6** Target normal cost **6** 30,000**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**

HN

Signature of actuary

Hans Nienaber

Type or print name of actuary

Cuni, Rust & Strenk, Inc.

Firm name

4540 Cooper Road, Suite 304

US Cincinnati

OH 45242-5617

Address of the firm

09/29/2011

Date

11-05737

Most recent enrollment number

(513) 891-0270

Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (item 13 from prior year)	2,404,576	0
8 Portion used to offset prior year's funding requirement (item 35 from prior year)	20,000	0
9 Amount remaining (item 7 minus item 8)	2,384,576	0
10 Interest on item 9 using prior year's actual return of <u>21.73</u> %	518,168	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>6.41</u> %		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of item (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	2,902,744	0

Part III Funding percentages

14 Funding target attainment percentage	14	115.85 %
15 Adjusted funding target attainment percentage	15	168.08 %
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	100.00 %
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 the plan year by employer(s) and employees:

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

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

a Contributions allocated toward unpaid minimum required 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	0

20 Quarterly contributions and liquidity shortfall(s):

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

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:			
a Segment rates:	1st segment 5.03 %	2nd segment 6.73 %	3rd segment 6.82 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) ☒ Prescribed -- combined ☐ Prescribed -- separate ☐ Substitute			

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	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	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		0	0
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)		34	0
		Carryover balance	Prefunding Balance
35 Balances used to offset funding requirement		0	0
36 Additional cash requirement (item 34 minus item 35)		36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)		37	0
38 Interest-adjusted excess contributions for current year (see instructions)		38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)		39	
40 Unpaid minimum required contribution for all years		40	