

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

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 WEBER EMPLOYMENT CORPORATION 401(K) PROFIT SHARING PLAN</u>	1b Three-digit plan number (PN) ► <u>001</u> 1c Effective date of plan <u>01/01/1992</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>THE WEBER EMPLOYMENT CORPORATION</u> <u>P.O. BOX 386</u> <u>WELLINGTON, OH 44090</u>	2b Employer Identification Number (EIN) <u>20-4680032</u> 2c Sponsor's telephone number <u>440-647-2088</u> 2d Business code (see instructions) <u>623000</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/13/2011</u>	<u>ADELBERT WEBER</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") THE WEBER EMPLOYMENT CORPORATION P.O. BOX 386 WELLINGTON, OH 44090	3b Administrator's EIN 20-4680032 3c Administrator's telephone number 440-647-2088
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year	5	124
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	108
b Retired or separated participants receiving benefits.....	6b	23
c Other retired or separated participants entitled to future benefits.....	6c	0
d Subtotal. Add lines 6a , 6b , and 6c	6d	131
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	
f Total. Add lines 6d and 6e	6f	131
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	124
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:
 2A 2E 2F 2G 2J 2K 3D 2T

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 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 WEBER EMPLOYMENT CORPORATION 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE WEBER EMPLOYMENT CORPORATION	D Employer Identification Number (EIN) 20-4680032

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

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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)

NATIONAL ASSOCIATES, INC.

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 17 37 50	N/A	17668	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

ASCENSUS

200 DRYDEN ROAD
DRESHER, PA 19025

11-3665754

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 50 63 64 65		5670	Yes ☒ No ☐	Yes ☐ No ☒		Yes ☒ No ☐

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

WELLS FARGO

25 MAIN STREET
2ND FLOOR
WESTLAKE, OH 44145

11-3665754

(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?
17 27 28 33 50 52 63		0	Yes ☒ No ☐	Yes ☐ No ☒		Yes ☒ No ☐

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		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 WEBER EMPLOYMENT CORPORATION 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE WEBER EMPLOYMENT CORPORATION	D Employer Identification Number (EIN) 20-4680032	

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)	253834	241744
(2) Participant contributions	1b(2)	4477	
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	157878	150620
(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)	2556448	2418359
(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	2972637	2810723

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2972637	2810723
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	241744	
(B) Participants	2a(1)(B)	49426	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		291170

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	6892	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		6892
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		312633
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		610695

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	769363	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	3246	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		772609
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		772609

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-161914
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: HOWARD WERSHBALE & ASSOCIATES, INC.

(2) EIN: 34-1663157

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		330000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 WEBER EMPLOYMENT CORPORATION 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE WEBER EMPLOYMENT CORPORATION</u>	D Employer Identification Number (EIN) <u>20-4680032</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>45-0404698</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

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

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 Weber Employment Corporation 401(k) Profit Sharing Plan

YEARS ENDED DECEMBER 31, 2010 AND 2009



Howard, Wershbale & Co.
CPAs & Advisors

**THE WEBER EMPLOYMENT CORPORATION 401(k)
PROFIT SHARING PLAN**

YEARS ENDED DECEMBER 31, 2010 AND 2009

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Independent Auditors' Report

Board of Trustees
The Weber Employment Corporation 401(k) Profit Sharing Plan
Wellington, Ohio

We were engaged to audit the statements of net assets available for benefits of The Weber Employment Corporation 401(k) Profit Sharing Plan and the related statements of changes in net assets available for benefits as of and for the years ended December 31, 2010 and 2009, and the supplemental schedule on page 10 as of December 31, 2010. These financial statements and the supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor 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 disclosed in Note 6, which was certified by Ascensus, Inc., as agent for Frontier Trust Company, the custodian 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 the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2010 and 2009, that the information provided to the plan administrator by the custodian 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 the supplemental schedule taken as a whole. The form and content of the information included in the financial statements and the supplemental schedule, other than that derived from the information certified by the custodian, 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.

Howard, Wershale & Co.

October 10, 2011

**THE WEBER EMPLOYMENT CORPORATION 401(k)
PROFIT SHARING PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
Assets:		
Investments, at fair value	<u>\$ 2,418,359</u>	<u>\$ 2,556,448</u>
Receivables:		
Participant notes	150,620	157,878
Employer:		
Profit sharing	151,897	250,000
Safe Harbor QNEC	89,847	
Matching		3,834
Participants deferral		4,477
	<u>392,364</u>	<u>416,189</u>
Net assets available for benefits	<u><u>\$ 2,810,723</u></u>	<u><u>\$ 2,972,637</u></u>

See notes to financial statements.

**THE WEBER EMPLOYMENT CORPORATION 401(k)
PROFIT SHARING PLAN**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
Changes to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 312,633	\$ 486,363
Interest and dividends	<u>6,892</u>	<u>7,358</u>
	319,525	493,721
Contributions:		
Employer:		
Profit sharing	151,897	250,000
Safe Harbor QNEC	89,847	
Matching		53,146
Participants	<u>49,426</u>	<u>68,267</u>
	610,695	865,134
Total additions	<u>610,695</u>	<u>865,134</u>
Deductions from net assets attributed to:		
Benefits paid to participants	769,363	277,427
Administrative expenses	<u>3,246</u>	<u>10,351</u>
	772,609	287,778
Total deductions	<u>772,609</u>	<u>287,778</u>
Net increase (decrease)	(161,914)	577,356
Net assets available for benefits, beginning	<u>2,972,637</u>	<u>2,395,281</u>
Net assets available for benefits, ending	<u><u>\$ 2,810,723</u></u>	<u><u>\$ 2,972,637</u></u>

See notes to financial statements.

THE WEBER EMPLOYMENT CORPORATION 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2010 AND 2009

1. Description of Plan:

General:

The Plan, established January 1, 1990, and as amended on January 1, 2010, is a defined contribution plan covering all employees of The Weber Employment Corporation (the "Corporation") who meet the eligibility requirements. The Corporation is the employment corporation for Weber Corporation and its wholly-owned subsidiaries and affiliated companies. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

Contributions:

Participants may elect to contribute up to 100% of their compensation (which may not exceed annual dollar limits established by the Internal Revenue Service) into the Plan on a pre-tax basis.

Effective January 1, 2010, the Corporation made Qualified Non Elective Contributions (QNEC) of 3% allocated to participants based on their eligible compensation. Additionally, effective January 1, 2010, the Corporation discontinued safe harbor employer matching contributions to the Plan. During 2009, the Corporation made safe harbor employer matching contributions to participants equaling 100% of each participant's elective contributions up to 4% of eligible compensation.

The Corporation may make a discretionary profit sharing contribution to the Plan. The amount of the profit sharing contribution is determined annually by the Company. The Company made discretionary profit sharing contributions of \$151,897 in 2010 and \$250,000 in 2009.

Participant accounts:

Separate accounts for each participant are maintained by the custodian. Each account is credited with contributions and earnings from investments held in the account. Participants may direct their contributions, including the employer's portion, into any combination of 14 investment funds.

**THE WEBER EMPLOYMENT CORPORATION 401(k)
PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2010 AND 2009

1. Description of Plan (continued):

Vesting:

Participants are immediately vested in their pre-tax contributions and safe harbor employer contributions plus earnings thereon. Participants vest in discretionary employer profit sharing contributions in accordance with the following schedule.

<u>Years of service</u>	<u>Vesting percentage</u>
Less than 1	0%
1	0%
2	0%
3 or more	100%

There were no forfeitures in 2010 and 2009 allocated to participants. At December 31, 2010 and 2009, there were \$2,709 and \$3,084 of forfeited accounts not allocated to participants' accounts. Forfeitures of nonvested accounts are retained in the Plan and can be used to reduce future discretionary employer profit sharing contributions or administrative expenses of the Plan.

Payment of benefits:

Participants who suffer serious financial hardship, as defined by the Plan, may withdraw a portion of their vested account in order to meet their financial needs. Once participants attain age 59-1/2, they may also elect to withdraw from their account, any amount not to exceed their vested portion. All accounts are subject to distribution upon the participant's termination, retirement, disability, or death.

After sustaining a one-year break in service, participants receive a lump sum distribution equal to the vested value of their account balance.

Benefits are recorded when paid.

Participant notes:

Participants may borrow from their accounts. The minimum loan is \$1,000 to a maximum of \$50,000 or 50% of the participant's profit sharing account balance. Loan transactions are treated as transfers between investment funds and the participant notes fund. Repayment of a loan must be made over a period not to exceed five years, unless the loan is used to purchase a principal residence, in which case the loan is to be repaid over a reasonable period of time that may exceed five years. The loans are secured by the balance in the participant's account and bear interest at the prime rate. Principal and interest are paid through payroll deductions.

**THE WEBER EMPLOYMENT CORPORATION 401(k)
PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2010 AND 2009

2. Summary of significant accounting policies:

Basis of accounting:

The financial statements of the Plan are prepared using the accrual method.

Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect amounts reported in the financial statements and accompanying notes. Actual results may differ from those estimates and assumptions.

Investment valuation and income recognition:

The Plan's investments are valued at fair value at December 31, 2010 and 2009. 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 4 for discussion of fair value measurements. Participant notes are recorded at their outstanding balances, plus accrued interest.

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.

New accounting pronouncements:

In September 2010, FASB issued an amendment, "Plan Accounting-Defined Contribution Pension Plans (Topic 962): Reporting Loans to Participants by Defined Contribution Pension Plans" (ASU 2010-25), which provides guidance on how loans to participants should be classified and measured by defined contribution pension plans. This amendment requires that participant loans be classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. This amendment was effective for periods ending after December 15, 2010, with early adoption permitted. This amendment requires retrospective application to all periods presented.

THE WEBER EMPLOYMENT CORPORATION 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2010 AND 2009

2. Summary of significant accounting policies (continued):

New accounting pronouncements (continued):

This amendment was adopted for the year ended December 31, 2010, and retrospectively applied to December 31, 2009. Prior year amounts and disclosures have been revised to reflect the retrospective application of adopting this new amendment. The adoption resulted in reclassification of participant notes totaling from \$150,620 in 2010 and \$157,878 in 2009, investments to notes receivable. There was no impact to the net assets as of December 31, 2010 and 2009 as a result of the adoption.

3. Investments:

The following table presents the fair value of investments at December 31, 2010 and 2009. Investments that represent 5% or more of the Plan's net assets in either year are separately identified. All investments are participant directed.

	<u>Fair Value</u>	
	<u>2010</u>	<u>2009</u>
Investments at fair value:		
Mutual funds:		
Principal Investors SAM Balanced Portfolio 29,312 shares in 2010 and 61,958 shares in 2009	\$ 373,726	\$ 714,372
Principal Investors Conservative Growth Portfolio 53,839 shares in 2010 and 52,239 shares in 2009	730,589	627,391
Principal Investors SAM Strategic Growth Portfolio 44,949 shares in 2010 and 43,804 shares in 2009	668,397	568,578
American Funds Growth Fund of America, 5,453 shares in 2010 and 5,435 shares in 2009	162,108	145,167
Thornburg International Value Fund, 4,947 shares in 2010 and 4,790 shares in 2009	138,868	119,037
Other (less than 5% of plan assets)	316,798	351,911
Money market fund (less than 5% of plan assets)	<u>27,873</u>	<u>29,992</u>
Total investments	<u>\$ 2,418,359</u>	<u>\$ 2,556,448</u>

4. Fair value:

The following information is presented in accordance with accounting principles generally accepted in the United States of America, which defines fair value as the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date and establishes a framework for measuring fair value. Accounting principles generally accepted in the United States of America establishes a three-level valuation hierarchy for disclosure of fair value measurements based upon the transparency of inputs to the valuation of an asset as of the measurement date.

THE WEBER EMPLOYMENT CORPORATION 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2010 AND 2009

4. Fair value (continued):

- Level 1 – inputs to the valuation methodology are quoted prices (unadjusted) for identical assets in active markets.
- Level 2 – inputs to the valuation methodology include quoted prices for similar assets in active markets, and inputs that are observable for the asset, either directly or indirectly, for substantially the full term of the financial instrument.
- Level 3 – inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Assets measured at fair value on a recurring basis at December 31, 2010 and 2009, were as follows:

	<u>2010</u>	<u>2009</u>
	<u>Level 2</u>	<u>Level 2</u>
Mutual funds:		
U.S. government and agencies bonds	\$ 17,227	\$ 37,532
Large cap	267,537	237,704
Mid cap	16,082	22,608
Small cap	10,006	35,926
International	138,868	119,037
Specialty	91,561	75,758
Blended	1,772,712	1,910,341
Bonds	76,493	87,550
Money market fund	<u>27,873</u>	<u>29,992</u>
	<u>\$ 2,418,359</u>	<u>\$ 2,556,448</u>

The fair value of mutual funds is based on the fund's net asset values at the end of the Plan year.
The fair value of the money market fund is based on its face value which approximates its fair value.

5. Administrative expenses:

Administrative expenses of the Plan paid by the Plan's sponsor amounted to \$16,914 in 2010 and \$16,795 in 2009.

**THE WEBER EMPLOYMENT CORPORATION 401(k)
PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

YEARS ENDED DECEMBER 31, 2010 AND 2009

6. Information certified by custodian:

Management of the Plan engaged Ascensus, Inc. (as agent for Frontier Trust Company) as custodian of the Plan. The financial information included in the Plan's financial statements, except for receivables and not including participant notes, has been derived from information certified as complete and accurate by the custodian, in accordance with Section 2520.103-5 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

7. Income tax status:

The Plan received a favorable determination letter dated March 31, 2008 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan is no longer subject to Federal income tax examination by tax authorities for years before 2007.

8. Plan termination:

The Company expects to continue the Plan but reserves the right at any time within its sole discretion to reduce, suspend or discontinue contributions to the Plan or to terminate the Plan. However, no such action may deprive any participant or beneficiary under the Plan of any vested right.

9. Risks and uncertainties:

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

10. Subsequent events:

In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through October 10, 2011, the date that the Plan's financial statements were available to be issued.

**THE WEBER EMPLOYMENT CORPORATION 401(k)
PROFIT SHARING PLAN**

EIN 20-4680032

PLAN NUMBER 001

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT YEAR END

DECEMBER 31, 2010

Description	Number of Shares	Cost	Fair Value
Mutual funds:			
(A) Principal Investors SAM Balanced Portfolio	29,312		\$ 373,726
(A) Principal Investors Conservative Growth Portfolio	53,839		730,589
(A) Principal Investors SAM Strategic Growth Portfolio	44,949		668,397
(A) American Funds Growth Fund of America	5,453		162,108
(A) Thornburg International Value Fund C1	4,947		138,868
(A) Victory Fund for Income	1,488		17,227
(A) PIMCO Total Return Fund	548		5,944
(A) Principal High Yield II	5,632		44,884
(A) Victory Special Value	1,013		16,082
(A) American Century Diversified Bond	2,385		25,664
(A) American Century Livestrong 2015	8,032		91,562
(A) Pioneer Cullen Value Fund	5,887		105,429
(A) Royce Pennsylvania Mutual	875		10,006
Money market fund:			
(A) American Century Prime Money Market	27,873		27,873
* Participant notes, interest rates of 4.25% to 9.25%		\$ 0	150,620
Total assets held for investment purposes at year end			\$ 2,568,979

(A) Certified by Ascensus, Inc., as agent for Frontier Trust Company, the custodian of the Plan, as complete and accurate.

* Represents party-in-interest.

Schedule C Compensation Detail Report - Dollar Fees

Plan Name: THE WEBER EMPLOYMENT CORPORATION 401(K) PSP

Plan Number: 192775

TPA Name: National Associates, Inc.

Fee Type	Service Provider	Service Provider Information	Transaction Date	Reportable Dollar Amount	Fee Description	Source	Source Information
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Indirect (Formula)

Ascensus 11-3665754

0.00 See attached Formula Description Report for formulas used to determine Sub-TA compensation.

WELLS FARGO
ADVISORS
25 Main Street, 2nd
Floor,
Westlake, OH, 44145

0.00 See attached Formula Description Report for formulas used to determine 12b-1 compensation.

Schedule C Compensation Detail Report - Source Information for Indirect Compensation (Formulas)

Plan Name: THE WELER EMPLOYMENT CORPORATION 401(K) PSP

Plan Number: 092776

TPA Name: National Associates, Inc.

Fee Type	Service Provider	Source	Source Information
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12b-1 Fees

WELLS FARGO ADVISORS

Principal Financial Group	711 High Street, Des Moines, IA, 50392
Capital Research and Management Co	95-1411037
PIMCO	1345 Avenue of the Americas, New York, NY, 10105
American Century Investments	4500 Main Street, Kansas City, MO, 64111
Pioneer	60 State Street, Boston, MA, 02109
Royce	c/o BFDS - Midwest, 330 West 9th Street, 4th floor, Kansas City, MO, 64105
Thornburg	2300 North Ridgeway Road, Santa Fe, NM, 87506
Victory Funds	127 Public Square, Cleveland, OH, 44114

Sub-TA Fees

Ascensus

Principal Financial Group	711 High Street, Des Moines, IA, 50392
Victory Funds	127 Public Square, Cleveland, OH, 44114
Royce	c/o BFDS - Midwest, 330 West 9th Street, 4th floor, Kansas City, MO, 64105
PIMCO	1345 Avenue of the Americas, New York, NY, 10105
Thornburg	2300 North Ridgeway Road, Santa Fe, NM, 87506
Capital Research and Management Co	95-1411037
American Century Investments	4500 Main Street, Kansas City, MO, 64111
Pioneer	60 State Street, Boston, MA, 02109

Schedule C, Part I, line 2(h) Formula Description and Schedule C, Part I, line 3(c)

Formula Description

Plan Name: THE WEBER EMPLOYMENT CORPORATION 401(K) PSP

Plan Number: 192776

Broker Dealer: WELLS FARGO ADVISORS

Ticker Symbol	Investment Name	Formula used to determine Sub-TA Compensation paid to Ascensus	Formula used to determine 1b-1 Compensation to Broker Dealer
RPMRX	Royce Pennsylvania Mutual R	25 basis points	50 basis points
CVRFX	Pioneer Cullen Value Fund R	25 basis points	50 basis points
ARFRX	American Century LIVESTRONG 2015 R	25 basis points	50 basis points
ADVRX	American Century Diversified Bond R	25 basis points	50 basis points
VSVGX	Victory Special Value R	25 basis points	50 basis points
TGVRX	Thornburg International Value Fund Cl R3	25 basis points	50 basis points
RGABX	American Funds Growth Fnd of Amer R2	25 basis points	75 basis points
SACAX	Principal Investors SAM Strat Grwth Port	25 basis points	25 basis points
SAGPX	Principal Investors Conserv Gwth Port A	25 basis points	25 basis points
SABPX	Principal Investors SAM Balanced Port A	25 basis points	25 basis points
CPHYX	Principal High Yield II A	25 basis points	25 basis points
PTRRX	PIMCO Total Return Fund R	20 basis points	50 basis points
GGIFX	Victory Fund for Income R	25 basis points	50 basis points
ACAXX	American Century Prime Mney Market	25 basis points	N/A

Schedule C, Part I, line 2(h) Formula Description and Schedule C, Part I, line 3(c)

Formula Description

Plan Name: THE WEBER EMPLOYMENT CORPORATION 401(K) PSP

Plan Number: 192776

Broker Dealer: WELLS FARGO ADVISORS

Ticker Symbol	Investment Name	Formula used to determine Sub-TA Compensation paid to Ascensus	Formula used to determine 1b-1 Compensation to Broker Dealer
RPMRX	Royce Pennsylvania Mutual R	25 basis points	50 basis points
CVRFX	Pioneer Cullen Value Fund R	25 basis points	50 basis points
ARFRX	American Century LIVESTRONG 2015 R	25 basis points	50 basis points
ADVRX	American Century Diversified Bond R	25 basis points	50 basis points
VSVGX	Victory Special Value R	25 basis points	50 basis points
TGVRX	Thornburg International Value Fund Cl R3	25 basis points	50 basis points
RGABX	American Funds Growth Fnd of Amer R2	25 basis points	75 basis points
SACAX	Principal Investors SAM Strat Grw'h Port	25 basis points	25 basis points
SAGPX	Principal Investors Conserv Grwth Port A	25 basis points	25 basis points
SABPX	Principal Investors SAM Balanced Port A	25 basis points	25 basis points
CPHYX	Principal High Yield II A	25 basis points	25 basis points
PTRRX	PIMCO Total Return Fund R	20 basis points	50 basis points
GGIFX	Victory Fund for Income R	25 basis points	50 basis points
ACAXX	American Century Prime Mney Market	25 basis points	N/A

**THE WEBER EMPLOYMENT CORPORATION 401(k)
PROFIT SHARING PLAN**

EIN 20-4680032

PLAN NUMBER 001

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT YEAR END

DECEMBER 31, 2010

Description	Number of Shares	Cost	Fair Value
Mutual funds:			
(A) Principal Investors SAM Balanced Portfolio	29,312		\$ 373,726
(A) Principal Investors Conservative Growth Portfolio	53,839		730,589
(A) Principal Investors SAM Strategic Growth Portfolio	44,949		668,397
(A) American Funds Growth Fund of America	5,453		162,108
(A) Thornburg International Value Fund C1	4,947		138,868
(A) Victory Fund for Income	1,488		17,227
(A) PIMCO Total Return Fund	548		5,944
(A) Principal High Yield II	5,632		44,884
(A) Victory Special Value	1,013		16,082
(A) American Century Diversified Bond	2,385		25,664
(A) American Century Livestrong 2015	8,032		91,562
(A) Pioneer Cullen Value Fund	5,887		105,429
(A) Royce Pennsylvania Mutual	875		10,006
Money market fund:			
(A) American Century Prime Money Market	27,873		27,873
* Participant notes, interest rates of 4.25% to 9.25%		<u>\$ 0</u>	<u>150,620</u>
Total assets held for investment purposes at year end			<u><u>\$ 2,568,979</u></u>

(A) Certified by Ascensus, Inc., as agent for Frontier Trust Company, the custodian of the Plan, as complete and accurate.

* Represents party-in-interest.