

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
--	--	---

Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 12/31/2009 and ending 12/30/2010	
A	This return/report is for: ☐ a multiemployer plan; ☒ a single-employer plan; ☐ a multiple-employer plan; or ☐ a DFE (specify) ____
B	This return/report is: ☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan MAE HOLDING COMPANY EMPLOYEES PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 12/31/1973
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) MAE HOLDING COMPANY 5145 FISCHER PLACE CINCINNATI, OH 45217	2b Employer Identification Number (EIN) 31-0734429 2c Sponsor's telephone number 513-751-2424 2d Business code (see instructions) 332900
	5145 FISCHER PLACE CINCINNATI, OH 45217	

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.	10/15/2011	CARL FISCHER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2011	CARL FISCHER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") MAE HOLDING COMPANY 5145 FISCHER PLACE CINCINNATI, OH 45217	3b Administrator's EIN 31-0734429 3c Administrator's telephone number 513-751-2424
--	---

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	626
---	----------	-----

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	
b Retired or separated participants receiving benefits.....	6b	218
c Other retired or separated participants entitled to future benefits.....	6c	354
d Subtotal. Add lines 6a , 6b , and 6c	6d	572
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	52
f Total. Add lines 6d and 6e	6f	624
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:

1A 1G 1I

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

For calendar plan year 2009 or fiscal plan year beginning 12/31/2009 and ending 12/30/2010

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

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

A Name of plan <u>MAE HOLDING 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>MAE HOLDING COMPANY</u>	D Employer Identification Number (EIN) <u>31-0734429</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>12</u> Day <u>31</u> Year <u>2009</u>
2	Assets:
a	Market value 2a <u>12353776</u>
b	Actuarial value 2b <u>13248164</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>251</u> <u>10389235</u>
b	For terminated vested participants 3b <u>375</u> <u>6422523</u>
c	For active participants:
(1)	Non-vested benefits 3c(1)
(2)	Vested benefits 3c(2)
(3)	Total active 3c(3)
d	Total 3d <u>626</u> <u>16811758</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>6.57</u> %
6	Target normal cost 6 <u>105000</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>06/01/2011</u>
Signature of actuary	Date
<u>RANDALL N. SMITH</u>	<u>11-06649</u>
Type or print name of actuary	Most recent enrollment number
<u>CUNI, RUST & STRENK</u>	<u>513-891-0270</u>
Firm name	Telephone number (including area code)
<u>4540 COOPER RD - SUITE 304</u> <u>CINCINNATI, OH 45249-5617</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	1195147	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	512257	0
9	Amount remaining (Item 7 minus item 8).....	682890	0
10	Interest on item 9 using prior year's actual return of <u>24.56</u> %	167718	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>8.22</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....		0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	850608	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	73.74 %
15	Adjusted funding target attainment percentage.....	15	73.74 %
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	84.26 %
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 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 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
0	0
(3) 3rd	(4) 4th
0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.71 %	2nd segment: 6.67 %	3rd segment: 6.77 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	105000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	3405497	492636
b Waiver amortization installment		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	597636
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	597636	597636
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	

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 12/31/2009 and ending 12/30/2010		
A Name of plan MAE HOLDING COMPANY EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MAE HOLDING COMPANY	D Employer Identification Number (EIN) 31-0734429	

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

WELLS FARGO

255 E 5TH ST, STE 1400
CINCINNATI, OH 45202

43-0895447

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	INVESTMENT MANAGEMENT	20236	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

CUNI RUST AND STRENK

4540 COOPER RD, STE 304
CINCINNATI, OH 45242-5617

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	ACTUARY	16300	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

CASSADY SCHILLER & ASSOCIATES, INC.

4705 LAKE FOREST DRIVE
CINCINNATI, OH 45242

31-1311065

(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	ACCOUNTING/AUD IT	10700	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

REGIONS MORGAN KEEGAN

601 MARKET STREET
CHATTANOOGA, TN 37402

63-0371391

(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?
	INVESTMENT MANAGEMENT	5244	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)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

For calendar plan year 2009 or fiscal plan year beginning <u>12/31/2009</u> and ending <u>12/30/2010</u>		
A Name of plan <u>MAE HOLDING 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>MAE HOLDING COMPANY</u>	D Employer Identification Number (EIN) <u>31-0734429</u>	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	<u>156</u>	<u>156</u>
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	<u>252480</u>	<u>770879</u>
(2) U.S. Government securities	1c(2)	<u>562882</u>	<u>628326</u>
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	<u>788596</u>	<u>824941</u>
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	<u>60665</u>	<u>37103</u>
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	<u>10688996</u>	<u>10034230</u>
(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	12353775	12295635

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	12353775	12295635
---	-----------	----------	----------

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)		
(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)	72440	
(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)		72440

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	467132	
(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)		467132

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	5198026	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	4738630	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		459396

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(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)		277022
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1275990

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1217354	
(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)		1217354
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)	29866	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	25505	
(4) Other	2i(4)	61405	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		116776
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1334130

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-58140
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: CASSADY SCHILLER & ASSOCIATES, INC. (2) EIN: 31-1311065

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		1000000
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 2009 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2009 or fiscal plan year beginning 12/31/2009 and ending 12/30/2010

A Name of plan <u>MAE HOLDING 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>MAE HOLDING COMPANY</u>	D Employer Identification Number (EIN) <u>31-0734429</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<u>1</u>	<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): _____ 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.....	<u>3</u>	<u>0</u>

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

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

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

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

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

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

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**MAE HOLDING COMPANY
EMPLOYEES PENSION PLAN**

**Financial Statements
Year Ended December 30, 2010**

Independent Auditor's Report

**MAE HOLDING COMPANY EMPLOYEES PENSION PLAN
FINANCIAL STATEMENTS
DECEMBER 30, 2010**

TABLE OF CONTENTS

Independent Auditor's Report	1
Audited Financial Statements:	
Statement of Net Assets Available for Plan Benefits	2
Statement of Changes in Net Assets Available for Plan Benefits	3
Statement of Accumulated Plan Benefits	4
Statement of Changes in Accumulated Plan Benefits	5
Notes to Financial Statements	6-13
Supplemental Schedules:	
Schedule of Assets (Held at End of Year)	15-19
Schedule of Reportable Transactions	20

Independent Auditor's Report



To the Trustees
MAE Holding Company Employees Pension Plan

We have audited the accompanying statements of net assets available for plan benefits and of accumulated plan benefits of the MAE Holding Company Employees Pension Plan (the Plan) as of December 30, 2010 and 2009, and the related statements of changes in net assets available for plan benefits and of changes in accumulated plan benefits for the year ended December 30, 2010. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the Plan as of December 30, 2010 and 2009, and the changes in its financial status for the year ended December 30, 2010 in conformity with accounting principles generally accepted in the United States of America.

Our audit was performed for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental Schedule of Assets (Held at End of Year) and the Schedule of Reportable Transactions as of December 31, 2010 are presented for the purpose of additional analysis and are not a required part of the basic financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedules are the responsibility of the Plan's management. The supplemental schedules have been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 30, 2010 that accompanies the Plan's financial statements does not disclose historical cost of certain non-participant directed plan assets held by the Plan's trustee. Disclosure of this information is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

As further discussed in Note 12 to the financial statements, the Pension Benefit Guaranty Corporation (PBCG) notified the Plan sponsor of their intent to terminate the Plan.

CSA

October 11, 2011

CERTIFIED PUBLIC ACCOUNTANTS

4705 Lake Forest Drive
Cincinnati, Ohio 45242
513/483.6699 Fax: 513.483.6690
800/378.8606



**MAE HOLDING COMPANY EMPLOYEES PENSION PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 30, 2010 AND 2009**

	<u>2010</u>	<u>2009</u>
ASSETS		
Cash	\$ 655,284	\$ 15,688
Investments:		
Money market funds	115,595	236,792
Mutual funds	10,034,230	10,688,996
Corporate bonds	824,941	788,596
Government bonds	613,319	547,875
Common stocks	37,103	60,665
U.S. Government securities	<u>15,007</u>	<u>15,007</u>
Total investments	11,640,195	12,337,931
Accrued interest	<u>156</u>	<u>156</u>
Total assets	<u>\$ 12,295,635</u>	<u>\$ 12,353,775</u>

**MAE HOLDING COMPANY EMPLOYEES PENSION PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
YEAR ENDED DECEMBER 30, 2010**

Investment income:

Interest	\$ 72,440
Dividends	467,132
Net appreciation in fair value of investments	<u>736,418</u>

Total investment income 1,275,990

Less investment expenses 25,505

Net investment income 1,250,485

Deductions:

Benefits paid to participants	1,217,354
Administrative expenses	<u>91,271</u>

Total expenses 1,308,625

Net decrease in net assets (58,140)

Net assets available for plan benefits, beginning of year 12,353,775

Net assets available for plan benefits, end of year \$ 12,295,635

**MAE HOLDING COMPANY EMPLOYEES PENSION PLAN
STATEMENT OF ACCUMULATED PLAN BENEFITS
DECEMBER 30, 2010 AND 2009**

	<u>2010</u>	<u>2009</u>
Vested benefits:		
Participants currently receiving payments	\$ 10,027,661	\$ 9,977,642
Other participants	<u>6,167,063</u>	<u>6,133,378</u>
Total vested benefits	16,194,724	16,111,020
Nonvested benefits	<u>-</u>	<u>-</u>
Total actuarial present value of accumulated plan benefits	\$ <u>16,194,724</u>	\$ <u>16,111,020</u>

**MAE HOLDING COMPANY EMPLOYEES PENSION PLAN
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
YEAR ENDED DECEMBER 30, 2010**

Actuarial present value of accumulated plan benefits, beginning of year	\$ 16,111,020
Increase (decrease) during the year attributable to:	
Benefits paid	(1,217,354)
Assumption change	35,734
Decrease in discount period	1,085,885
Plan experience and benefit accrual	<u>179,439</u>
Net increase	<u>83,704</u>
Actuarial present value of accumulated plan benefits, end of year	\$ <u><u>16,194,724</u></u>

**MAE HOLDING COMPANY EMPLOYEES PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 30, 2010**

1. Description of the Plan and summary of significant accounting policies

The following brief description of the MAE Holding Company Employees Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan agreement for more complete information.

General

The Plan is a defined benefit plan covering substantially all salaried employees of Mae Holding Company and Subsidiary Companies. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Administration

Mae Holding Company is responsible for the administration of the Plan. The Company provides the Plan with certain accounting and administrative services for which no fees are charged. Members of the Companies management team serve as trustees of the Plan. Regions Morgan Keegan is a trustee of the Plan.

Pension benefits

Effective December 30, 2002 the plan was frozen and the accrual of benefits was curtailed. At this date, any active participants in the plan were fully vested. The Plan permits early retirement at ages 55-64. Employees may elect to receive their pension benefits in the form of a joint and survivor annuity. The Company may elect to distribute the value of the employee's accumulated plan benefits, when such benefits are \$5,000 or less, as a lump-sum distribution upon retirement or termination, or they may elect to distribute their benefits as a life annuity payable monthly from retirement. For accumulated plan benefits in excess of \$5,000, benefits are distributed as a life annuity payable monthly from retirement.

Plan termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue their contributions at any time and to terminate the Plan subject to the provisions of ERISA.

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

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 with benefits in the normal form of annuity under the plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
3. All other vested benefits.
4. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, a statutory ceiling exists, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2010 that ceiling is \$4,500, per month. 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 terminations (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.

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

As of December 30, 2002, the Plan curtailed the accrual of benefits. The Plan will continue to remain operational until all benefits have been distributed. This was not considered a termination according to the Plan provisions.

Death benefits

For vested employees, a death benefit is payable to the surviving spouse for life, in an amount determined under the assumption that the deceased had retired the day prior to his death, having selected the joint and 50% survivor option of benefit payment.

Basis of accounting

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

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 certain estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion of fair value measurements.

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

Payment of benefits

Benefit payments to participants are recorded upon distribution.

2. Tax status

The Internal Revenue Service has determined and informed the Company by a letter dated June 2, 2004, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements. The Plan's income tax returns for the past three years are subject to examination by tax authorities, and may change upon examination.

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 employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during their last five years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from Cuni, Rust & Strenk and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of December 30, 2010 were (a) life expectancy of participants (the 2010 Static Mortality Table for annuitants and nonannuitants), (b) retirement age assumptions (the assumed average retirement age was 65), and (c) investment return (7.00% per annum). The significant actuarial assumptions used in the valuation as of December 30, 2009 were (a) life expectancy of participants (the 2009 Static Mortality Table for annuitants and nonannuitants), (b) retirement age assumptions (the assumed average retirement age was 65), and (c) investment return (7.00% per annum).

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

4. Fair value measurements

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 (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described 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 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 30, 2010 and 2009.

Money market funds: Valued at the net asset value (NAV) of shares held by the plan at year end.

Mutual funds: Valued at the NAV of shares held by the plan at year end.

Corporate bonds: Certain corporate bonds are valued at the closing price reported in the active market in which the bond is traded. Other corporate bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks. All corporate bonds held by the Plan at December 30, 2010 and 2009 were traded in active markets.

Government securities: Valued at closing price reported on the active market on which the individual securities are traded.

Government bonds: Valued at the closing price reported on the active market on which the bond traded.

Common stocks: 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 following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 30, 2010 and 2009:

Assets at fair value as of December 30, 2010:	<u>Level 1</u>	<u>Fair Value</u>
Money market funds	\$ 115,595	\$ 115,595
Mutual funds:		
Foreign large blend	1,347,884	1,347,884
Intermediate term bond	2,012,207	2,012,207
Large blend	2,131,205	2,131,205
Large growth	10,849	10,849
Large value	1,614,930	1,614,930
Mid-cap blend	329	329
Mid-cap value	7,956	7,956
Moderate allocation	1,758,277	1,758,277
Real estate	554	554
Short term bond	37,296	37,296
Small blend	101,691	101,691
Small growth	7,911	7,911
World stock	1,003,141	1,003,141
Total mutual funds	<u>10,034,230</u>	<u>10,034,230</u>
Corporate bonds:		
A1 rating	212,037	212,037
A2 rating	218,435	218,435
AA2 rating	128,992	128,992
AA3 rating	183,478	183,478
BAA1 rating	61,764	61,764
Financial services	20,235	20,235
Total corporate bonds	<u>824,941.000</u>	<u>824,941</u>
Government bonds:		
AAA rating	613,319	613,319
Total Government bonds	<u>613,319</u>	<u>613,319</u>

	<u>Level 1</u>	<u>Fair Value</u>
Common stocks:		
Energy	\$ 3,777	\$ 3,777
Materials	2,175	2,175
Industrials	6,730	6,730
Consumer discretionary	5,130	5,130
Consumer staples	1,848	1,848
Health care	4,012	4,012
Financials	7,081	7,081
Information technology	4,228	4,228
Telecommunication services	1,157	1,157
Utilities	965	965
Total common stocks	<u>37,103</u>	<u>37,103</u>
U.S. Government securities	<u>15,007</u>	<u>15,007</u>
Total	<u>\$ 11,640,195</u>	<u>\$ 11,640,195</u>

Assets at fair value as of December 30, 2009:	<u>Level 1</u>	<u>Fair Value</u>
Money market funds	\$ 236,792	\$ 236,792
Mutual funds:		
Foreign large blend	2,045,429	2,045,429
Intermediate term bond	1,872,979	1,872,979
Large blend	2,059,443	2,059,443
Large growth	19,074	19,074
Large value	1,438,999	1,438,999
Mid-cap blend	1,712	1,712
Mid-cap value	12,630	12,630
Moderate allocation	1,570,316	1,570,316
Short term bond	70,877	70,877
Small blend	80,410	80,410
Small growth	12,823	12,823
World stock	1,504,304	1,504,304
Total mutual funds	<u>10,688,996</u>	<u>10,688,996</u>
Corporate bonds:		
A1 rating	194,622	194,622
A2 rating	211,263	211,263
AA2 rating	123,349	123,349
AA3 rating	171,042	171,042
AAA rating	616,059	616,059
Financial services	20,136	20,136
Total corporate bonds	<u>1,336,471</u>	<u>1,336,471</u>

	<u>Level 1</u>	<u>Fair Value</u>
Common stocks:		
Energy	8,910	8,910
Materials	2,462	2,462
Industrials	8,293	8,293
Consumer discretionary	6,429	6,429
Consumer staples	2,348	2,348
Health care	7,845	7,845
Financials	10,737	10,737
Information technology	10,126	10,126
Telecommunication services	2,204	2,204
Utilities	1,311	1,311
Total common stocks	<u>60,665</u>	<u>60,665</u>
U.S. Government securities	<u>15,007</u>	<u>15,007</u>
Total	<u>\$ 12,337,931</u>	<u>\$ 12,337,931</u>

5. Investments

During 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$736,418 as follows:

Mutual funds	\$ 718,242
Corporate bonds	12,737
Government bonds	7,521
Common and international stocks	<u>(2,082)</u>
	<u>\$ 736,418</u>

6. Schedule of 5% investments

The following table presents the fair value of investments representing 5% or more of the net assets available for plan benefits as of the year end:

As of December 30, 2010:

American Mutual Fund, Inc.	\$ 1,614,930
Income Fund of America, Inc.	1,758,277
Investment Company of America	1,596,425
Smallcap World	1,003,140
Euro Pacific Growth	1,181,600
Bond Fund of America	1,350,528

As of December 30, 2009:

American Mutual Fund, Inc.	\$ 1,438,999
Income Fund of America, Inc.	1,570,316
Investment Company of America	1,597,458
Smallcap World	1,504,304
Euro Pacific Growth	1,891,705
Bond Fund of America	1,258,651

8. Reportable transactions

No reportable transactions were noted in 2010 and 2009.

9. Fidelity bonding requirements

The Plan was covered by a \$1,000,000 fidelity bond during December 30, 2010 and 2009.

10. Funding policy

The Company's funding policy is to make quarterly contributions to the Plan, as determined by the Plan's independent actuary. No employee contributions are permitted. The Company contributions for 2010 and 2009 comply with the minimum funding requirements of ERISA.

11. Risks and uncertainties

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

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

12. Subsequent events

The Company was unable to make the required contributions to the Plan of \$149,409 in April, July and October of 2011. As a result of these missed payments the Plan is underfunded for 2011. On October 11, 2011 the Company was verbally notified by the Pension Benefit Guaranty Corporation (PBCG) of their intent to terminate the Plan.

Subsequent events were evaluated for disclosure through October 11, 2011, which was the date the financial statements were available to be issued. No additional subsequent events occurred through this date that require disclosure.

SUPPLEMENTAL SCHEDULES

MAE HOLDING COMPANY EMPLOYEES PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 30, 2010

EIN: 31-0734429

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
Cash				
	US Bank		\$ 8,968	\$ 8,968
	Wells Fargo		644,411	644,411
	Regions Morgan Keegan		1,905	1,905
			<u>655,284</u>	<u>655,284</u>
Money Market Funds				
		<u>Units</u>		
	Federated Prime Cash Obligations	101,784.060	\$ 101,784	\$ 101,784
	Wells Fargo, Accumulation Trust	13,582.840	13,582	13,582
	JP Morgan Prime Money Market	229.470	229	229
			<u>115,595</u>	<u>115,595</u>
Mutual Funds				
		<u>Units</u>		
	American Mutual Fund, Inc.	63,780.787	\$ N/A	\$ 1,614,930
	Bond Fund of America	110,789.847	N/A	1,350,528
	Europacific Growth	28,561.759	N/A	1,181,600
	Income Fund of America, Inc.	106,240.286	N/A	1,758,277
	Investment Company of America	56,691.222	N/A	1,596,425
	Smallcap World	25,814.216	N/A	1,003,140
	Russell Emerging Markets	2,998.167	46,047	62,452
	Russell Global Real Estate Securities	1,808.650	63,674	65,274
	Russell U.S. Core Equity	7,864.849	226,351	219,508
	Russell U.S. Small Mid-Cap	4,452.305	102,887	101,691
	Russell International Developed Markets	5,248.889	196,296	166,285
	Russell Investment Grade Bonds	18,046.728	374,545	390,170
	Russell U.S. Quantitative Equity	6,541.527	204,372	187,546
	Russell Strategic Bond	25,209.740	264,028	271,509
	FPA New Income, Inc.	1,723.442	18,942	18,699
	Vanguard Short Term Bond Fund	1,762.738	18,638	18,597
	FBR Focus Fund	638.529	6,250	7,911
	Goldman Sachs Mid Cap Equity	221.607	6,304	7,956
	Standard & Poors Mid Cap 400	2.000	269	329
	Vanguard REIT ETF	10.000	533	554
	Artio International Equity Fund	368.888	9,426	10,849
			<u>N/A</u>	<u>10,034,230</u>

MAE HOLDING COMPANY EMPLOYEES PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 30, 2010

EIN: 31-0734429

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
Corporate Bonds				
		<u>Units</u> <u>Maturity</u> <u>Interest</u>		
	Hewlett-Packard Co.	50,000 3/1/2012 5.250% \$	49,484 \$	52,627
	Conocophillips	50,000 5/15/2013 4.400%	50,184	53,625
	Honeywell International	25,000 2/15/2014 3.875%	26,434	26,585
	Procter & Gamble Co.	50,000 12/15/2015 4.850%	49,240	55,809
	Abbott Laboratories	30,000 5/15/2016 5.875%	30,811	34,621
	General Mills, Inc.	30,000 2/15/2017 5.700%	33,490	33,873
	Wal-Mart Stores, Inc.	65,000 2/15/2018 5.800%	71,599	73,739
	General Electric Capital Corp.	50,000 5/1/2018 5.625%	48,691	55,253
	PepsiCo Inc.	60,000 6/1/2018 5.000%	63,040	65,834
	E.I. Du Pont De Nemours	50,000 7/15/2018 6.000%	55,743	57,614
	General Mills, Inc.	25,000 2/15/2019 5.650%	27,284	27,891
	AT&T, Inc.	15,000 2/15/2019 5.800%	17,285	16,923
	Pfizer, Inc.	50,000 3/15/2019 6.200%	55,468	58,845
	Emerson Electric Co.	60,000 10/15/2019 4.875%	64,745	64,686
	JPMorgan Chase & Co.	60,000 3/25/2020 4.950%	64,028	61,835
	Goldman-Sachs Group, Inc.	60,000 6/15/2020 6.000%	65,420	64,946
	Wells Fargo	800 9/1/2031 7.000%	20,000	20,235
			<u>792,946</u>	<u>824,941</u>
Government Bonds				
		<u>Units</u> <u>Maturity</u> <u>Interest</u>		
	Tennessee Valley Authority	65,000 1/18/2011 5.625% \$	67,357 \$	65,148
	U.S. Treasury Notes	125,000 12/31/2011 4.625%	138,103	130,293
	U.S. Treasury Notes	125,000 5/15/2014 4.750%	127,217	139,639
	Federal Home Loan Mortgage Corp.	60,000 1/15/2015 4.500%	61,417	66,348
	Federal National Mortgage Assoc.	60,000 9/15/2016 5.250%	62,099	68,610
	U.S. Treasury Bonds	125,000 11/15/2028 5.250%	158,733	143,281
			<u>614,926</u>	<u>613,319</u>
Common Stocks				
		<u>Units</u>		
	AT&T Inc.	7 shares	\$ 175 \$	206
	Abbott Labs	7 shares	347	335
	Accenture PLC	10 shares	388	485
	Agrium, Inc.	8 shares	477	734
	Air Products & Chemicals, Inc.	2 shares	138	182
	American Electric Power Co.	8 shares	272	288
	American Express Co.	5 shares	201	215

MAE HOLDING COMPANY EMPLOYEES PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 30, 2010

EIN: 31-0734429

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	America Movil	11 shares	\$ 519	\$ 631
	Amgen, Inc.	5 shares	268	275
	Apache Corporation	4 shares	360	477
	Avalonbay Communities, Inc.	3 shares	260	338
	Banco Bradesco	28 shares	538	568
	Bank of America Corp.	30 shares	407	400
	Best Buy, Inc.	4 shares	138	137
	BHP Billiton LTD.	3 shares	202	279
	Boeing Co.	2 shares	124	131
	Boston Properties, Inc.	2 shares	136	172
	CVS/ Caremark Corp.	7 shares	212	243
	Cameron International Corp.	14 shares	513	710
	Carnival Corp.	4 shares	126	184
	Caterpillar, Inc.	2 shares	127	187
	Cisco Systems, Inc.	4 shares	90	81
	Citigroup, Inc.	28 shares	134	132
	Cognizant Technology Solutions	11 shares	535	806
	Conocophillips	8 shares	426	545
	Core Laboratories	8 shares	597	712
	Covidien PLC, LTD.	5 shares	204	228
	Cummins, Inc.	7 shares	587	770
	Danaher Corp.	12 shares	439	566
	Dick's Sporting Goods, Inc.	20 shares	487	750
	Walt Disney Co.	17 shares	536	638
	Discovery Communications	16 shares	546	667
	Directv	11 shares	367	439
	Dresser-Rand Group Inc.	10 shares	320	426
	Ericsson	8 shares	88	92
	Exxon Mobil Corp.	6 shares	366	439
	Factset Resh System, Inc.	5 shares	336	469
	Fifth Third Bancorp	13 shares	147	191
	Flowserve Corp.	5 shares	460	596
	Franklin Resources	5 shares	475	556
	Freeport-McMoran Copper & Gold	3 shares	201	360
	General Dynamics Corp.	4 shares	244	284
	General Electric Co.	21 shares	315	384
	Goldman Sachs Group, Inc.	3 shares	449	504
	Hasbro Inc.	12 shares	482	566
	Hess Corporation	6 shares	319	459
	Hewlett-Packard Co.	5 shares	226	211

MAE HOLDING COMPANY EMPLOYEES PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 30, 2010

EIN: 31-0734429

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Impax Lab, Inc.	19 shares	\$ 327	\$ 382
	Intel Corp.	5 shares	104	105
	International Business Machines	2 shares	244	294
	JP Morgan Chase & Co.	11 shares	419	467
	Jefferies Group, Inc.	18 shares	431	479
	Johnson & Johnson	8 shares	470	495
	Joy Global, Inc.	9 shares	493	781
	Kellogg Co.	3 shares	154	153
	Keycorp	20 shares	151	177
	Kimberly Clark Co.	3 shares	188	189
	Kraft Foods, Inc.	5 shares	147	158
	Lincoln National Corp.	6 shares	144	167
	Mastercard, Inc.	1 shares	204	224
	McDonalds Corp.	5 shares	334	384
	McKesson Corp.	6 shares	371	422
	Merck & Co.	11 shares	384	396
	Metlife Co.	8 shares	291	356
	Microsoft Corp.	8 shares	202	223
	National Grid Group	3 shares	132	133
	Nestle SA	7 shares	339	411
	Nike Inc.	7 shares	461	598
	Northern Trust Corp.	3 shares	148	166
	Occidental Pete Corp.	6 shares	471	589
	Oracle Corp.	25 shares	579	783
	PG&E Corp.	6 shares	255	287
	PNC Bank Corp.	7 shares	376	425
	Paccar, Inc.	2 shares	84	115
	Parker Hannifin Corp.	2 shares	128	173
	Peabody Energy Corp.	7 shares	303	448
	PepsiCo, Inc.	4 shares	248	261
	Pfizer, Inc.	26 shares	403	455
	Precision Castparts Corp.	5 shares	566	696
	Prudential Financial, Inc.	7 shares	353	411
	Public Service Enterprise Group, Inc.	4 shares	137	127
	Reynolds American, Inc.	4 shares	129	130
	Rogers Communications	3 shares	103	104
	Sempra Energy	5 shares	248	262
	Southern Copper Co.	15 shares	446	731
	Staples, Inc.	5 shares	103	114

MAE HOLDING COMPANY EMPLOYEES PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 30, 2010

EIN: 31-0734429

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	TJX Cos., Inc.	5 shares	\$ 200	\$ 222
	Target Corp.	5 shares	246	301
	Thermo Fisher Scientific, Inc.	3 shares	144	166
	Travelers Companies, Inc.	2 shares	98	111
	Tyco International, LTD.	3 shares	106	125
	U.S. Bancorp	11 shares	252	297
	Union Pacific Corp.	4 shares	267	371
	United Continental Holdings, Inc.	15 shares	333	357
	United States Steel Corp.	3 shares	134	175
	United Technologies Corp.	4 shares	258	315
	United Health Group, Inc.	4 shares	122	144
	Verizon Communications	6 shares	162	215
	Vodafone Group	4 shares	111	106
	Vornado Realty Trust	2 shares	142	167
	Wal-Mart Stores, Inc.	8 shares	405	431
	Waste Management, Inc.	4 shares	128	147
	Wells Fargo & Co.	18 shares	465	558
	Western Digital Corp.	17 shares	571	576
			<u>30,518</u>	<u>37,103</u>
	U.S. Government Securities			
	First Union Mortgage - GNMA Pool 107305CD		<u>-</u>	<u>15,007</u>
	Accrued Interest			
	Morgan Keegan		<u>156</u>	<u>156</u>
	Grand total		<u>\$ N/A</u>	<u>\$ 12,295,635</u>

MAE HOLDING COMPANY EMPLOYEES PENSION PLAN
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS IN EXCESS OF 5% OF PLAN ASSETS
DECEMBER 30, 2010

EIN: 31-0734429

Plan Number: 001

Identity of Party	Description of Asset	Number of Transactions	Purchase Price	Number of Transactions	Selling Price	Cost of Asset	Current Value		Net Gain or Loss
							of Asset on	Transaction Date	
Federated Prime Cash Obligations	Money Market	Multiple	\$ 1,869,150	Multiple	\$ -	\$ 1,869,150	\$ 1,869,150		\$ -
Federated Prime Cash Obligations	Money Market	Multiple	\$ -	Multiple	\$ 1,767,366	\$ 1,767,366	\$ 1,767,366		\$ -
Federated Automated Cash Management	Money Market	Multiple	\$ -	Multiple	\$ 714,906	\$ 714,906	\$ 714,906		\$ -

See accompanying independent auditor's report.

MAE HOLDING COMPANY EMPLOYEES PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 30, 2010

EIN: 31-0734429

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
Cash				
	US Bank		\$ 8,968	\$ 8,968
	Wells Fargo		644,411	644,411
	Regions Morgan Keegan		1,905	1,905
			<u>655,284</u>	<u>655,284</u>
Money Market Funds				
		<u>Units</u>		
	Federated Prime Cash Obligations	101,784.060	\$ 101,784	\$ 101,784
	Wells Fargo, Accumulation Trust	13,582.840	13,582	13,582
	JP Morgan Prime Money Market	229.470	229	229
			<u>115,595</u>	<u>115,595</u>
Mutual Funds				
		<u>Units</u>		
	American Mutual Fund, Inc.	63,780.787	\$ N/A	\$ 1,614,930
	Bond Fund of America	110,789.847	N/A	1,350,528
	Europacific Growth	28,561.759	N/A	1,181,600
	Income Fund of America, Inc.	106,240.286	N/A	1,758,277
	Investment Company of America	56,691.222	N/A	1,596,425
	Smallcap World	25,814.216	N/A	1,003,140
	Russell Emerging Markets	2,998.167	46,047	62,452
	Russell Global Real Estate Securities	1,808.650	63,674	65,274
	Russell U.S. Core Equity	7,864.849	226,351	219,508
	Russell U.S. Small Mid-Cap	4,452.305	102,887	101,691
	Russell International Developed Markets	5,248.889	196,296	166,285
	Russell Investment Grade Bonds	18,046.728	374,545	390,170
	Russell U.S. Quantitative Equity	6,541.527	204,372	187,546
	Russell Strategic Bond	25,209.740	264,028	271,509
	FPA New Income, Inc.	1,723.442	18,942	18,699
	Vanguard Short Term Bond Fund	1,762.738	18,638	18,597
	FBR Focus Fund	638.529	6,250	7,911
	Goldman Sachs Mid Cap Equity	221.607	6,304	7,956
	Standard & Poors Mid Cap 400	2.000	269	329
	Vanguard REIT ETF	10.000	533	554
	Artio International Equity Fund	368.888	9,426	10,849
			<u>N/A</u>	<u>10,034,230</u>

See independent auditor's report

MAE HOLDING COMPANY EMPLOYEES PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 30, 2010

EIN: 31-0734429

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
Corporate Bonds				
		<u>Units</u> <u>Maturity</u> <u>Interest</u>		
	Hewlett-Packard Co.	50,000 3/1/2012 5.250% \$	49,484 \$	52,627
	Conocophillips	50,000 5/15/2013 4.400%	50,184	53,625
	Honeywell International	25,000 2/15/2014 3.875%	26,434	26,585
	Procter & Gamble Co.	50,000 12/15/2015 4.850%	49,240	55,809
	Abbott Laboratories	30,000 5/15/2016 5.875%	30,811	34,621
	General Mills, Inc.	30,000 2/15/2017 5.700%	33,490	33,873
	Wal-Mart Stores, Inc.	65,000 2/15/2018 5.800%	71,599	73,739
	General Electric Capital Corp.	50,000 5/1/2018 5.625%	48,691	55,253
	PepsiCo Inc.	60,000 6/1/2018 5.000%	63,040	65,834
	E.I. Du Pont De Nemours	50,000 7/15/2018 6.000%	55,743	57,614
	General Mills, Inc.	25,000 2/15/2019 5.650%	27,284	27,891
	AT&T, Inc.	15,000 2/15/2019 5.800%	17,285	16,923
	Pfizer, Inc.	50,000 3/15/2019 6.200%	55,468	58,845
	Emerson Electric Co.	60,000 10/15/2019 4.875%	64,745	64,686
	JPMorgan Chase & Co.	60,000 3/25/2020 4.950%	64,028	61,835
	Goldman-Sachs Group, Inc.	60,000 6/15/2020 6.000%	65,420	64,946
	Wells Fargo	800 9/1/2031 7.000%	20,000	20,235
			<u>792,946</u>	<u>824,941</u>
Government Bonds				
		<u>Units</u> <u>Maturity</u> <u>Interest</u>		
	Tennessee Valley Authority	65,000 1/18/2011 5.625% \$	67,357 \$	65,148
	U.S. Treasury Notes	125,000 12/31/2011 4.625%	138,103	130,293
	U.S. Treasury Notes	125,000 5/15/2014 4.750%	127,217	139,639
	Federal Home Loan Mortgage Corp.	60,000 1/15/2015 4.500%	61,417	66,348
	Federal National Mortgage Assoc.	60,000 9/15/2016 5.250%	62,099	68,610
	U.S. Treasury Bonds	125,000 11/15/2028 5.250%	158,733	143,281
			<u>614,926</u>	<u>613,319</u>
Common Stocks				
		<u>Units</u>		
	AT&T Inc.	7 shares	\$ 175 \$	206
	Abbott Labs	7 shares	347	335
	Accenture PLC	10 shares	388	485
	Agrium, Inc.	8 shares	477	734
	Air Products & Chemicals, Inc.	2 shares	138	182
	American Electric Power Co.	8 shares	272	288
	American Express Co.	5 shares	201	215

MAE HOLDING COMPANY EMPLOYEES PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 30, 2010

EIN: 31-0734429

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	America Movil	11 shares	\$ 519	\$ 631
	Amgen, Inc.	5 shares	268	275
	Apache Corporation	4 shares	360	477
	Avalonbay Communities, Inc.	3 shares	260	338
	Banco Bradesco	28 shares	538	568
	Bank of America Corp.	30 shares	407	400
	Best Buy, Inc.	4 shares	138	137
	BHP Billiton LTD.	3 shares	202	279
	Boeing Co.	2 shares	124	131
	Boston Properties, Inc.	2 shares	136	172
	CVS/ Caremark Corp.	7 shares	212	243
	Cameron International Corp.	14 shares	513	710
	Carnival Corp.	4 shares	126	184
	Caterpillar, Inc.	2 shares	127	187
	Cisco Systems, Inc.	4 shares	90	81
	Citigroup, Inc.	28 shares	134	132
	Cognizant Technology Solutions	11 shares	535	806
	Conocophillips	8 shares	426	545
	Core Laboratories	8 shares	597	712
	Covidien PLC, LTD.	5 shares	204	228
	Cummins, Inc.	7 shares	587	770
	Danaher Corp.	12 shares	439	566
	Dick's Sporting Goods, Inc.	20 shares	487	750
	Walt Disney Co.	17 shares	536	638
	Discovery Communications	16 shares	546	667
	Directv	11 shares	367	439
	Dresser-Rand Group Inc.	10 shares	320	426
	Ericsson	8 shares	88	92
	Exxon Mobil Corp.	6 shares	366	439
	Factset Resh System, Inc.	5 shares	336	469
	Fifth Third Bancorp	13 shares	147	191
	Flowserve Corp.	5 shares	460	596
	Franklin Resources	5 shares	475	556
	Freeport-McMoran Copper & Gold	3 shares	201	360
	General Dynamics Corp.	4 shares	244	284
	General Electric Co.	21 shares	315	384
	Goldman Sachs Group, Inc.	3 shares	449	504
	Hasbro Inc.	12 shares	482	566
	Hess Corporation	6 shares	319	459
	Hewlett-Packard Co.	5 shares	226	211

See independent auditor's report

MAE HOLDING COMPANY EMPLOYEES PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 30, 2010

EIN: 31-0734429

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Impax Lab, Inc.	19 shares	\$ 327	\$ 382
	Intel Corp.	5 shares	104	105
	International Business Machines	2 shares	244	294
	JP Morgan Chase & Co.	11 shares	419	467
	Jefferies Group, Inc.	18 shares	431	479
	Johnson & Johnson	8 shares	470	495
	Joy Global, Inc.	9 shares	493	781
	Kellogg Co.	3 shares	154	153
	Keycorp	20 shares	151	177
	Kimberly Clark Co.	3 shares	188	189
	Kraft Foods, Inc.	5 shares	147	158
	Lincoln National Corp.	6 shares	144	167
	Mastercard, Inc.	1 shares	204	224
	McDonalds Corp.	5 shares	334	384
	McKesson Corp.	6 shares	371	422
	Merck & Co.	11 shares	384	396
	Metlife Co.	8 shares	291	356
	Microsoft Corp.	8 shares	202	223
	National Grid Group	3 shares	132	133
	Nestle SA	7 shares	339	411
	Nike Inc.	7 shares	461	598
	Northern Trust Corp.	3 shares	148	166
	Occidental Pete Corp.	6 shares	471	589
	Oracle Corp.	25 shares	579	783
	PG&E Corp.	6 shares	255	287
	PNC Bank Corp.	7 shares	376	425
	Paccar, Inc.	2 shares	84	115
	Parker Hannifin Corp.	2 shares	128	173
	Peabody Energy Corp.	7 shares	303	448
	PepsiCo, Inc.	4 shares	248	261
	Pfizer, Inc.	26 shares	403	455
	Precision Castparts Corp.	5 shares	566	696
	Prudential Financial, Inc.	7 shares	353	411
	Public Service Enterprise Group, Inc.	4 shares	137	127
	Reynolds American, Inc.	4 shares	129	130
	Rogers Communications	3 shares	103	104
	Sempra Energy	5 shares	248	262
	Southern Copper Co.	15 shares	446	731
	Staples, Inc.	5 shares	103	114

See accompanying independent auditor's report.

MAE HOLDING COMPANY EMPLOYEES PENSION PLAN
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 30, 2010

EIN: 31-0734429

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	TJX Cos., Inc.	5 shares	\$ 200	\$ 222
	Target Corp.	5 shares	246	301
	Thermo Fisher Scientific, Inc.	3 shares	144	166
	Travelers Companies, Inc.	2 shares	98	111
	Tyco International, LTD.	3 shares	106	125
	U.S. Bancorp	11 shares	252	297
	Union Pacific Corp.	4 shares	267	371
	United Continental Holdings, Inc.	15 shares	333	357
	United States Steel Corp.	3 shares	134	175
	United Technologies Corp.	4 shares	258	315
	United Health Group, Inc.	4 shares	122	144
	Verizon Communications	6 shares	162	215
	Vodafone Group	4 shares	111	106
	Vornado Realty Trust	2 shares	142	167
	Wal-Mart Stores, Inc.	8 shares	405	431
	Waste Management, Inc.	4 shares	128	147
	Wells Fargo & Co.	18 shares	465	558
	Western Digital Corp.	17 shares	571	576
			<u>30,518</u>	<u>37,103</u>
	U.S. Government Securities			
	First Union Mortgage - GNMA Pool 107305CD		<u>-</u>	<u>15,007</u>
	Accrued Interest			
	Morgan Keegan		<u>156</u>	<u>156</u>
	Grand total		<u>\$ N/A</u>	<u>\$ 12,295,635</u>

Schedule SB, Line 32 – Schedule of Amortization Bases

Plan Name: MAE Holding Company Employees Pension Plan

EIN: 31-0734429

PN: 001

<u>Type</u>	<u>Present Value of Remaining Installments</u>	<u>Date Established</u>	<u>Rem. Years</u>	<u>Amortization Installment</u>
Shortfall	\$ 2,182,510	12/31/2008	6	\$ 412,257
Shortfall	<u>1,222,987</u>	12/31/2009	9	<u>80,379</u>
	\$ 3,405,497			\$ 492,636

Schedule SB, line 25 – Change in Method

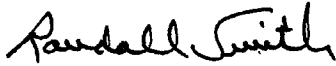
Plan Name: MAE Holding Company Employees Pension Plan

EIN: 31-0734429

PN: 001

Effective with the December 31, 2009 valuation, the following methods were changed:

- The interest method chosen was changed from the November Full Yield Curve, to the Non-Transitional Segment rates for the first month of the valuation year.



(signed)

Randall Smith

Enrollment # 11-06649

Schedule SB, line 24 –Change in Actuarial Assumptions

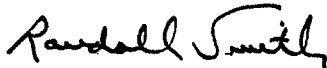
Plan Name: MAE Holding Company Employees Pension Plan

EIN: 31-0734429

PN: 001

Effective with the December 31, 2009 valuation, the following assumptions were changed based upon historical Plan data as an indicator of anticipated future experience:

- The expense assumption was changed from \$100,000 to \$150,000.



(signed)

Randall Smith

Enrollment # 11-06649

MAE HOLDING COMPANY EMPLOYEES PENSION PLAN
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS IN EXCESS OF 5% OF PLAN ASSETS
DECEMBER 30, 2010

EIN: 31-0734429

Plan Number: 001

<u>Identity of Party</u>	<u>Description of Asset</u>	<u>Number of Transactions</u>	<u>Purchase Price</u>	<u>Number of Transactions</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain or Loss</u>
Federated Prime Cash Obligations	Money Market	Multiple	\$ 1,869,150	Multiple	\$ -	\$ 1,869,150	\$ 1,869,150	\$ -
Federated Prime Cash Obligations	Money Market		\$ -	Multiple	\$ 1,767,366	\$ 1,767,366	\$ 1,767,366	\$ -
Federated Automated Cash Management	Money Market		\$ -	Multiple	\$ 714,906	\$ 714,906	\$ 714,906	\$ -

See accompanying independent auditor's report.

**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

2009**This Form is Open to Public
Inspection**For calendar plan year 2009 or fiscal plan year beginning 12/31/2009 and ending 12/30/2010► **Round off amounts to nearest dollar.**► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.**A** Name of plan**MAE HOLDING 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**MAE HOLDING COMPANY****D** Employer Identification Number (EIN)**31-0734429****E** Type of plan:☒ Single☐ Multiple-A☐ Multiple-B☐ Multiple-C☐ Multiple-D**F** Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500**Part I Basic Information****1** Enter the valuation date: Month 12 Day 31 Year 2009**2** Assets:

	2a	
a Market value	12,353,776	
b Actuarial value	13,248,164	

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	251	10,389,235
b For terminated vested participants	375	6,422,523
c For active participants:		
(1) Non-vested benefits	0	0
(2) Vested benefits	0	0
(3) Total active	0	0
d Total	626	16,811,758

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** 6.57**6** Target normal cost **6** 105,000**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***Randall N. Smith*

Signature of actuary

Randall N. Smith

Type or print name of actuary

Cuni, Rust & Strenk

Firm name

4540 Cooper Road - Suite 304**US Cincinnati****OH 45249-5617**

Address of the firm

06/01/2011

Date

11-06649

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) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (item 13 from prior year)	1,195,147	0
8 Portion used to offset prior year's funding requirement (item 35 from prior year)	512,257	0
9 Amount remaining (item 7 minus item 8)	682,890	0
10 Interest on item 9 using prior year's actual return of <u>24.56</u> %	167,718	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>8.22</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)	850,608	0

Part III Funding percentages

14 Funding target attainment percentage	14	73.74 %
15 Adjusted funding target attainment percentage	15	73.74 %
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	84.26 %
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
0	0	0	0

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

21 Discount rate:			
a Segment rates:	1st segment 4.71 %	2nd segment 6.67 %	3rd segment 6.77 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) ☐ Prescribed -- combined ☒ Prescribed -- separate ☐ Substitute			

Part V 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 VI 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 VII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	105,000
32 Amortization installments:		
a Net shortfall amortization installment	Outstanding Balance 3,405,497	Installment 492,636
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)		
		34 597,636
35 Balances used to offset funding requirement		
	Carryover balance 597,636	Prefunding Balance 0
		Total balance 597,636
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

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: MAE Holding Company Employees Pension Plan

EIN: 31-0734429

PN: 001

1. Effective Date: December 31, 1973.
2. Plan Year: December 31st through December 30th.
3. Covered Employees All employees of the MAE Holding Company. Effective December 30, 2002, benefit accruals and participation were frozen.
4. Eligibility: Age 21 and 1 Year of Service.
5. Year of Service: 1 Year of Service is granted if at least 1,000 hours are worked during the Plan Year. Fractional Years of Service are earned for hours less than 1,000.
6. Accrued Benefit: Benefit earned as of December 30, 2002 Plan Freeze.
7. Normal Retirement:
 - a. Eligibility Age 65 and 5th anniversary of Plan participation.
 - b. Monthly Benefit Accrued Benefit.

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: MAE Holding Company Employees Pension Plan

EIN: 31-0734429

PN: 001

8. Early Retirement:

- a. Eligibility Age 55 and 5 Years of Service.
- b. Monthly Benefit Calculated as for Normal Retirement with monthly benefit reduced $\frac{5}{9}$ of 1% for the first 60 months and $\frac{5}{18}$ of 1% for the next 60 months that Early Retirement precedes Normal Retirement.

9. Vested Retirement:

- a. Eligibility 5 Years of Service. As of December 30, 2002 all active employees are fully vested.
- b. Monthly Benefit Calculated as for Normal Retirement. Participants may elect to receive monthly benefit calculated as for Early Retirement.

10. Pre-Retirement Death:

- a. Eligibility Married and 5 Years of Vesting Service.
- b. Monthly Benefit Calculated as for Early Retirement reflecting a 50% Joint & Survivor Annuity payment form with death immediately after Early Retirement.

11. Payment Forms:

- a. Normal Life Annuity for single participants and an Actuarially Equivalent 50% Joint & Survivor Annuity (QJSA) for married participants.
- b. Optional 100% Joint & Survivor Annuity (QOSA) or Life Annuity with 120 monthly payments guaranteed.

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: MAE Holding Company Employees Pension Plan

EIN: 31-0734429

PN: 001

12. Actuarial Equivalency:

a. Other Than Lump Sums

UP 1984 Mortality Table at 7.00%.

b. Lump Sums

2009 IRS Applicable Mortality Table (under Rev. Ruling 2007-67) and the 417(e) segment interest rates for the November prior to the Plan Year.

13. Changes Since Last Year:

The lump sum interest and mortality assumptions were revised as mandated by the Pension Protection Act of 2006.

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

Plan Name: MAE Holding Company Employees Pension Plan

EIN: 31-0734429

PN: 001

1. Segment Rates: 4.71%/6.67%/6.77%.
2. FAS 35 Interest Rate: 7.00%
3. Mortality Rates: 2009 Static Mortality Table for annuitants and non-annuitants.
4. Retirement Rates: Age 65.
5. Termination Rates:

<u>Age</u>	<u>Rate</u>
20	0.0794
25	0.0772
30	0.0722
35	0.0628
40	0.0515
45	0.0398
50	0.0256
55	0.0094
60	0.0009
65	0.0000
6. Disability Rates: None.
7. Percent Married/Spousal Age: 85% with wives 3 years younger than their husbands.

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

Plan Name: MAE Holding Company Employees Pension Plan

EIN: 31-0734429

PN: 001

8. Expense Load: \$105,000.
9. Actuarial Cost Method: Unit Credit.
10. Actuarial Value of Assets: 24-month smoothing method under IRC Section 430(g)(3)(B).
10. Changes Since Last Year: The expense load was increased and the mortality table and interest rates were updated as mandated by the Pension Protection Act of 2006.

Schedule SB, line 24 –Change in Actuarial Assumptions

Plan Name: MAE Holding Company Employees Pension Plan

EIN: 31-0734429

PN: 001

Effective with the December 31, 2009 valuation, the following assumptions were changed based upon historical Plan data as an indicator of anticipated future experience:

- The expense assumption was changed from \$100,000 to \$150,000.



(signed)

Randall Smith

Enrollment # 11-06649

Schedule SB, line 25 – Change in Method

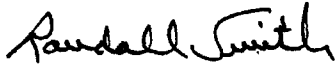
Plan Name: MAE Holding Company Employees Pension Plan

EIN: 31-0734429

PN: 001

Effective with the December 31, 2009 valuation, the following methods were changed:

- The interest method chosen was changed from the November Full Yield Curve, to the Non-Transitional Segment rates for the first month of the valuation year.



(signed)

Randall Smith

Enrollment # 11-06649

Schedule SB, Line 32 – Schedule of Amortization Bases

Plan Name: MAE Holding Company Employees Pension Plan

EIN: 31-0734429

PN: 001

<u>Type</u>	<u>Present Value of Remaining Installments</u>	<u>Date Established</u>	<u>Rem. Years</u>	<u>Amortization Installment</u>
Shortfall	\$ 2,182,510	12/31/2008	6	\$ 412,257
Shortfall	<u>1,222,987</u>	12/31/2009	9	<u>80,379</u>
	\$ 3,405,497			\$ 492,636