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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2010</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                |                                                                                 |                                            |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                |                                                                                 |                                            |
| For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u> |                                                                |                                                                                 |                                            |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan;                 | <input type="checkbox"/> a multiple-employer plan; or                           |                                            |
|                                                                                                          | <input checked="" type="checkbox"/> a single-employer plan;    | <input type="checkbox"/> a DFE (specify) ____                                   |                                            |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report;              | <input type="checkbox"/> the final return/report;                               |                                            |
|                                                                                                          | <input type="checkbox"/> an amended return/report;             | <input type="checkbox"/> a short plan year return/report (less than 12 months). |                                            |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                       |                                                                                 |                                            |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558;                 | <input type="checkbox"/> automatic extension;                                   | <input type="checkbox"/> the DFVC program; |
|                                                                                                          | <input type="checkbox"/> special extension (enter description) |                                                                                 |                                            |

|                                                                                                                                                                                                                                          |                                                                     |                                                             |                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|
| <b>Part II</b>                                                                                                                                                                                                                           | <b>Basic Plan Information</b> —enter all requested information      |                                                             |                                                             |
| <b>1a</b> Name of plan<br><u>THE W.W. WILLIAMS COMPANY EMPLOYEES' PENSION PLAN</u>                                                                                                                                                       | <b>1b</b> Three-digit plan number (PN) ►                            | <u>001</u>                                                  |                                                             |
|                                                                                                                                                                                                                                          | <b>1c</b> Effective date of plan                                    | <u>12/28/1943</u>                                           |                                                             |
| <b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.)<br><u>W.W. WILLIAMS COMPANY</u><br><br><u>835 WEST GOODALE BLVD.</u><br><u>COLUMBUS, OH 43212-3824</u> | <b>2b</b> Employer Identification Number (EIN)<br><u>31-4343230</u> | <b>2c</b> Sponsor's telephone number<br><u>614-228-5000</u> | <b>2d</b> Business code (see instructions)<br><u>423800</u> |

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

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

|                  |                                                          |                   |                                                              |
|------------------|----------------------------------------------------------|-------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | <u>Filed with authorized/valid electronic signature.</u> | <u>10/16/2011</u> | <u>KELLY TURLEY</u>                                          |
|                  | <b>Signature of plan administrator</b>                   | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | <u>Filed with authorized/valid electronic signature.</u> | <u>10/15/2011</u> | <u>WILLIAM WILLIAMS</u>                                      |
|                  | <b>Signature of employer/plan sponsor</b>                | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                          |                   |                                                              |
|                  | <b>Signature of DFE</b>                                  | Date              | Enter name of individual signing as DFE                      |

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

Form 5500 (2010)  
v.092307.1

|                                                                                                                                                                           |                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>W.W. WILLIAMS COMPANY<br><br>835 WEST GOODALE BLVD.<br>COLUMBUS, OH 43212-3824 | <b>3b</b> Administrator's EIN<br>31-4343230<br><br><b>3c</b> Administrator's telephone number<br>614-228-5000 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                       |                                   |
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| <b>4</b> 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:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                         |          |      |
|-------------------------------------------------------------------------|----------|------|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 1119 |
|-------------------------------------------------------------------------|----------|------|

|                                                                                                                                                        |           |      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------|
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |      |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 284  |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 287  |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 491  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 1062 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 26   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 1088 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> |      |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> | 0    |

|                                                                                                                                      |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) ..... | <b>7</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|

**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:

|                                                                                |                                                                                |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)                      | <b>9b</b> Plan benefit arrangement (check all that apply)                      |
| <b>(1)</b> <input type="checkbox"/> Insurance                                  | <b>(1)</b> <input type="checkbox"/> Insurance                                  |
| <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts | <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| <b>(3)</b> <input checked="" type="checkbox"/> Trust                           | <b>(3)</b> <input checked="" type="checkbox"/> Trust                           |
| <b>(4)</b> <input type="checkbox"/> General assets of the sponsor              | <b>(4)</b> <input type="checkbox"/> 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)

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
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| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2010</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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

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

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>THE W.W. WILLIAMS COMPANY EMPLOYEES' PENSION PLAN</u>                                                         | <b>B</b> Three-digit plan number (PN) ▶ <u>001</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>W.W. WILLIAMS COMPANY</u>                                  | <b>D</b> Employer Identification Number (EIN)<br><u>31-4343230</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                       |                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                         | <b>Basic Information</b>                                    |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>                                                                                                                     |                                                             |
| <b>2</b> Assets:                                                                                                                                                                                      |                                                             |
| <b>a</b> Market value .....                                                                                                                                                                           | <b>2a</b> <u>21670296</u>                                   |
| <b>b</b> Actuarial value .....                                                                                                                                                                        | <b>2b</b> <u>22490202</u>                                   |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                   |                                                             |
|                                                                                                                                                                                                       | <b>(1) Number of participants</b> <b>(2) Funding Target</b> |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                           | <b>3a</b> <u>287</u> <u>12263736</u>                        |
| <b>b</b> For terminated vested participants .....                                                                                                                                                     | <b>3b</b> <u>537</u> <u>5194111</u>                         |
| <b>c</b> For active participants:                                                                                                                                                                     |                                                             |
| <b>(1)</b> Non-vested benefits .....                                                                                                                                                                  | <b>3c(1)</b> <u>0</u>                                       |
| <b>(2)</b> Vested benefits .....                                                                                                                                                                      | <b>3c(2)</b> <u>6313993</u>                                 |
| <b>(3)</b> Total active .....                                                                                                                                                                         | <b>3c(3)</b> <u>295</u> <u>6313993</u>                      |
| <b>d</b> Total .....                                                                                                                                                                                  | <b>3d</b> <u>1119</u> <u>23771840</u>                       |
| <b>4</b> If the plan is at-risk, check the box and complete items (a) and (b) .....                                                                                                                   | <input type="checkbox"/>                                    |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                             | <b>4a</b>                                                   |
| <b>b</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 ..... | <b>4b</b>                                                   |
| <b>5</b> Effective interest rate .....                                                                                                                                                                | <b>5</b> <u>6.67</u> %                                      |
| <b>6</b> Target normal cost .....                                                                                                                                                                     | <b>6</b> <u>76422</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.

|                                                           |                                        |
|-----------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                          | <u>10/13/2011</u>                      |
| Signature of actuary                                      | Date                                   |
| <u>MARTIN E. MOLLOY</u>                                   | <u>11-06227</u>                        |
| Type or print name of actuary                             | Most recent enrollment number          |
| <u>AON CONSULTING, INC.</u>                               | <u>614-436-8100</u>                    |
| Firm name                                                 | Telephone number (including area code) |
| <u>445 HUTCHINSON AVENUE</u><br><u>COLUMBUS, OH 43235</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) 2010**  
**v.092308.1**

| <b>Part II Beginning of year carryover and prefunding balances</b>                                       |                       |                        |
|----------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                          | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) ..... | 0                     | 0                      |
| <b>8</b> Portion used to offset prior year's funding requirement (Item 35 from prior year) .....         | 0                     | 0                      |
| <b>9</b> Amount remaining (Item 7 minus item 8).....                                                     | 0                     | 0                      |
| <b>10</b> Interest on item 9 using prior year's actual return of <u>21.35</u> % .....                    |                       |                        |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                           |                       |                        |
| <b>a</b> Excess contributions (Item 38 from prior year) .....                                            |                       | 344404                 |
| <b>b</b> Interest on (a) using prior year's effective rate of <u>8.16</u> % .....                        |                       | 28103                  |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....            |                       | 372507                 |
| <b>d</b> Portion of (c) to be added to prefunding balance.....                                           |                       | 372507                 |
| <b>12</b> Reduction in balances due to elections or deemed elections.....                                | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....              | 0                     | 372507                 |

| <b>Part III Funding percentages</b>                                                                                                                                       |           |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage.....                                                                                                                       | <b>14</b> | 93.04 %  |
| <b>15</b> Adjusted funding target attainment percentage.....                                                                                                              | <b>15</b> | 93.04 %  |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b> | 103.54 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....                                        | <b>17</b> | %        |

| <b>Part IV Contributions and liquidity shortfalls</b>                                    |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 08/09/2011                                                                               | 500000                            |                                 |                          |                                   |                                 |
| 08/26/2011                                                                               | 115000                            |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ►</b>                                                                          |                                   |                                 | <b>18(b)</b>             | 615000                            | <b>18(c)</b>                    |
|                                                                                          |                                   |                                 |                          |                                   | 0                               |

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

|                                                                                                                        |            |        |
|------------------------------------------------------------------------------------------------------------------------|------------|--------|
| <b>a</b> Contributions allocated toward unpaid minimum required contribution from prior years.....                     | <b>19a</b> | 0      |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                     | <b>19b</b> | 0      |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date..... | <b>19c</b> | 554226 |

**20** Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>5.03 % | 2nd segment:<br>6.73 % | 3rd segment:<br>6.82 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 | <b>21b</b>             |                        |                        | 4                                                   |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              | <b>22</b>              |                        |                        | 64                                                  |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous items**

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

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

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

**Part VIII Minimum required contribution for current year**

|                                                                                                                                                                                      |                     |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|
| <b>31</b> Target normal cost, adjusted, if applicable (see instructions).....                                                                                                        | <b>31</b>           | 76422              |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 703271              | 118355             |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |
| <b>33</b> 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 ..... | <b>33</b>           | 0                  |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....                                                   | <b>34</b>           | 194777             |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance |
| <b>35</b> Balances used to offset funding requirement .....                                                                                                                          | 0                   | 0                  |
| <b>36</b> Additional cash requirement (item 34 minus item 35).....                                                                                                                   | <b>36</b>           | 194777             |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....                                                   | <b>37</b>           | 554226             |
| <b>38</b> Interest-adjusted excess contributions for current year (see instructions).....                                                                                            | <b>38</b>           | 359449             |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....                                                                       | <b>39</b>           | 0                  |
| <b>40</b> Unpaid minimum required contribution for all years .....                                                                                                                   | <b>40</b>           | 0                  |

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
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| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2010                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

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

|                                                                                                    |                                                                         |
|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <div>A Name of plan</div> <div>THE W.W. WILLIAMS COMPANY EMPLOYEES' PENSION PLAN</div>             | <div>B Three-digit plan number (PN)</div> <div>▶</div> <div>001</div>   |
|                                                                                                    |                                                                         |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>W.W. WILLIAMS COMPANY</div> | <div>D Employer Identification Number (EIN)</div> <div>31-4343230</div> |

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 |
| FIFTH THIRD BANK RETIREMENT SERVICE                                                                        |
| 31-1051736                                                                                                 |

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

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

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

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

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

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

SEI INVESTMENTS

23-1707341

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 21 24 28 51<br>52 62          | NONE                                                                                                     | 57520                                                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

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

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

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

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

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

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

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

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

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

**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.

| <b>(a)</b> Enter service provider name as it appears on line 2 | <b>(b)</b> Service Codes<br>(see instructions) | <b>(c)</b> Enter amount of indirect compensation |
|----------------------------------------------------------------|------------------------------------------------|--------------------------------------------------|
|                                                                |                                                |                                                  |

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

| <b>(a)</b> Enter service provider name as it appears on line 2 | <b>(b)</b> Service Codes<br>(see instructions) | <b>(c)</b> Enter amount of indirect compensation |
|----------------------------------------------------------------|------------------------------------------------|--------------------------------------------------|
|                                                                |                                                |                                                  |

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

| <b>(a)</b> Enter service provider name as it appears on line 2 | <b>(b)</b> Service Codes<br>(see instructions) | <b>(c)</b> Enter amount of indirect compensation |
|----------------------------------------------------------------|------------------------------------------------|--------------------------------------------------|
|                                                                |                                                |                                                  |

| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation | <b>(e)</b> 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.

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

|                    |                                                                                                    |
|--------------------|----------------------------------------------------------------------------------------------------|
| <b>a</b> Name:     | <b>b</b> EIN:                                                                                      |
| <b>c</b> Position: |                                                                                                    |
| <b>d</b> Address:  | <b>e</b> Telephone:<br><div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> |

Explanation:

|                    |                                                                                                    |
|--------------------|----------------------------------------------------------------------------------------------------|
| <b>a</b> Name:     | <b>b</b> EIN:                                                                                      |
| <b>c</b> Position: |                                                                                                    |
| <b>d</b> Address:  | <b>e</b> Telephone:<br><div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> |

Explanation:

|                    |                                                                                                    |
|--------------------|----------------------------------------------------------------------------------------------------|
| <b>a</b> Name:     | <b>b</b> EIN:                                                                                      |
| <b>c</b> Position: |                                                                                                    |
| <b>d</b> Address:  | <b>e</b> Telephone:<br><div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> |

Explanation:

|                    |                                                                                                    |
|--------------------|----------------------------------------------------------------------------------------------------|
| <b>a</b> Name:     | <b>b</b> EIN;                                                                                      |
| <b>c</b> Position: |                                                                                                    |
| <b>d</b> Address:  | <b>e</b> Telephone:<br><div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> |

Explanation:

|                    |                                                                                                    |
|--------------------|----------------------------------------------------------------------------------------------------|
| <b>a</b> Name:     | <b>b</b> EIN;                                                                                      |
| <b>c</b> Position: |                                                                                                    |
| <b>d</b> Address:  | <b>e</b> Telephone:<br><div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> |

Explanation:

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2010</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                        |            |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| For calendar plan year 2010 or fiscal plan year beginning <b>01/01/2010</b> and ending <b>12/31/2010</b> |                                                                        |            |
| <b>A</b> Name of plan<br><b>THE W.W. WILLIAMS COMPANY EMPLOYEES' PENSION PLAN</b>                        | <b>B</b> Three-digit plan number (PN) ►                                | <b>001</b> |
|                                                                                                          |                                                                        |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>W.W. WILLIAMS COMPANY</b>            | <b>D</b> Employer Identification Number (EIN)<br><br><b>31-4343230</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       | 122434                | 128994          |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    |                       | 615000          |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    | 39739                 | 31948           |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 21528466              | 22178718        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 21690639              | 22954660        |

**Liabilities**

|                                                                           |           |       |   |
|---------------------------------------------------------------------------|-----------|-------|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |       |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 20343 | 0 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |       |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |       |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 20343 | 0 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 21670296 | 22954660 |
|-----------------------------------------------------------|-----------|----------|----------|

**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: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 615000     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 615000    |

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

|                                                                                                      |                 |  |   |
|------------------------------------------------------------------------------------------------------|-----------------|--|---|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> |  |   |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> |  |   |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> |  |   |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |  |   |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> |  |   |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> |  |   |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |  | 0 |

|                                                                                           |                 |        |        |
|-------------------------------------------------------------------------------------------|-----------------|--------|--------|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | <b>2b(2)(A)</b> |        |        |
| <b>(B)</b> Common stock .....                                                             | <b>2b(2)(B)</b> |        |        |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | <b>2b(2)(C)</b> | 948016 |        |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |        | 948016 |

|                 |              |  |  |
|-----------------|--------------|--|--|
| (3) Rents ..... | <b>2b(3)</b> |  |  |
|-----------------|--------------|--|--|

|                                                                                           |                 |        |        |
|-------------------------------------------------------------------------------------------|-----------------|--------|--------|
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | <b>2b(4)(A)</b> | 248767 |        |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | <b>2b(4)(B)</b> |        |        |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | <b>2b(4)(C)</b> |        | 248767 |

|                                                                                                          |                 | (a) Amount | (b) Total |
|----------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate.....              | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                   | <b>2b(5)(B)</b> | 981353     |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 981353    |
| <b>(6)</b> Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            |           |
| <b>(7)</b> Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            |           |
| <b>(8)</b> Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| <b>(9)</b> Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| <b>(10)</b> Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            |           |
| <b>c</b> Other income.....                                                                               | <b>2c</b>       |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....                  | <b>2d</b>       |            | 2793136   |

**Expenses**

|                                                                                            |              |         |         |
|--------------------------------------------------------------------------------------------|--------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |         |         |
| <b>(1)</b> Directly to participants or beneficiaries, including direct rollovers .....     | <b>2e(1)</b> | 1451252 |         |
| <b>(2)</b> To insurance carriers for the provision of benefits .....                       | <b>2e(2)</b> |         |         |
| <b>(3)</b> Other .....                                                                     | <b>2e(3)</b> |         |         |
| <b>(4)</b> Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....         | <b>2e(4)</b> |         | 1451252 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |         |         |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |         |         |
| <b>i</b> Administrative expenses: <b>(1)</b> Professional fees .....                       | <b>2i(1)</b> |         |         |
| <b>(2)</b> Contract administrator fees .....                                               | <b>2i(2)</b> |         |         |
| <b>(3)</b> Investment advisory and management fees .....                                   | <b>2i(3)</b> | 57520   |         |
| <b>(4)</b> Other .....                                                                     | <b>2i(4)</b> |         |         |
| <b>(5)</b> Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....  | <b>2i(5)</b> |         | 57520   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |         | 1508772 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 1284364 |
| <b>l</b> Transfers of assets:                                                 |              |  |         |
| <b>(1)</b> To this plan.....                                                  | <b>2l(1)</b> |  |         |
| <b>(2)</b> From this plan .....                                               | <b>2l(2)</b> |  |         |

**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: HIRTH NORRIS GARRISON LLP

**(2)** EIN: 31-1158488

**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  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>a</b> 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>b</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  |         |
| <b>c</b> 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  |         |
| <b>d</b> 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  |         |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |         |
| <b>g</b> 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  |         |
| <b>h</b> 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  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |         |
| <b>j</b> 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   |    |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     | X  |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                        |     |    |         |

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

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

**5b(1)** Name of plan(s)

**5b(2)** EIN(s)

**5b(3)** PN(s)

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2010</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

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

|                                                                                               |                                                                    |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>THE W.W. WILLIAMS COMPANY EMPLOYEES' PENSION PLAN</u>             | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>W.W. WILLIAMS COMPANY</u> | <b>D</b> Employer Identification Number (EIN)<br><u>31-4343230</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u>  |
| <b>2</b> 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):<br><br>EIN(s): <u>31-4343230</u> |          |           |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>                                                                                                                                                                                            |          |           |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> | <u>35</u> |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                           |                                         |                                        |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                                         |                                        |                              |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                                         |                                        |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year .....                                                                                                                                                                                                                                                                                               | <b>6a</b>                               |                                        |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                                | <b>6b</b>                               |                                        |                              |
| <b>c</b> 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).....                                                                                                                                                                                                                           | <b>6c</b>                               |                                        |                              |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                                         |                                        |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes            | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| <b>8</b> 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?.....                                                                                                                   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                                |                                   |                                   |                               |                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2010  
v.092308.1

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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: 41% Investment-Grade Debt: 34% High-Yield Debt: 5% Real Estate: 0% Other: 20%

- 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):



**Partners**

JAMES E. NORRIS, CPA  
JODI L. GARRISON, CPA  
TIMOTHY R. HARRIS, CPA

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**CERTIFIED PUBLIC ACCOUNTANTS**

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**INDEPENDENT AUDITOR'S REPORT**

Trustees  
The W. W. Williams Company  
Employees' Pension Trust

We have audited the accompanying statements of net assets available for benefits of the W. W. Williams Company Employees' Pension Trust (Plan) as of December 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years then ended. 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 audits.

We conducted our audits 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 audits provide 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 W. W. Williams Company Employees' Pension Trust as of December 31, 2010 and 2009, and the changes in its financial status for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules of assets held for investment purposes and reportable transactions as of and for the year ended December 31, 2010, together referred to as "supplemental information", 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. This supplemental information is the responsibility of the Plan's management. The supplemental information has been subjected to the auditing procedures applied in the audit of the basic financial statements for the year ended December 31, 2010 and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

*Hirth Norris & Garrison, LLP*

Grove City, Ohio  
September 1, 2011



|                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2010</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

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

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

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

|                                                                                                                                                         |                                                                 |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br><br>The W.W. Williams Company Employees' Pension Plan                                                                          | <b>B</b> Three-digit plan number (PN) ►                         | 001 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>W.W. Williams Company                                                   | <b>D</b> Employer Identification Number (EIN)<br><br>31-4343230 |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B               |                                                                 |     |
| <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |                                                                 |     |

|                                                                                                                                                                                               |                            |            |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------|--------------------|
| <b>Part I Basic Information</b>                                                                                                                                                               |                            |            |                    |
| <b>1</b> Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2010</u>                                                                                                               |                            |            |                    |
| <b>2</b> Assets:                                                                                                                                                                              |                            |            |                    |
| a Market value.....                                                                                                                                                                           | <b>2a</b>                  | 21,670,296 |                    |
| b Actuarial value.....                                                                                                                                                                        | <b>2b</b>                  | 22,490,202 |                    |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                           | (1) Number of participants |            | (2) Funding Target |
| a For retired participants and beneficiaries receiving payment.....                                                                                                                           | <b>3a</b>                  | 287        | 12,263,736         |
| b For terminated vested participants .....                                                                                                                                                    | <b>3b</b>                  | 537        | 5,194,111          |
| c For active participants:                                                                                                                                                                    |                            |            |                    |
| (1) Non-vested benefits.....                                                                                                                                                                  | <b>3c(1)</b>               |            | 0                  |
| (2) Vested benefits.....                                                                                                                                                                      | <b>3c(2)</b>               |            | 6,313,993          |
| (3) Total active .....                                                                                                                                                                        | <b>3c(3)</b>               | 295        | 6,313,993          |
| d Total.....                                                                                                                                                                                  | <b>3d</b>                  | 1,119      | 23,771,840         |
| <b>4</b> If the plan is at-risk, check the box and complete items (a) and (b) <input type="checkbox"/>                                                                                        |                            |            |                    |
| a Funding target disregarding prescribed at-risk assumptions .....                                                                                                                            |                            |            | <b>4a</b>          |
| 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..... |                            |            | <b>4b</b>          |
| <b>5</b> Effective interest rate.....                                                                                                                                                         |                            |            | 6.67 %             |
| <b>6</b> Target normal cost.....                                                                                                                                                              |                            |            | 76,422             |

**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.

|                  |                                                   |                                                          |
|------------------|---------------------------------------------------|----------------------------------------------------------|
| <b>SIGN HERE</b> | <br>Signature of actuary                          | <u>10/13/2011</u><br>Date                                |
|                  | Martin E. Molloy<br>Type or print name of actuary | 11-06227<br>Most recent enrollment number                |
|                  | Aon Consulting, Inc.<br>Firm name                 | (614) 436-8100<br>Telephone number (including area code) |
|                  | 445 Hutchinson Avenue<br>Address of the firm      |                                                          |
|                  | Columbus OH 43235                                 |                                                          |

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

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

Schedule SB (Form 5500) 2010  
v.092308.1

**Part II Beginning of year carryover and prefunding balances**

|                                                                                                          | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) ..... | 0                     | 0                      |
| <b>8</b> Portion used to offset prior year's funding requirement (Item 35 from prior year) .....         | 0                     | 0                      |
| <b>9</b> Amount remaining (Item 7 minus item 8).....                                                     | 0                     | 0                      |
| <b>10</b> Interest on item 9 using prior year's actual return of <u>21.35</u> % .....                    |                       |                        |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                           |                       |                        |
| <b>a</b> Excess contributions (Item 38 from prior year) .....                                            |                       | 344,404                |
| <b>b</b> Interest on (a) using prior year's effective rate of <u>8.16</u> % .....                        |                       | 28,103                 |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....            |                       | 372,507                |
| <b>d</b> Portion of (c) to be added to prefunding balance.....                                           |                       | 372,507                |
| <b>12</b> Reduction in balances due to elections or deemed elections.....                                | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (item 9 + item 10 + item 11d - item 12) .....             | 0                     | 372,507                |

**Part III Funding percentages**

|                                                                                                                                                                           |           |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage.....                                                                                                                       | <b>14</b> | 93.04 %  |
| <b>15</b> Adjusted funding target attainment percentage.....                                                                                                              | <b>15</b> | 93.04 %  |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b> | 103.54 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....                                        | <b>17</b> | %        |

**Part IV Contributions and liquidity shortfalls**

| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 08/09/2011                                                                               | 500,000                           |                                 |                          |                                   |                                 |
| 08/26/2011                                                                               | 115,000                           |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>                                                                          |                                   |                                 | <b>18(b)</b>             | 615,000                           | <b>18(c)</b> 0                  |

|                                                                                                                                      |                    |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <b>19</b> Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year: |                    |
| <b>a</b> Contributions allocated toward unpaid minimum required contribution from prior years. ....                                  | <b>19a</b> 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                   | <b>19b</b> 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....              | <b>19c</b> 554,226 |

|                                                                                                                    |                                                                     |
|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                        |                                                                     |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? .....                                         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>b</b> If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| <b>c</b> If 20a is "Yes," see instructions and complete the following table as applicable:                         |                                                                     |

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

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

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>5.03 % | 2nd segment:<br>6.73 % | 3rd segment:<br>6.82 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                        |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        |                        | <b>22</b> 64                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous items**

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

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

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

**Part VIII Minimum required contribution for current year**

|                                                                                                                                                                                      |                     |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|
| <b>31</b> Target normal cost, adjusted, if applicable (see instructions).....                                                                                                        | <b>31</b>           | 76,422             |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 703,271             | 118,355            |
| <b>b</b> Waiver amortization installment.....                                                                                                                                        | 0                   | 0                  |
| <b>33</b> 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 ..... | <b>33</b>           | 0                  |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33).....                                                   | <b>34</b>           | 194,777            |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance |
| <b>35</b> Balances used to offset funding requirement .....                                                                                                                          | 0                   | 0                  |
| <b>36</b> Additional cash requirement (item 34 minus item 35).....                                                                                                                   | <b>36</b>           | 194,777            |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....                                                   | <b>37</b>           | 554,226            |
| <b>38</b> Interest-adjusted excess contributions for current year (see instructions).....                                                                                            | <b>38</b>           | 359,449            |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....                                                                       | <b>39</b>           | 0                  |
| <b>40</b> Unpaid minimum required contribution for all years .....                                                                                                                   | <b>40</b>           | 0                  |

Plan Sponsor: W.W. Williams Company  
Plan Name: The W.W. Williams Company Employees' Pension Plan  
EIN: 31-4343230 PN : 001

**Schedule SB, line 22 – Description of Weighted Average Retirement Age**

|                                                                    | (1)        | (2)      | (3)        | (4)         | (5)        | (6)         |
|--------------------------------------------------------------------|------------|----------|------------|-------------|------------|-------------|
|                                                                    | Retirement |          | Cumulative |             | Retirement |             |
| Age                                                                | qx         | px       | px         | = (1) * (3) | Age        | = (4) * (5) |
| 60                                                                 | 0.1        | 0.900000 | 1.000000   | 0.100000    | 60.0       | 6.000       |
| 61                                                                 | 0.1        | 0.900000 | 0.900000   | 0.090000    | 61.0       | 5.490       |
| 62                                                                 | 0.2        | 0.800000 | 0.810000   | 0.162000    | 62.0       | 10.044      |
| 63                                                                 | 0.15       | 0.850000 | 0.648000   | 0.097200    | 63.0       | 6.124       |
| 64                                                                 | 0.15       | 0.850000 | 0.550800   | 0.082620    | 64.0       | 5.288       |
| 65                                                                 | 0.5        | 0.500000 | 0.468180   | 0.234090    | 65.0       | 15.216      |
| 66                                                                 | 0.5        | 0.500000 | 0.234090   | 0.117045    | 66.0       | 7.725       |
| 67                                                                 | 1          | 0.000000 | 0.117045   | 0.117045    | 67.0       | 7.842       |
| Totals:                                                            |            |          |            | 1.00000     |            | 63.729      |
| Total of Column (6) / Total of Column (4), Rounded to nearest age: |            |          |            |             |            | 64.000      |

Plan Sponsor: W.W. Williams Company  
Plan Name: The W.W. Williams Company Employees' Pension Plan  
EIN: 31-4343230 PN : 001

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

### **Cost Method**

Funding Target: Traditional Unit Credit.

### **Asset Method**

Funding: The actuarial value of assets is based on the average of fair market values over the period beginning on the last day of the 25th month preceding the month in which the valuation occurs and ending on the Valuation Date. This result is limited to no lower than 90% and no greater than 110% of the fair market value of plan assets as of the Valuation Date.

### **Dates of Calculations**

Funding: The Valuation Date is January 1, 2010.

### **Employees Included in the Calculations**

All active employees who have met the Plan's eligibility requirements as of the valuation date are included in the calculations. Former employees or their survivors who are receiving or entitled to receive an immediate or deferred benefit under the provisions of the Plan are also included.

The data and financial information have not been audited by us.

### **Source of Data**

Data is as of the valuation date and is supplied to us by the Employer.

Financial information was supplied to us by the Trustee.

Plan Sponsor: W.W. Williams Company  
Plan Name: The W.W. Williams Company Employees' Pension Plan  
EIN: 31-4343230 PN : 001

**Schedule SB, Part V – Statement of Actuarial  
Assumptions/Methods (Cont.)**

**Interest and Other Rate Assumptions**

Below is a summary of interest and inflation rates used for the January 1, 2010 valuation.

| <b>Interest Rates</b> |                      | <b>Assumption</b> |
|-----------------------|----------------------|-------------------|
| (1)                   | Funding              |                   |
| (a)                   | Interest Rate Method | Segment Rates     |
| (b)                   | Lookback             | 4 months          |
| (c)                   | PPA Effective Rate   | 6.67%             |

**Schedule SB, Part V – Statement of Actuarial  
Assumptions/Methods (Cont.)**

**Decrement Assumptions**

Below is a summary of decrements used in this valuation.

| <b>Mortality Decrements</b> |                | <b>Description</b>                                                            |
|-----------------------------|----------------|-------------------------------------------------------------------------------|
| (1)                         | Funding Target | IRS 2010 Annuitant and Non-annuitant<br>Mortality Table for Males and Females |

| <b>—Retirement—</b> |              | <b>—Termination—</b> |              |
|---------------------|--------------|----------------------|--------------|
| <b>Decrement</b>    |              | <b>Decrement</b>     | <b>Rates</b> |
| <b>Age</b>          | <b>Rates</b> | <b>Age</b>           |              |
| 60                  | 0.100000     | 25                   | 0.07724      |
| 61                  | 0.100000     | 40                   | 0.05150      |
| 62                  | 0.200000     | 55                   | 0.00939      |
| 63                  | 0.150000     | 65                   | 0.00090      |
| 64                  | 0.150000     |                      |              |
| 65                  | 0.500000     |                      |              |
| 66                  | 0.500000     |                      |              |
| 67                  | 1.000000     |                      |              |

The weighted average retirement age is 63.73. Sample Retirement and Termination rates are illustrated in the tables above.

Plan Sponsor: W.W. Williams Company  
Plan Name: The W.W. Williams Company Employees' Pension Plan  
EIN: 31-4343230 PN : 001

**Schedule SB, line 25 - Change in Method**

1. The interest rates for funding purposes were changed from using the full yield curve with a two month lookback to the segment rates with a four months lookback.



Plan Sponsor: W.W. Williams Company  
Plan Name: The W.W. Williams Company Employees' Pension Plan  
EIN: 31-4343230 PN : 001

**Schedule SB, line 32 – Schedule of Amortization Bases**

| Date<br>Established      | Period<br>Remaining | Current Year<br>Present<br>Value Factor <sup>1</sup> | Balance   |           | Annual<br>Payment |
|--------------------------|---------------------|------------------------------------------------------|-----------|-----------|-------------------|
|                          |                     |                                                      | Original  | Remaining |                   |
| Prior Years'<br>Subtotal |                     |                                                      |           |           |                   |
| 01/01/2010               | 7                   | 5.942052                                             | \$703,271 | \$703,271 | \$118,355         |
| Total                    |                     |                                                      |           | \$703,271 | \$118,355         |

<sup>1</sup> Calculated using the segment interest rates for the current Plan Year.

## **Schedule SB, Part V – Summary of Plan Provisions**

The following summary describes principal plan provisions assumed in calculating the cost of your pension plan.

### **Plan Year**

January 1st to December 31st.

### **Eligibility**

Each employee hired prior to January 1, 2000 is eligible to participate after completion of one year of service.

### **Normal Retirement Date**

The first day of the month coinciding with or next following the participant's 65th birthday.

### **Normal Retirement Benefit**

A monthly pension equal to the sum of:

1. 0.65% of average monthly compensation multiplied by years of service (up to a maximum of 40), plus
2. 0.65% of average monthly compensation in excess of the current covered compensation table III multiplied by years of service (up to a maximum of 35).

The accrual of benefits was frozen as of December 31, 2003.

### **Average Monthly Compensation**

Average Monthly Compensation is high five consecutive years for participants born before 1945 and a ten year average for those born after 1944. Compensation earned after December 31, 2003 is disregarded.

## **Schedule SB, Part V – Summary of Plan Provisions (Cont.)**

### **Early Retirement Benefit**

After attaining age 55 and completing 10 years of service the participant is entitled to a monthly pension commencing at his Early Retirement Date equal to his accrued monthly pension reduced by 1/180 for each of the first 60 months and 1/360 for each of the next 60 months by which his Early Retirement Date precedes his Normal Retirement Date.

### **Late Retirement Benefit**

If a participant works beyond his Normal Retirement Date, he will be entitled to a monthly pension commencing at his Late Retirement Date equal to the greater of 1) the actuarial equivalent of his Normal Retirement Benefit, or 2) his monthly benefit determined using his years of service and wages to his late retirement date.

### **Disability Benefit**

If a participant becomes totally and permanently disabled he will be entitled to a monthly pension commencing once other disability benefit discontinue equal to the actuarial equivalent value of his accrued monthly pension using his credited service and average monthly compensation to date of disablement, or December 31, 2003, if earlier.

### **Normal Form of Payment**

A monthly pension for life.

### **Vesting**

If a participant terminates employment for reasons other than retirement, disability or death he will be entitled to a monthly pension commencing at his Normal Retirement date equal to a percentage of his accrued monthly pension as shown in the following table:

| Years of Service | Vested Percent |
|------------------|----------------|
| 0 - 4            | 0%             |
| 5 or more        | 100%           |

## **Schedule SB, Part V – Summary of Plan Provisions (Cont.)**

### **Death Benefit**

If a participant dies prior to retirement his surviving spouse will be entitled to the annuity she would have received had the participant retired when first eligible for early retirement (or immediately if already eligible for early retirement) and elected the joint and 50% survivor form of benefit.

### **Great Lakes Diesel Benefits**

For any participant who had been a participant in the Great Lakes Diesel Co. retirement plan on March 31, 1981, benefit accruals under that plan will be added to those earned in The W.W. Williams Company Employee's Pension Plan after date.

### **Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan:**

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. To the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB, the values on the signed Schedule SB will govern.

THE W. W. WILLIAMS COMPANY  
EMPLOYEES' PENSION TRUST

FINANCIAL STATEMENTS

\* \* \* \* \*

DECEMBER 31, 2010 AND 2009

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**Partners**

JAMES E. NORRIS, CPA  
JODI L. GARRISON, CPA  
TIMOTHY R. HARRIS, CPA

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**CERTIFIED PUBLIC ACCOUNTANTS**

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**INDEPENDENT AUDITOR'S REPORT**

Trustees  
The W. W. Williams Company  
Employees' Pension Trust

We have audited the accompanying statements of net assets available for benefits of the W. W. Williams Company Employees' Pension Trust (Plan) as of December 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years then ended. 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 audits.

We conducted our audits 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 audits provide 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 W. W. Williams Company Employees' Pension Trust as of December 31, 2010 and 2009, and the changes in its financial status for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules of assets held for investment purposes and reportable transactions as of and for the year ended December 31, 2010, together referred to as "supplemental information", 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. This supplemental information is the responsibility of the Plan's management. The supplemental information has been subjected to the auditing procedures applied in the audit of the basic financial statements for the year ended December 31, 2010 and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

*Hirth Norris & Garrison, LLP*

Grove City, Ohio  
September 1, 2011



THE W.W. WILLIAMS COMPANY  
EMPLOYEES' PENSION TRUST  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
DECEMBER 31, 2010 AND 2009

|                                                                                                      | <u>2010</u>              | <u>2009</u>              |
|------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| ASSETS                                                                                               |                          |                          |
| Cash                                                                                                 | \$ 128,994               | \$ 122,434               |
| Assets held for investment purposes at fair value<br>as determined by the Plan's investment manager: |                          |                          |
| Mutual funds and common stock                                                                        | 22,178,718               | 21,528,466               |
| Receivables:                                                                                         |                          |                          |
| Plan sponsor contribution receivable                                                                 | 615,000                  | 0                        |
| Accrued dividends                                                                                    | <u>31,948</u>            | <u>39,739</u>            |
|                                                                                                      | 22,954,660               | 21,690,639               |
| <br>LIABILITIES                                                                                      |                          |                          |
| Accrued investment management fees                                                                   | <u>0</u>                 | <u>20,343</u>            |
| <br>NET ASSETS AVAILABLE FOR PLAN BENEFITS                                                           | <br><u>\$ 22,954,660</u> | <br><u>\$ 21,670,296</u> |

The accompanying notes are an integral part of these  
financial statements.

THE W.W. WILLIAMS COMPANY  
EMPLOYEES' PENSION TRUST  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

|                                                           | <u>2010</u>          | <u>2009</u>          |
|-----------------------------------------------------------|----------------------|----------------------|
| INCREASES                                                 |                      |                      |
| Plan sponsor contributions                                | \$ 615,000           | \$ 350,000           |
| Investment income                                         |                      |                      |
| Dividends                                                 | 948,016              | 729,213              |
| Realized gain (loss) on the sale of mutual funds          | 248,767              | (461,460)            |
| Unrealized appreciation (depreciation)<br>of mutual funds | <u>981,353</u>       | <u>3,656,869</u>     |
| Total increases                                           | <u>2,793,136</u>     | <u>4,274,622</u>     |
| DECREASES                                                 |                      |                      |
| Retirement benefit payments                               | 1,451,252            | 1,303,800            |
| Investment management fees                                | <u>57,520</u>        | <u>76,422</u>        |
| Total decreases                                           | <u>1,508,772</u>     | <u>1,380,222</u>     |
| CHANGE IN NET ASSETS DURING THE YEAR                      | 1,284,364            | 2,894,400            |
| NET ASSETS AVAILABLE FOR BENEFITS -<br>Beginning of year  | <u>21,670,296</u>    | <u>18,775,896</u>    |
| NET ASSETS AVAILABLE FOR BENEFITS -<br>End of year        | <u>\$ 22,954,660</u> | <u>\$ 21,670,296</u> |

The accompanying notes are an integral part of these  
financial statements.

THE W.W. WILLIAMS COMPANY  
EMPLOYEES' PENSION TRUST  
NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PENSION PLAN

The Plan is a defined benefit pension plan which was created for the purpose of providing retirement benefits to all eligible employees of The W.W. Williams Company (Plan Sponsor). The Internal Revenue Service has approved the Plan and therefore, the Plan's earnings are exempt from Federal income tax and benefits are not taxable until received by the participants.

Eligibility

Each employee is eligible to participate after completion of one year of service. Employees hired after December 31, 1999, and employees of affiliated employers are not eligible to participate. In addition, the Plan Sponsor amended the Plan in 2003 to provide for cessation of all benefit accruals, effective December 31, 2003.

Benefits

Normal Retirement Date

The first day of the month coinciding with or next following the participant's 65th birthday, he will be entitled to a monthly pension equal to the sum of:

- i) .65% of average monthly compensation times years of service (up to 40),
- ii) .65% of average monthly compensation in excess of one twelfth of Social Security Covered Compensation in effect on the last day of the calendar year in which the participant reaches his Social Security Retirement Age times years of service (up to 35).

For purposes of this section average compensation means a participant's average monthly compensation earned for the 5 consecutive calendar years which produces the highest monthly average. If a participant has fewer than 5 calendar years of employment, average compensation will be based on the date of employment until date of termination. Participants who have not attained age 55 as of January 1, 2000, shall have their average monthly compensation computed by using the 10 consecutive calendar years which produces the highest monthly average. In no event will the accrued benefit calculated after December 31, 1999, ever be less than the accrued benefit at that date for an eligible employee. No compensation or years of service earned after December 31, 2003, will be used for purposes of determining a participant's average monthly compensation. However, the accrued benefit of any active employee on December 31, 2003, will not be less than \$1,575 per year.

Early Retirement Benefit

After attaining age 55 and accumulating 10 years of service credit the participant is entitled to a monthly pension commencing at his Early Retirement Date equal to his accrued monthly pension reduced by 1/180 for each of the first 60 months and 1/360 for each of the next 60 months by which his Early Retirement Date precedes his Normal Retirement Date.

Late Retirement Benefit

If a participant works beyond his Normal Retirement Date, he will be entitled to a monthly pension commencing at his Late Retirement Date equal to his normal retirement benefit.

THE W.W. WILLIAMS COMPANY  
EMPLOYEES' PENSION TRUST  
NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PENSION PLAN (Continued)

Disability Benefit

If a participant becomes totally and permanently disabled he will be entitled to a monthly pension commencing once other disability benefits discontinue equal to the actuarial equivalent value of his accrued monthly pension using his credited service and average monthly compensation to date of disablement.

Normal Form of Payment

A monthly pension for life.

Vesting Benefits

If a participant terminates employment for reasons other than retirement, disability or death after completing 5 years of service he will be entitled to a monthly pension commencing at his Normal Retirement Date equal to his accrued monthly pension.

Death Benefit

If a participant dies prior to retirement his surviving spouse will be entitled to the annuity she would have received had he retired when first eligible for early retirement (or immediately if already eligible for early retirement) and not waived out of the joint and 50% survivor form of benefit.

Great Lakes Diesel Benefits

For any participant who had been a participant in the Great Lakes Diesel Co. Retirement Plan on March 31, 1981, benefit accruals under the Plan will be added to those earned in the W. W. Williams Company Employees' Pension Plan after that date.

NOTE 2 - ACCOUNTING POLICIES

Date of Management Review

Subsequent events were evaluated through February 9, 2011, which is the date the financial statements were available to be issued.

Basis of Accounting

The accompanying financial statements have been prepared using the accrual basis of accounting.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

THE W.W. WILLIAMS COMPANY  
EMPLOYEES' PENSION TRUST  
NOTES TO FINANCIAL STATEMENTS

NOTE 2 - ACCOUNTING POLICIES (Continued)

Investment valuation and income recognition

Purchases and sales of mutual funds are reflected on the date of purchase and sale respectively. Investment income is reflected when earned.

The valuation of investments in mutual funds was provided by the Plan's investment manager. All of the funds are publicly traded as of December 31, 2010. Prior to that date some funds were not publicly traded. The Plan's investment advisor's valuations of the publicly traded mutual funds are verified against authoritative sources.

The statement of changes in net assets includes unrealized gains and losses on investments. The unrealized gain (loss) on investments represents the change in the differences between cost and market at the beginning and end of the year.

NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump sum distributions, that are attributed 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.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary 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 January 1, 2010, were as follows.

The Plan was valued in accordance with the proposed regulations under the Pension Protection Act of 2006.

The following assumptions were used in valuing the benefits under the Plan.

|                                          |                                                                                                     |
|------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <u>Salary Increases</u>                  | N/A – Frozen Plan                                                                                   |
| <u>Withdrawal</u>                        | None                                                                                                |
| <u>Retirement Age</u>                    | The retirement age used ranged from 60 to 67 with a weighted average retirement age of 63.73 years. |
| <u>Employees Recognized In Valuation</u> | All participants                                                                                    |
| <u>Attained Age</u>                      | Age near birthday as of the valuation date                                                          |

THE W.W. WILLIAMS COMPANY  
EMPLOYEES' PENSION TRUST  
NOTES TO FINANCIAL STATEMENTS

NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

Mortality Decrements

IRS combined Mortality Table (blended 50% males and 50% females) – 2009

IRS 2010 Annuitant and Non-Annuitant Mortality for males and females - 2010

The actuarial present value of accumulated Plan benefits at January 1, 2010 and 2009, respectively:

|                                                            | <u>2010</u>          | <u>2009</u>          |
|------------------------------------------------------------|----------------------|----------------------|
| Vested benefits                                            |                      |                      |
| Retired participants and beneficiaries receiving payments  | \$ 11,440,451        | \$ 12,578,772        |
| Other participants                                         | <u>10,262,735</u>    | <u>14,755,015</u>    |
| Total vested benefits                                      | 21,703,186           | 27,333,787           |
| Nonvested benefits                                         | <u>0</u>             | <u>0</u>             |
| Total actuarial present value of accumulated Plan benefits | <u>\$ 21,703,186</u> | <u>\$ 27,333,787</u> |

The following is a statement of changes in the actuarial present value of accumulated plan benefits for the years under audit (beginning of respective plan years).

|                                                                                  | <u>2010</u>          | <u>2009</u>          |
|----------------------------------------------------------------------------------|----------------------|----------------------|
| Actuarial present value of accumulated Plan benefits at January 1, 2009 and 2008 | \$ 27,333,787        | \$ 26,063,773        |
| Increase (decrease) due to aging and change in actuarial assumptions             | (4,326,801)          | 2,436,746            |
| Benefits paid                                                                    | <u>(1,303,800)</u>   | <u>(1,166,732)</u>   |
| Actuarial present value of accumulated Plan benefits at January 1, 2010 and 2009 | <u>\$ 21,703,186</u> | <u>\$ 27,333,787</u> |

NOTE 4 - PLAN TERMINATION

The Plan sponsor has the right to terminate the Plan. In the event that such termination takes place the procedures will be as follows:

- (i) The sponsor must first notify the Pension Benefit Guaranty Corporation at least sixty (60) days prior to the date of the proposed termination.
- (ii) No termination distribution shall be made pending notification from the Pension Benefit Guaranty Corporation as to whether the Trust Assets are sufficient to discharge all insured benefit obligations. Notification that Assets are not sufficient shall be treated as a termination by the Pension Benefit Guaranty Corporation as of the date of notification.

THE W.W. WILLIAMS COMPANY  
EMPLOYEES' PENSION TRUST  
NOTES TO FINANCIAL STATEMENT

NOTE 4 - PLAN TERMINATION (Continued)

Priority of Benefits -- Upon approval from the Pension Benefit Guaranty Corporation of the Plan termination, the Administrator shall allocate the assets of the Plan among Participants and Beneficiaries in the following order or priority and subject to in any event to the provisions of the Act:

- (a) First to that portion of each Participant's Accrued Benefit which is derived from his Voluntary Contributions.
- (b) Equally among individuals in the following two categories:
  - (1) Benefits to Retired Participants and their Beneficiaries to whom payment commenced at least three (3) years prior to the termination date, based on Plan provisions in effect during the five (5) year period ending on such date; the lowest recent three (3) year period shall be considered the benefit in pay status for such period.
  - (2) Benefits as respects a Participant wherein payment would have commenced at least three (3) years prior to the termination date if the Participant had actually retired, based on the lowest benefit determined under the Plan provisions in effect during the five (5) year period ending on such date.
- (c) All other benefits guaranteed (insured under the Act determined without regard to Section 4022(b)(5) thereof; and additional benefits, if any, under this subparagraph if Section 4022(b)(6) of the Act did not apply.
- (d) All other (uninsured) Vested benefits.
- (e) All other benefits under the Plan.
- (f) Return of any excess funds to the Employer or reallocated to the Participants on the basis of their Present Value of Accrued Benefit, if authorized by the Employer, only after satisfaction of all liabilities, fixed and contingent.

NOTE 5 - INVESTMENT AND FUNDING POLICY

The Plan's investment policy is to maintain sufficient liquidity to assure the timely payment of benefits and the selection of investments which in the long run, will produce a reasonable rate of return commensurate with the risks involved. The Company made a contribution of \$350,000 in 2009 but due to a prefunding credit balance of \$372,507, will not have to make a contribution for the year ended December 31, 2010. A contribution of \$615,000, however, was made by the Company in 2011 for 2010.

NOTE 6 - INCOME TAX STATUS

The Plan has received tax-exempt status from the Internal Revenue Service. This means that Plan earnings are exempt from Federal Income tax and benefits are not taxable until received by the participants.

THE W.W. WILLIAMS COMPANY  
EMPLOYEES' PENSION TRUST  
NOTES TO FINANCIAL STATEMENTS

NOTE 7 - INFORMATION SUPPLIED BY PLAN CUSTODIAN

All information included in the accompanying financial statements and schedules except benefits paid, liabilities and changes in such accounts has been furnished by SEI Private Trust Company, the custodian of the Plan's assets and certified to the Plan administrator. In late 2010 all assets of the Plan were transferred to the Fifth Third Bank trust department with the exception of a small money market mutual fund which remained at SEI Private Trust Company. All assets managed by Fifth Third Bank are invested in publicly traded mutual funds.

NOTE 8 - EXPENSES OF PLAN PAID BY PLAN SPONSOR

The Plan sponsor pays most of the administrative expenses of the Plan including PBGC insurance premiums, if any, and audit and actuarial fees. The Plan paid all investment management and trustee fees in 2009 and for the first two quarters of 2010. Commencing with the second half of 2010, the Plan sponsor elected to pay all investment management and trustee fees.

NOTE 9 - RELATED PARTY TRANSACTIONS

Prior to certain Plan investments are shares of mutual funds managed by SEI Private Trust Company (SEI). SEI is the investment trustee of the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan to SEI for Plan investment management and trustee fees were \$57,250 in 2010 and \$76,442 in 2009.

NOTE 10 - BENEFITS INSURANCE COVERAGE

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations that ceiling is \$4,500 per month in 2011, \$4,500 per month in 2010 and \$4,500 per month in 2009. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

THE W.W. WILLIAMS COMPANY  
EMPLOYEES' PENSION TRUST  
NOTES TO FINANCIAL STATEMENTS

NOTE 11 - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. Investments that represent 5% or more of the Plan's net assets are separately identified.

|                                         |                      | Fair Value Measurements at<br>Reporting Date Using:                           |                                                           |                                                    |  |
|-----------------------------------------|----------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|--|
|                                         |                      | Quoted Prices<br>In Active<br>Markets for<br>Identical<br>Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |  |
|                                         |                      | <u>Fair Value</u>                                                             |                                                           |                                                    |  |
| <u>December 31, 2010</u>                |                      |                                                                               |                                                           |                                                    |  |
| Mutual funds                            |                      |                                                                               |                                                           |                                                    |  |
| PIMCO Total Return Inst CI Bond Fund    | \$ 6,362,626         | \$ 6,362,626                                                                  |                                                           |                                                    |  |
| William Blair International Growth Fund | 1,741,752            | 1,741,752                                                                     |                                                           |                                                    |  |
| DFA Emerging Markets Value R2 Fund      | 1,765,777            | 1,765,777                                                                     |                                                           |                                                    |  |
| Other Mutual Fund                       | 12,308,172           | 12,308,172                                                                    |                                                           |                                                    |  |
| Common stock                            |                      |                                                                               |                                                           |                                                    |  |
| Miscellaneous stock                     | 391                  | 391                                                                           |                                                           |                                                    |  |
| Total                                   | <u>\$ 22,178,718</u> | <u>\$ 22,178,718</u>                                                          | <u>\$ 0</u>                                               | <u>\$ 0</u>                                        |  |
| <u>December 31, 2009</u>                |                      |                                                                               |                                                           |                                                    |  |
| Mutual funds                            |                      |                                                                               |                                                           |                                                    |  |
| SEI International Equity Fund           | \$ 1,678,797         | \$ 1,678,797                                                                  |                                                           |                                                    |  |
| SEI Large Cap Disciplined Equity Fund   | 5,459,115            | 5,459,115                                                                     |                                                           |                                                    |  |
| SEI Core Fixed Income Fund              | 7,253,072            | 7,253,072                                                                     |                                                           |                                                    |  |
| SEI Small/Mid Cap Equity Fund           | 1,378,271            | 1,378,271                                                                     |                                                           |                                                    |  |
| SEI Emerging Markets Debt Fund          | 1,089,925            | 1,089,925                                                                     |                                                           |                                                    |  |
| SEI Opportunity Collective Fund         | 3,283,213            |                                                                               |                                                           | \$ 3,283,213                                       |  |
| SEI High Yield Bond Fund                | 1,132,785            | 1,132,785                                                                     |                                                           |                                                    |  |
| Other Mutual Fund                       | 252,929              | 252,929                                                                       |                                                           |                                                    |  |
| Common stock                            |                      |                                                                               |                                                           |                                                    |  |
| Miscellaneous stock                     | 359                  | 359                                                                           |                                                           |                                                    |  |
| Total                                   | <u>\$21,528,466</u>  | <u>\$18,245,253</u>                                                           | <u>\$ 0</u>                                               | <u>\$ 3,283,213</u>                                |  |

SFAS No. 157, *Fair Value Measurements*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were used only when Level 1 or Level 2 inputs were not available.

THE W.W. WILLIAMS COMPANY  
EMPLOYEES' PENSION TRUST  
NOTES TO FINANCIAL STATEMENTS

NOTE 11 - FAIR VALUE MEASUREMENTS (Continued)

*Level 1 Inputs*

Quoted market prices in active markets for the identical asset (e.g., a price for which a share of a widely held publicly traded stock would sell).

*Level 2 Inputs*

Quoted market prices in active markets for similar assets or quoted market prices for identical or similar assets in markets that are not active.

*Level 3 Inputs*

Unobserved inputs for the asset; these would be based on the reporting entity's assumptions of how other market participants would value the asset.

NOTE 12 - LEVEL 3 RECONCILIATION

The following is a reconciliation of the Plan's Level 3 investment asset, the SEI Opportunity Collective Fund.

|                            | <u>Shares</u> | <u>Amount</u> |
|----------------------------|---------------|---------------|
| Beginning balance (1-1-10) | 3,525         | \$ 3,283,213  |
| Purchases                  | 0             | 0             |
| Sales                      | (3,525)       | (3,263,951)   |
| Realized gain (loss)       | N/A           | (19,262)      |
| Dividends paid/reinvested  | 0             | 0             |
| Unrealized gain (loss)     | <u>N/A</u>    | <u>0</u>      |
| Ending balance (12-31-10)  | <u>0</u>      | <u>\$ 0</u>   |

NOTE 13 - PLAN AMENDMENTS

No Plan amendments were made in either 2010 or 2009.

NOTE 14 - 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 benefits.

THE W.W. WILLIAMS COMPANY  
EMPLOYEES' PENSION TRUST  
NOTES TO FINANCIAL STATEMENTS

NOTE 14 - RISKS AND UNCERTAINTIES (Continued)

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.

NOTE 15 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500, SCHEDULE H

The audited financial statements and form 5500 are in agreement.

THE W.W. WILLIAMS COMPANY  
EMPLOYEES' PENSION TRUST  
EIN: 31-4343230 PN: 001  
FORM 5500  
SCHEDULE H, LINE 4i  
SCHEDULE OF ASSETS HELD FOR INVESTMENT  
DECEMBER 31,2010

| <u>(a)</u> | <u>Identity of Issue</u><br><u>(b)</u> | <u>Description of Investment</u><br><u>(c)</u>              | <u>Cost</u><br><u>(d)</u> | <u>Current Value</u><br><u>(e)</u> |
|------------|----------------------------------------|-------------------------------------------------------------|---------------------------|------------------------------------|
|            |                                        | Mutual Funds:                                               |                           |                                    |
| *          | SEI Institutional Investments          | SEI Collective Fund Escrow Account<br>326,395 shares        | \$ 326,395                | \$ 326,395                         |
|            | Fifth Third Bank                       | Fifth Third Prime Money Market Fd<br>317 shares             | 317                       | 317                                |
|            | Allianz Global Investors               | Allianz AGIC Opportunity Instl Bond Fd<br>19,730 shares     | 380,833                   | 453,592                            |
|            | Pimco Funds                            | Pimco Total Return Inst Cl Bond Fd<br>586,417 shares        | 6,726,841                 | 6,362,626                          |
|            | Pimco Funds                            | Pimco Emerging Mkts Bond Inst Fd<br>90,086 shares           | 1,018,669                 | 999,954                            |
|            | Vanguard                               | Vanguard L/T Investment Gr Bond Fd<br>73,104 shares         | 715,529                   | 682,787                            |
|            | Alger Funds                            | Alger Small Cap Growth I-2 Fd<br>14,537 shares              | 383,086                   | 465,913                            |
|            | William Blair Funds                    | William Blair Intl Growth Fd<br>77,966 shares               | 1,565,753                 | 1,741,752                          |
|            | Dimensional Fund Advisors              | DFA Emerging Markets Value R2 Fd<br>48,832 shares           | 1,615,380                 | 1,765,777                          |
|            | Dodge & Cox Funds                      | Dodge & Cox International Stock Fd<br>24,289 shares         | 775,862                   | 867,365                            |
|            | Dodge & Cox Funds                      | Dodge & Cox Stock Fd<br>8,200 shares                        | 768,117                   | 883,546                            |
|            | Harbor Funds                           | Harbor International Instl Fd<br>14,316 shares              | 776,371                   | 866,842                            |
|            | Harbor Funds                           | Harbor Small Co Value Instl Fd<br>53,745 shares             | 399,057                   | 455,221                            |
|            | Harbor Funds                           | Harbor Capital Appreciation Instl Fd<br>23,995 shares       | 765,839                   | 881,110                            |
|            | Harbor Funds                           | Harbor Large Cap Value Instl Fd<br>111,755 shares           | 771,270                   | 843,749                            |
|            | Harding Loevner Funds                  | Harding Loevner Frontier Em Mkts Instl Fd<br>139,978 shares | 1,020,500                 | 1,097,431                          |
|            | John Hancock Funds                     | Jhancock Rainier Growth I Fd<br>43,376 shares               | 764,887                   | 898,312                            |
|            | Northern Funds                         | Northern Global Real Estate Index Fd<br>132,798 shares      | 1,031,795                 | 1,103,552                          |
|            | Old Mutual Advisor Funds               | Old Mutual TS&W Small Cap Value Z Fd<br>24,946 shares       | 380,871                   | 452,775                            |
|            | Legg Mason/Western Funds               | Western Absolute Return FI Fd<br>100,814 shares             | 1,025,890                 | 1,029,311                          |
|            |                                        | Total mutual funds                                          | <u>21,213,262</u>         | <u>22,178,327</u>                  |
|            |                                        | Common Stock:                                               |                           |                                    |
|            | CA, Inc.                               | 16 shares CA, Inc. common stock                             | <u>0</u>                  | <u>391</u>                         |
|            |                                        | Total Investments                                           | <u>\$21,213,262</u>       | <u>\$ 22,178,718</u>               |

\* Party in interest to the Plan. Mutual fund sponsored by the Plan's former investment trustee.

THE W.W. WILLIAMS COMPANY  
EMPLOYEES' PENSION TRUST  
EIN: 31-4343230 PN: 001

FORM 5500, SCHEDULE H, LINE 4j  
SCHEDULE OF REPORTABLE TRANSACTIONS  
DECEMBER 31, 2010

| (a)<br>Identity of<br>Party Involved | (b)<br>Description of<br>Asset                                                | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (e)<br>Lease<br>Rental | (f)<br>Expense<br>Incurred | (g)<br>Cost   | (h)<br>Current Value<br>of Asset | (i)<br>Gain<br>(Loss) |
|--------------------------------------|-------------------------------------------------------------------------------|--------------------------|-------------------------|------------------------|----------------------------|---------------|----------------------------------|-----------------------|
| SEI Institutional<br>Investments     | 17,916,659 shares<br>SEI Prime Obligation Fund<br>9 transactions              | \$ 17,916,659            |                         |                        |                            |               | \$ 17,916,659                    |                       |
| SEI Institutional<br>Investments     | 17,916,659 shares<br>SEI Prime Obligation Fund<br>9 transactions              |                          | \$ 17,916,659           |                        |                            | \$ 17,916,659 | \$ 17,916,659                    | \$ 0                  |
| SEI Institutional<br>Investments     | 3,525 shares<br>SEI Opportunity Collective Fund<br>1 transaction              |                          | \$ 3,263,951            |                        |                            | \$ 3,263,951  | \$ 3,263,951                     | \$ (19,262)           |
| SEI Institutional<br>Investments     | 776,318 shares<br>SEI Core Fixed Income Fund<br>15 transactions               |                          | \$ 8,301,231            |                        |                            | \$ 7,793,696  | \$ 8,301,231                     | \$ 507,535            |
| SEI Institutional<br>Investments     | 110,237 shares<br>SEI Emerging Markets Debt Fund<br>13 transactions           |                          | \$ 1,229,184            |                        |                            | \$ 1,136,849  | \$ 1,229,184                     | \$ 92,335             |
| SEI Institutional<br>Investments     | 139,363 shares<br>SEI High Yield Bond Fund<br>16 transactions                 |                          | \$ 1,242,006            |                        |                            | \$ 1,207,170  | \$ 1,242,006                     | \$ 34,836             |
| SEI Institutional<br>Investments     | 278,437 shares<br>SEI International Equity Fund<br>12 transactions            |                          | \$ 1,861,808            |                        |                            | \$ 1,942,463  | \$ 1,861,808                     | \$ (80,655)           |
| SEI Institutional<br>Investments     | 636,617 shares<br>SEI Large Cap Disciplined<br>Equity Fund<br>13 transactions |                          | \$ 5,430,621            |                        |                            | \$ 5,688,391  | \$ 5,430,621                     | \$ (257,770)          |
| SEI Institutional<br>Investments     | 137,903 shares<br>SEI Small/Mid Cap Equity Fund<br>14 transactions            |                          |                         |                        |                            |               |                                  |                       |
| William Blair Funds                  | 79,394 shares<br>William Blair Intl Growth Fund<br>3 transactions             | \$ 1,594,209             |                         |                        |                            | \$ 1,384,839  | \$ 1,355,855                     | \$ (28,984)           |
| Dimensional Fund<br>Advisors         | 49,720 shares<br>DFA Emerging Markets<br>Value R2 Fund<br>6 transactions      | \$ 1,644,506             |                         |                        |                            |               |                                  |                       |
| Pimco Funds                          | 597,696 shares<br>Pimco Total Return Inst<br>CI Bond Fund<br>5 transactions   | \$ 6,856,312             |                         |                        |                            |               |                                  |                       |

September 1, 2011

Hirth, Norris & Garrison, LLP  
2425 Old Stringtown Road  
Grove City, Ohio 43123

We are providing this letter in connection with your audit of the financial statements and supplemental schedules of W. W. Williams Company Employees Pension Plan as of December 31, 2010 and 2009, and for the years then ended. We understand that your audit was made for the purpose of expressing an opinion as to whether the financial statements present fairly, in all material respects, the financial status and changes in financial status of the Plan in conformity with U.S. generally accepted accounting principles and whether the supplemental schedules are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

We are responsible for the fair presentation in the Plan's financial statements of financial status and changes in financial status in conformity with U.S. generally accepted accounting principles and for the fair presentation of the accompanying supplemental schedules in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. We are also responsible for adopting sound accounting policies, establishing and maintaining internal control, and preventing and detecting fraud.

Certain representations in this letter are described as being limited to matters that are material. Items are considered material if they involve an omission or misstatement of accounting information that, in light of surrounding circumstances, makes it probable that the judgement of a reasonable person relying on the information would be changed or influenced by the omission or misstatement. An omission or misstatement that is monetarily small in amount could be considered material as a result of qualitative factors.

We confirm, to the best of our knowledge and belief, as of September 1, 2011, the following representations made to you during your audit.

1. The financial statements and related footnotes are fairly presented in conformity with U.S. generally accepted accounting principles, and the notes include all disclosures required by laws and regulations to which the plan is subject, including the DOL Rules and Regulations for Reporting and Disclosure under ERISA.
2. We have made available to you all—
  - a. Financial records and related data.

- b. All minutes of meetings of the trustees for 2010 and 2009 or summaries of actions of recent meetings for which minutes have not yet been prepared.
  - c. Plan instruments, trust agreements, insurance contracts, or investment contracts and amendments to such documents entered into during the year, including amendments to comply with applicable laws.
  - d. Actuarial reports prepared for the plan and the plan's sponsor during the year.
- 3. There has been no—
  - a. Communications from regulatory agencies concerning noncompliance with or deficiencies in financial reporting practices, that could have a material effect on the financial statements in the event of noncompliance.
  - b. Fraud involving management or employees who have significant roles in the plan's internal control.
  - c. Fraud involving others that could have a material effect on the financial statements.
- 4. We have no—
  - a. Plans or intentions that may materially affect the carrying value or classification of assets and liabilities.
  - b. Intentions to terminate the plan. Furthermore, no reportable events have occurred that could result in the Pension Benefit Guaranty Corporation having the authority to initiate proceedings to terminate the plan.
- 5. The following have been properly recorded or disclosed in the financial statements:
  - a. Related-party transactions, including transactions with parties-in-interest, as defined in ERISA section 3(14) and regulations thereunder, including sales, purchases, loans, transfers, leasing arrangements, and guarantees, and amounts receivable from or payable to related parties.
  - b. Guarantees whether written or oral under which the plan is contingently liable.
  - c. All significant estimates and material concentrations known to management that are to be disclosed in accordance with AICPA Statement of Position 94-6, *Disclosure of Certain Significant Risks and Uncertainties*. We understand that the significant estimates covered by this disclosure are estimates at the date of the statement of net assets that are reasonably possible of changing materially within the next year. Concentrations refer to the nature and type of investments held by the plan, or markets for which events could occur which would significantly disrupt normal finances within the next year.

6. There are no—
  - a. Violations or possible violations of laws and regulations (including ERISA, DOL and IRS regulations) whose effects should be considered for disclosure in the financial statements or as a basis for recording a loss contingency.
  - b. We are not aware of any pending or threatened litigation, claims, or assessments or unasserted claims or assessments that are required to be accrued or disclosed in the financial statements in accordance with Statement of Financial Accounting Standards No. 5, and the plan has not consulted a lawyer concerning litigation, claims, or assessments.
  - c. Other liabilities or gain or loss contingencies that are required to be accrued or disclosed by FASB Statement No. 5.
  - d. Material transactions that have not been properly recorded in the accounting records underlying the financial statements.
  - e. Other matters (e.g., breach of fiduciary responsibilities, nonexempt transactions, loans or leases in default, events reportable to PBGC, or events that may jeopardize the tax status) that legal counsel have advised us that must be disclosed.
7. There were no omissions from the participants' data provided to the plan's actuary for the purpose of determining the actuarial present value of the plan benefit obligations and other actuarially determined amounts in the financial statements.
8. The plan sponsor agrees with the actuarial methods and assumptions used by the actuary for funding purposes and for determining the plan's benefit obligations and has no knowledge or belief that such methods or assumptions are inappropriate in the circumstances. We did not give any, nor cause any, instructions to be given to the Plan's actuary with respect to values or amounts derived, and we are not aware of any matters that have impacted the independence or objectivity of the plan's actuary.
9. There have been no changes in:
  - a. The actuarial methods or assumptions used in calculating amounts recorded or disclosed in the financial statements.
  - b. Plan provisions between the actuarial valuation date and the date of this letter.
10. The Plan has complied with all aspects of debt and other contractual agreements that would have a material effect on the financial statements in the event of noncompliance.
11. The methods and significant assumptions used to estimate fair values of financial instruments are as follows: year-end closing market price for assets publicly traded. The methods and significant assumptions used result in a measure of fair value appropriate for financial measurement and disclosure purposes.

12. Financial instruments with concentrations of credit risk have been properly recorded or disclosed in the financial statements.
13. All required filings of plan documents with the appropriate agencies have been or will be made.
14. The Plan and the trust is qualified under the appropriate section of the Internal Revenue Code and we intend to continue them as a qualified plan and trust. The Plan sponsor has operated the Plan and trust in a manner that did not jeopardize this tax status.
15. The Plan has complied with the Department of Labor's regulations concerning the timely remittance of participant contributions to trusts containing assets for the plan.
16. The Plan complied with the fidelity bonding requirements of ERISA.
17. The Plan has satisfactory title to all owned assets, and all liens, encumbrances, or security interest requiring disclosure in the financial statements have been properly disclosed.
18. There are no—
  - a. Non-exempt party-in-interest transactions (as defined in ERISA section 3(14) and regulations under the section) that were not disclosed in the supplemental schedules of financial statements.
  - b. Investments or loans in default or considered to be uncollectible that were not disclosed in the supplemental schedules.
  - c. Reportable transactions (as defined in ERISA section 103(b)(3)(H) and regulations under that section) that were not disclosed in the supplemental schedules.
19. We have apprised you of all communications, whether written or oral, with regulatory agencies concerning the operation of the plan.
20. No events have occurred subsequent to the date of the plan's financial statements and through the date of this letter that would require adjustment to or disclosure in the aforementioned financial statements.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

THE W.W. WILLIAMS COMPANY  
EMPLOYEES' PENSION TRUST  
EIN: 31-4343230 PN: 001  
FORM 5500  
SCHEDULE H, LINE 4i  
SCHEDULE OF ASSETS HELD FOR INVESTMENT  
DECEMBER 31,2010

| <u>(a)</u> | <u>(b)</u>                    | <u>(c)</u>                                | <u>(d)</u>          | <u>(e)</u>           |
|------------|-------------------------------|-------------------------------------------|---------------------|----------------------|
|            |                               | Mutual Funds:                             |                     |                      |
| *          | SEI Institutional Investments | SEI Collective Fund Escrow Account        |                     |                      |
|            |                               | 326,395 shares                            | \$ 326,395          | \$ 326,395           |
|            | Fifth Third Bank              | Fifth Third Prime Money Market Fd         |                     |                      |
|            |                               | 317 shares                                | 317                 | 317                  |
|            | Allianz Global Investors      | Allianz AGIC Opportunity Instl Bond Fd    |                     |                      |
|            |                               | 19,730 shares                             | 380,833             | 453,592              |
|            | Pimco Funds                   | Pimco Total Return Inst Cl Bond Fd        |                     |                      |
|            |                               | 586,417 shares                            | 6,726,841           | 6,362,626            |
|            | Pimco Funds                   | Pimco Emerging Mkts Bond Inst Fd          |                     |                      |
|            |                               | 90,086 shares                             | 1,018,669           | 999,954              |
|            | Vanguard                      | Vanguard L/T Investment Gr Bond Fd        |                     |                      |
|            |                               | 73,104 shares                             | 715,529             | 682,787              |
|            | Alger Funds                   | Alger Small Cap Growth I-2 Fd             |                     |                      |
|            |                               | 14,537 shares                             | 383,086             | 465,913              |
|            | William Blair Funds           | William Blair Intl Growth Fd              |                     |                      |
|            |                               | 77,966 shares                             | 1,565,753           | 1,741,752            |
|            | Dimensional Fund Advisors     | DFA Emerging Markets Value R2 Fd          |                     |                      |
|            |                               | 48,832 shares                             | 1,615,380           | 1,765,777            |
|            | Dodge & Cox Funds             | Dodge & Cox International Stock Fd        |                     |                      |
|            |                               | 24,289 shares                             | 775,862             | 867,365              |
|            | Dodge & Cox Funds             | Dodge & Cox Stock Fd                      |                     |                      |
|            |                               | 8,200 shares                              | 768,117             | 883,546              |
|            | Harbor Funds                  | Harbor International Instl Fd             |                     |                      |
|            |                               | 14,316 shares                             | 776,371             | 866,842              |
|            | Harbor Funds                  | Harbor Small Co Value Instl Fd            |                     |                      |
|            |                               | 53,745 shares                             | 399,057             | 455,221              |
|            | Harbor Funds                  | Harbor Capital Appreciation Instl Fd      |                     |                      |
|            |                               | 23,995 shares                             | 765,839             | 881,110              |
|            | Harbor Funds                  | Harbor Large Cap Value Instl Fd           |                     |                      |
|            |                               | 111,755 shares                            | 771,270             | 843,749              |
|            | Harding Loevner Funds         | Harding Loevner Frontier Em Mkts Instl Fd |                     |                      |
|            |                               | 139,978 shares                            | 1,020,500           | 1,097,431            |
|            | John Hancock Funds            | Jhancock Rainier Growth I Fd              |                     |                      |
|            |                               | 43,376 shares                             | 764,887             | 898,312              |
|            | Northern Funds                | Northern Global Real Estate Index Fd      |                     |                      |
|            |                               | 132,798 shares                            | 1,031,795           | 1,103,552            |
|            | Old Mutual Advisor Funds      | Old Mutual TS&W Small Cap Value Z Fd      |                     |                      |
|            |                               | 24,946 shares                             | 380,871             | 452,775              |
|            | Legg Mason/Western Funds      | Western Absolute Return FI Fd             |                     |                      |
|            |                               | 100,814 shares                            | 1,025,890           | 1,029,311            |
|            |                               | Total mutual funds                        | <u>21,213,262</u>   | <u>22,178,327</u>    |
|            |                               | Common Stock:                             |                     |                      |
|            | CA, Inc.                      | 16 shares CA, Inc. common stock           | <u>0</u>            | <u>391</u>           |
|            |                               | Total Investments                         | <u>\$21,213,262</u> | <u>\$ 22,178,718</u> |

\* Party in interest to the Plan. Mutual fund sponsored by the Plan's former investment trustee.

THE W.W. WILLIAMS COMPANY  
EMPLOYEES' PENSION TRUST  
EIN: 31-4343230 PN: 001

FORM 5500, SCHEDULE H, LINE 4j  
SCHEDULE OF REPORTABLE TRANSACTIONS  
DECEMBER 31, 2010

| (a)<br>Identity of<br>Party Involved | (b)<br>Description of<br>Asset                                                | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (e)<br>Lease<br>Rental | (f)<br>Expense<br>Incurred | (g)<br>Cost   | (h)<br>Current Value<br>of Asset | (i)<br>Gain<br>(Loss) |
|--------------------------------------|-------------------------------------------------------------------------------|--------------------------|-------------------------|------------------------|----------------------------|---------------|----------------------------------|-----------------------|
| SEI Institutional<br>Investments     | 17,916,659 shares<br>SEI Prime Obligation Fund<br>9 transactions              | \$ 17,916,659            |                         |                        |                            |               | \$ 17,916,659                    |                       |
| SEI Institutional<br>Investments     | 17,916,659 shares<br>SEI Prime Obligation Fund<br>9 transactions              |                          | \$ 17,916,659           |                        |                            | \$ 17,916,659 | \$ 17,916,659                    | \$ 0                  |
| SEI Institutional<br>Investments     | 3,525 shares<br>SEI Opportunity Collective Fund<br>1 transaction              |                          | \$ 3,263,951            |                        |                            | \$ 3,263,951  | \$ 3,263,951                     | \$ (19,262)           |
| SEI Institutional<br>Investments     | 776,318 shares<br>SEI Core Fixed Income Fund<br>15 transactions               |                          | \$ 8,301,231            |                        |                            | \$ 7,793,696  | \$ 8,301,231                     | \$ 507,535            |
| SEI Institutional<br>Investments     | 110,237 shares<br>SEI Emerging Markets Debt Fund<br>13 transactions           |                          | \$ 1,229,184            |                        |                            | \$ 1,136,849  | \$ 1,229,184                     | \$ 92,335             |
| SEI Institutional<br>Investments     | 139,363 shares<br>SEI High Yield Bond Fund<br>16 transactions                 |                          | \$ 1,242,006            |                        |                            | \$ 1,207,170  | \$ 1,242,006                     | \$ 34,836             |
| SEI Institutional<br>Investments     | 278,437 shares<br>SEI International Equity Fund<br>12 transactions            |                          | \$ 1,861,808            |                        |                            | \$ 1,942,463  | \$ 1,861,808                     | \$ (80,655)           |
| SEI Institutional<br>Investments     | 636,617 shares<br>SEI Large Cap Disciplined<br>Equity Fund<br>13 transactions |                          | \$ 5,430,621            |                        |                            | \$ 5,688,391  | \$ 5,430,621                     | \$ (257,770)          |
| SEI Institutional<br>Investments     | 137,903 shares<br>SEI Small/Mid Cap Equity Fund<br>14 transactions            |                          |                         |                        |                            |               |                                  |                       |
| William Blair Funds                  | 79,394 shares<br>William Blair Intl Growth Fund<br>3 transactions             | \$ 1,594,209             |                         |                        |                            | \$ 1,384,839  | \$ 1,355,855                     | \$ (28,984)           |
| Dimensional Fund<br>Advisors         | 49,720 shares<br>DFA Emerging Markets<br>Value R2 Fund<br>6 transactions      | \$ 1,644,506             |                         |                        |                            |               |                                  |                       |
| Pimco Funds                          | 597,696 shares<br>Pimco Total Return Inst<br>CI Bond Fund<br>5 transactions   | \$ 6,856,312             |                         |                        |                            |               |                                  |                       |