

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information		
For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 06/30/2011			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☒ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan GOUGLER INDUSTRIES, INC. NON-UNION EMPLOYEES DEFINED BENEFIT PLAN	1b Three-digit plan number (PN) ►	001	
	1c Effective date of plan	07/01/1958	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) GOUGLER INDUSTRIES, INC. 705 LAKE ST KENT, OH 44240-2738	2b Employer Identification Number (EIN) 34-1656244	2c Sponsor's telephone number 330-673-5826	2d Business code (see instructions) 333200

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	05/31/2012	WILLIAM VEVERKA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") GOUGLER INDUSTRIES, INC. 705 LAKE ST KENT, OH 44240-2738	3b Administrator's EIN 34-1656244 3c Administrator's telephone number 330-673-5826
---	---

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year	5	168
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	32
b Retired or separated participants receiving benefits.....	6b	70
c Other retired or separated participants entitled to future benefits.....	6c	47
d Subtotal. Add lines 6a , 6b , and 6c	6d	149
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	23
f Total. Add lines 6d and 6e	6f	172
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	3
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

a Pension Schedules

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

b General Schedules

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

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

For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 06/30/2011

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

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

A Name of plan <u>GOUGLER INDUSTRIES, INC. NON-UNION EMPLOYEES DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>GOUGLER INDUSTRIES, INC.</u>	D Employer Identification Number (EIN) <u>34-1656244</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2010</u>
2	Assets:
a	Market value 2a <u>4278993</u>
b	Actuarial value 2b <u>4653786</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>93</u> <u>4576427</u>
b	For terminated vested participants 3b <u>49</u> <u>966876</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>27572</u>
(2)	Vested benefits 3c(2) <u>716944</u>
(3)	Total active 3c(3) <u>26</u> <u>744516</u>
d	Total 3d <u>168</u> <u>6287819</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>6.44</u> %
6	Target normal cost 6 <u>47019</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>04/10/2012</u>
Signature of actuary <u>SETH H PITASKY, EA, MAAA, MSPA</u>	Date <u>11-07321</u>
Type or print name of actuary <u>SUMMIT RETIREMENT PLAN SERVICES</u>	Most recent enrollment number <u>330-644-2044</u>
Firm name <u>13680 CLEVELAND AVENUE NW</u> <u>UNIONTOWN, OH 44685</u>	Telephone number (including area code)
Address of the firm	

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

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II		Beginning of year carryover and prefunding balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	445848	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	140540	0
9	Amount remaining (Item 7 minus item 8).....	305308	0
10	Interest on item 9 using prior year's actual return of <u>8.00</u> %	24425	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		240
b	Interest on (a) using prior year's effective rate of <u>7.45</u> %		19
c	Total available at beginning of current plan year to add to prefunding balance		259
d	Portion of (c) to be added to prefunding balance.....		259
12	Reduction in balances due to elections or deemed elections.....	77680	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	252053	259

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	70.00 %
15	Adjusted funding target attainment percentage.....	15	70.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	94.03 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV		Contributions and liquidity shortfalls	
18 Contributions made to the plan for the plan year by employer(s) and employees:			
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)
12/28/2010	117117	0	
		Totals ▶	18(b)
		117117	18(c)
			0

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

a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	113567

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.44 %	2nd segment: 6.62 %	3rd segment: 6.74 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	47019
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1634833	302678
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	349697
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	236130	0
36 Additional cash requirement (item 34 minus item 35).....	36	113567
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	113567
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

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

For calendar plan year 2010 or fiscal plan year beginning **07/01/2010** and ending **06/30/2011**

A Name of plan GOUGLER INDUSTRIES, INC. NON-UNION EMPLOYEES DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 GOUGLER INDUSTRIES, INC.	D Employer Identification Number (EIN) 34-1656244	

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name: SCHLABIG & ASSOCIATES	b EIN: 34-0876435
c Position: ACCOUNTANT	
d Address: 525 WOLF LEDGES PARKWAY AKRON, OH 44311	e Telephone: 330-253-4424

Explanation: ANOTHER SERVICE PROVIDER COULD BETTER MEET THE NEEDS OF THE PLAN

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 06/30/2011		
A Name of plan GOUGLER INDUSTRIES, INC. NON-UNION EMPLOYEES DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 GOUGLER INDUSTRIES, INC.	D Employer Identification Number (EIN) 34-1656244	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	0	0
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	17651	0
	(2) Participant contributions	1b(2)	0	0
	(3) Other	1b(3)	26986	26931
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	205450	136336
	(2) U.S. Government securities	1c(2)	1801568	1335550
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)	0	0
	(B) All other	1c(3)(B)	223639	770963
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)	41447	0
	(B) Common	1c(4)(B)	1651686	1836017
	(5) Partnership/joint venture interests	1c(5)	0	0
	(6) Real estate (other than employer real property)	1c(6)	0	0
	(7) Loans (other than to participants)	1c(7)	0	0
	(8) Participant loans	1c(8)	0	0
	(9) Value of interest in common/collective trusts	1c(9)	0	0
	(10) Value of interest in pooled separate accounts	1c(10)	0	0
	(11) Value of interest in master trust investment accounts	1c(11)	0	0
	(12) Value of interest in 103-12 investment entities	1c(12)	0	0
	(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	311181	374654
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
	(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	4279608	4480451

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4279608	4480451
---	-----------	---------	---------

Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	117117	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		117117

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	23	
(B) U.S. Government securities	2b(1)(B)	64371	
(C) Corporate debt instruments	2b(1)(C)	20118	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		84512
(2) Dividends: (A) Preferred stock	2b(2)(A)	2484	
(B) Common stock	2b(2)(B)	62296	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	11786	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		76566
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	2396203	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2366634	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		29569

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	0	
(B) Other	2b(5)(B)	345793	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		345793
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		96120
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		749677

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	548409	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		548409
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		548409

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		201268
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		425

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: MARTINET RECCHIA INC

(2) EIN: 34-1331802

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

5b(1) Name of plan(s)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 06/30/2011

A Name of plan <u>GOUGLER INDUSTRIES, INC. NON-UNION EMPLOYEES DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GOUGLER INDUSTRIES, INC.</u>	D Employer Identification Number (EIN) <u>34-1656244</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>34-6509682</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

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

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

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

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

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

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

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

Schedule R (Form 5500) 2010
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**GOUGLER INDUSTRIES, INC.
THIRD AMENDED AND RESTATED
NON UNION EMPLOYEES DEFINED
BENEFIT PENSION PLAN AND TRUST**

**Financial Statements
And Supplementary Information**

Years Ended June 30, 2011 and 2010

GOUGLER INDUSTRIES, INC.
 THIRD AMENDED AND RESTATED NON UNION EMPLOYEES
 DEFINED BENEFIT PENSION PLAN AND TRUST
 YEARS ENDED JUNE 30, 2011 AND 2010

TABLE OF CONTENTS

	Page No.
INDEPENDENT AUDITORS' REPORT.....	1
 FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits June 30, 2011 and 2010	2
Statements of Changes in Net Assets Available for Benefits For the Years Ended June 30, 2011 and 2010	3
Statement of Accumulated Plan Benefits July 1, 2010	4
Statement of Changes in Accumulated Plan Benefits For the Year Ended June 30, 2010	5
Notes to the Financial Statements	6 – 13
 SUPPLEMENTAL FINANCIAL INFORMATION	
Schedule H, Line 4i Schedule of Assets Held June 30, 2011	14 - 15
Schedule H, Line 4j Schedule of Reportable Transactions June 30, 2011	16

INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
Gougler Industries, Inc.
Third Amended and Restated Non Union Employees
Defined Benefit Pension Plan and Trust
Kent, Ohio

We were engaged to audit the financial statements and supplemental schedules of the Gougler Industries, Inc. Third Amended and Restated Non Union Employees Defined Benefit Pension Plan and Trust as of June 30, 2011, and for the year then ended, as listed in the accompanying table of contents. These financial statements and schedules are the responsibility of the Plan's management. The financial statements of the Plan as of June 30, 2010 were audited by other auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed the other auditors not to perform, and they did not perform any auditing procedures with respect to the information certified by FirstMerit Bank, the trustee of the Plan. Their report, dated February 9, 2011, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by FirstMerit Bank, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended June 30, 2011, that the information provided to the plan administrator by the trustee is complete and accurate.

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

MARTINET RECCHIA INC

Martinet Recchia

January 13, 2012

GOUGLER INDUSTRIES, INC.
 THIRD AMENDED AND RESTATED NON-UNION EMPLOYEES
 DEFINED BENEFIT PENSION PLAN AND TRUST
 STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
 June 30, 2011 and 2010

	<u>2011</u>	<u>2010</u>
ASSETS		
Investments:		
Cash and cash equivalents	\$ 136,336	\$ 205,450
Corporate bonds	770,963	223,639
U.S. government securities	1,335,550	1,801,568
Mutual funds	374,654	311,181
Common stocks	1,836,017	1,651,686
Preferred stocks	-	41,447
	<u>4,453,520</u>	<u>4,234,971</u>
Total investments		
Employer's contribution receivable	-	17,651
Accrued interest receivable	26,931	26,986
	<u>26,931</u>	<u>44,637</u>
Total receivables		
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 4,480,451</u>	<u>\$ 4,279,608</u>

GOUGLER INDUSTRIES, INC.
 THIRD AMENDED AND RESTATED NON-UNION EMPLOYEES
 DEFINED BENEFIT PENSION PLAN AND TRUST
 STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
 For the Years Ended June 30, 2011 and 2010

	<u>2011</u>	<u>2010</u>
ADDITIONS TO NET ASSETS		
Investment income:		
Interest	\$ 84,512	\$ 101,778
Dividends	76,566	75,829
Net appreciation in fair value of investments	471,482	158,023
Employer contributions	<u>117,117</u>	<u>17,651</u>
Total additions to net assets	749,677	353,281
DEDUCTIONS FROM NET ASSETS		
Benefits paid directly to participants	548,409	537,303
Miscellaneous transfers	<u>425</u>	<u>-</u>
Total deductions from net assets	<u>548,834</u>	<u>537,303</u>
NET CHANGE	200,843	(184,022)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	4,279,608	4,463,630
End of Year	<u><u>\$ 4,480,451</u></u>	<u><u>\$ 4,279,608</u></u>

GOUGLER INDUSTRIES, INC.
THIRD AMENDED AND RESTATED NON-UNION EMPLOYEES
DEFINED BENEFIT PENSION PLAN AND TRUST
STATEMENT OF ACCUMULATED PLAN BENEFITS
July 1, 2010

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Vested benefits:

Participants currently receiving payments

\$ 4,109,602

Other participants

1,407,404

5,517,006

Nonvested benefits

Common stocks

21,156

TOTAL ACTUARIAL PRESENT VALUE OF
ACCUMULATED PLAN BENEFITS

\$ 5,538,162

GOUGLER INDUSTRIES, INC.
THIRD AMENDED AND RESTATED NON-UNION EMPLOYEES
DEFINED BENEFIT PENSION PLAN AND TRUST
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
For the Year Ended June 30, 2010

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR	\$ 5,221,508
Increase (decrease) during the year attributed to:	
Benefits accumulated	434,867
Increase for interest due to the decrease in the discount period	419,090
Benefits paid	<u>(537,303)</u>
Net increase	<u>316,654</u>
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR	<u>\$ 5,538,162</u>

GOUGLER INDUSTRIES, INC.
THIRD AMENDED AND RESTATED NON-UNION EMPLOYEES
DEFINED BENEFIT PENSION PLAN AND TRUST
NOTES TO THE FINANCIAL STATEMENTS
June 30, 2011 and 2010

1. DESCRIPTION OF PLAN

The following brief description of the Gougler Industries, Inc. Third Amended and Restated Non-Union Employees Defined Benefit Pension Plan and Trust (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a defined benefit pension plan covering substantially all non-union employees of Gougler Industries, Inc. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Pension Benefits

Employees with five or more years of service are entitled to annual pension benefits beginning at normal retirement age (65) equal to the number of years of credited service earned as of the date they cease to accumulate credited years of service, multiplied by the dollar amount in effect at the time they cease to accumulate credited years of service. The Plan permits early retirement at age 55 with a reduced benefit of $\frac{1}{2}\%$ per month for each month retired prior to obtaining the age 62. If employees terminate with at least five years of service, accrued benefits with respect to the date of termination are vested.

Death and Disability Benefits

Following are the types of benefits paid for death and disability:

Disability Retirement – If an employee is totally and permanently disabled after 10 or more years of service, a basic disability benefit equal to the accrued normal retirement benefit is payable.

Pre-Retirement Survivor Benefits (After Age 55) – If an employee dies in service after meeting the eligibility conditions for early retirement, the dependent spouse receives the same benefit as if the employee had retired the day before the employee's death under the survivor option.

Pre-Retirement Survivor Benefits (Before Age 55) – If an employee dies after completing five years of service, the spouse shall receive a monthly benefit equal to the benefit the employee would have received if the employee had retired on the day prior to death with a 50% Joint and Survivor option election in effect. Benefits to the spouse will commence with the month following the date that the employee would have reached age 55.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

GOUGLER INDUSTRIES, INC.
THIRD AMENDED AND RESTATED NON-UNION EMPLOYEES
DEFINED BENEFIT PENSION PLAN AND TRUST
NOTES TO THE FINANCIAL STATEMENTS
June 30, 2011 and 2010

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – continued

Fair Value of Financial Instruments and Income Recognition

Fair values of cash and cash equivalents and long-term investments are based on quoted market prices or pricing models using prevailing financial market information as of June 30, 2011 and 2010.

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

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present vested employees or their beneficiaries. Benefits under the Plan are based on employees' number of years of credited service. The accumulated plan benefits for active employees are based on their number of years of credited service ending on the date which the benefit information is presented (the valuation date). Benefits payable under all circumstances, retirement, death, disability, and termination of employment are included to the extent they are deemed attributable to employee years of service rendered at the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from the Summit Retirement Plan Services, Inc. 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 death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant assumptions used in the valuation as of July 1, 2010 were (a) life expectancy of participants (the 1983 Group Annuity Mortality Table was used), (b) retirement age assumptions (the assumed age of retirement was 63) or completion of five years of service if later, but no later than age 65, and (c) investment return. The 2010 valuation includes an assumed average rate of return of 6.440%. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

3. FUNDING POLICY

The Company's contribution policy is to contribute not less than the minimum required contribution as determined under the Internal Revenue Code and ERISA. The minimum required contributions before carryover balances were \$103,657 and \$156,155 for the Plan years ended June 30, 2011 and 2010, respectively. The Company elected to use carryover balances in lieu of a contribution for the Plan years ended June 30, 2011 and 2010. The Company elected to use carryover balances for all but \$-0- and \$17,651 for the Plan year ended June 30, 2011 and 2010. The Company met the minimum funding requirements of the Internal Revenue Code and ERISA for both years.

GOUGLER INDUSTRIES, INC.
THIRD AMENDED AND RESTATED NON-UNION EMPLOYEES
DEFINED BENEFIT PENSION PLAN AND TRUST
NOTES TO THE FINANCIAL STATEMENTS
June 30, 2011 and 2010

3. FUNDING POLICY – continued

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

4. PLAN TERMINATION

Should the Plan be terminated, retirement income accrued because of Participants' coverage hereunder shall be non-forfeitable as of the termination date. However, a Participant shall have recourse toward satisfaction of such nonforfeitable benefit only from the assets of this Plan or from the Pension Benefit Guaranty Corporation (PBGC), and not from the Company or any of its officers, employees or agents or from any of the fiduciaries under this Plan unless otherwise required by law. After any final expenses have been withdrawn from the Fund, the Company shall cause the amount withdrawn from the Fund to be allocated among the Participants and their Beneficiaries in accordance with Section 4044(a) of ERISA and regulations issued thereunder.

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

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

5. TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated February 5, 2001 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

6. TRANSACTIONS WITH PARTIES-IN-INTEREST

The Plan does not consider the Company's contributions to the Plan to be party-in-interest transactions. The Company provides certain accounting, administrative, and investment management services to the Plan for which no fees are charged. The Company also paid all administrative expenses for the Plan in plan years June 30, 2011 and 2010.

GOUGLER INDUSTRIES, INC.
 THIRD AMENDED AND RESTATED NON-UNION EMPLOYEES
 DEFINED BENEFIT PENSION PLAN AND TRUST
 NOTES TO THE FINANCIAL STATEMENTS
 June 30, 2011 and 2010

7. INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified as complete and accurate at June 30, 2011 by the trustee.

	<u>2011</u>	<u>2010</u>
Investments at fair value:		
Cash and cash equivalents	\$ 136,336	\$ 205,450
Corporate bonds	\$ 770,963	\$ 223,639
U.S. government securities	\$ 1,335,550	\$ 1,801,567
Mutual funds	\$ 374,654	\$ 311,181
Common stocks	\$ 1,836,017	\$ 1,651,686
Preferred stocks	\$ -	\$ 41,447
Accrued interest receivable	\$ 26,931	\$ 26,986
Interest	\$ 84,512	\$ 101,778
Dividends	\$ 76,566	\$ 75,829
Net appreciation (depreciation) in fair value of investments	\$ 471,482	\$ 158,023

8. INVESTMENTS

For the plan years ended June 30, 2011 and 2010, the Plan's investments that represented 5% or more of the Plan's net assets available for benefits were as follows:

	<u>2011</u>
U.S Government FNMA, 10/15/11	\$ 253,538
	<u>2010</u>
U.S. Government Treasury Note, 08/15/13	\$ 219,766
U.S. Government Treasury Note, 11/15/10	\$ 253,975
U.S. Government FFCB, 12/12/13	\$ 222,250
U.S. Government FNMA, 10/15/11	\$ 264,298

During the plan year ended June 30, 2011, the Plan had single transactions that exceeded 5% or more of the Plan's net assets available for benefits as follows:

GOUGLER INDUSTRIES, INC.
 THIRD AMENDED AND RESTATED NON-UNION EMPLOYEES
 DEFINED BENEFIT PENSION PLAN AND TRUST
 NOTES TO THE FINANCIAL STATEMENTS
 June 30, 2011 and 2010

8. INVESTMENTS – continued

	<u>Value</u>
Purchase; 256,296 Shares of Federated Govt Obligation Tax Managed Fund	\$ 256,296
Purchase; 260,913 Shares of Federated Govt Obligation Tax Managed Fund	\$ 260,913
Sale; U.S. Treasury Notes, 4.50%, 11/15/10	\$ 250,000

The sale of the U.S Treasury Notes in the above schedule was also considered a series of transactions in the same security that exceeded 5% of the net assets available for benefits.

9. FAIR VALUE MEASUREMENTS

Fair value is defined as the price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction value hierarchy, which requires an entity to maximize the use of observable inputs when measuring fair value.

The following provides a description of the three levels of inputs that may be used to measure fair value under the standard, the types of plan investments that fall under each category, and the valuation methodologies used to measure these investments at fair value.

Level 1 – Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date.

Investments – The fair value of common stock, most corporate bonds, and U.S. government securities are based on quoted market price on the active market on which the individual securities are traded. Mutual funds are valued at the net asset value of shares held by the Plan at the end of its fiscal year. The net asset value is quoted in an active market.

Level 2 – Inputs to the valuation methodology are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value can be determined through the use of models or other valuation methodologies.

Level 3 – Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

GOUGLER INDUSTRIES, INC.
THIRD AMENDED AND RESTATED NON-UNION EMPLOYEES
DEFINED BENEFIT PENSION PLAN AND TRUST
NOTES TO THE FINANCIAL STATEMENTS
June 30, 2011 and 2010

9. FAIR VALUE MEASUREMENTS – continued

There have not been any changes in the methodologies used as of June 30, 2011 and 2010.

June 30, 2011	Fair Value	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Available -for-sale debt securities:				
Corporate bonds:				
Aa credit rating	\$ 100,595	\$ 100,595	\$ -	\$ -
A credit rating	310,496	310,496	-	-
Bbb credit rating	359,872	359,872	-	-
Total corporate bonds	<u>\$ 770,963</u>	<u>\$ 770,963</u>	<u>\$ -</u>	<u>\$ -</u>
U.S. government securities				
Financial institutions	\$ 738,851	\$ 738,851	\$ -	\$ -
Treasury notes	596,699	596,699	-	-
Total U.S. gov't securities	<u>\$ 1,335,550</u>	<u>\$ 1,335,550</u>	<u>\$ -</u>	<u>\$ -</u>
Available-for-sale equity securities:				
Mutual funds:				
Index funds	\$ 241,401	\$ 241,401	\$ -	\$ -
Emerging market funds	71,471	71,471	-	-
Real estate funds	61,782	61,782	-	-
Total mutual funds	<u>\$ 374,654</u>	<u>\$ 374,654</u>	<u>\$ -</u>	<u>\$ -</u>
Stocks:				
Consumer discretionary	\$ 152,281	\$ 152,281	\$ -	\$ -
Consumer staples	254,129	254,129	-	-
Healthcare	178,552	178,552	-	-
Energy	295,000	295,000	-	-
Financial	46,644	46,644	-	-
Industrial	362,106	362,106	-	-
Information technology	253,410	253,410	-	-
Telecomm services	68,631	68,631	-	-
Utilities	159,038	159,038	-	-
Other	66,226	66,226	-	-
Total stocks	<u>\$ 1,836,017</u>	<u>\$ 1,836,017</u>	<u>\$ -</u>	<u>\$ -</u>

GOUGLER INDUSTRIES, INC.
 THIRD AMENDED AND RESTATED NON-UNION EMPLOYEES
 DEFINED BENEFIT PENSION PLAN AND TRUST
 NOTES TO THE FINANCIAL STATEMENTS
 June 30, 2011 and 2010

9. FAIR VALUE MEASUREMENTS – continued

June 30, 2010	Fair Value	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Available -for-sale debt securities:				
Corporate bonds:				
A credit rating	\$ 102,697	\$ 102,697	\$ -	\$ -
Bbb credit rating	120,942	120,942	-	-
Total corporate bonds	<u>\$ 223,639</u>	<u>\$ 223,639</u>	<u>\$ -</u>	<u>\$ -</u>
U.S. government securities				
Financial institutions	\$ 1,011,076	\$ 1,011,076	\$ -	\$ -
Treasury notes	790,492	790,492	-	-
Total U.S. gov't securities	<u>\$ 1,801,568</u>	<u>\$ 1,801,568</u>	<u>\$ -</u>	<u>\$ -</u>
Available-for-sale equity securities:				
Mutual funds:				
Index funds	\$ 203,278	\$ 203,278	\$ -	\$ -
Exchanged funds	107,903	107,903	-	-
Total mutual funds	<u>\$ 311,181</u>	<u>\$ 311,181</u>	<u>\$ -</u>	<u>\$ -</u>
Stocks:				
Consumer discretionary	\$ 130,401	\$ 130,401	\$ -	\$ -
Consumer staples	316,411	316,411	-	-
Healthcare	173,753	173,753	-	-
Energy	235,284	235,284	-	-
Financial	101,191	101,191	-	-
Industrial	241,526	241,526	-	-
Information technology	223,704	223,704	-	-
Telecomm services	36,043	36,043	-	-
Utilities	188,380	188,380	-	-
Other	46,441	446,441	-	-
Total stocks	<u>\$ 1,693,133</u>	<u>\$ 1,693,133</u>	<u>\$ -</u>	<u>\$ -</u>

GOUGLER INDUSTRIES, INC.
 THIRD AMENDED AND RESTATED NON-UNION EMPLOYEES
 DEFINED BENEFIT PENSION PLAN AND TRUST
 NOTES TO THE FINANCIAL STATEMENTS
 June 30, 2011 and 2010

10. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

	Financial Statements	Registered Investments Co.	Schedule H of Form 5500
Net gain (loss) on sale of assets	\$ -	\$ 29,569	\$ 29,569
Unrealized appreciation (depreciation) of assets - other	471,482	(125,689)	345,793
Net investment gain (loss) from registered investment companies	-	96,120	96,120
	<u>\$ 471,482</u>	<u>\$ -</u>	<u>\$ 471,482</u>

All unrealized appreciation (depreciation) of assets and gains (losses) from sales of assets were reported as net appreciation in fair market value of investments for financial statement purposes and reported individually on Schedule H of the Form 5500.

11. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investments securities are exposed to various risks such as interest rates, 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.

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 which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

12. SUBSEQUENT EVENTS

Subsequent events were evaluated through January 13, 2012, which is the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

GOUGLER INDUSTRIES, INC.
THIRD AMENDED AND RESTATED NON-UNION EMPLOYEES
DEFINED BENEFIT PENSION PLAN AND TRUST

EIN: 34-1656244

Plan Number: 001

Schedule H, Line 4i Schedule of Assets Held at June 30, 2011

Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
Money Market Funds	Federated Govt Obligations	\$ 136,336	\$ 136,336
U.S. Government	Treasury Note, 07/31/11, 4.875%, \$200,000	201,219	200,796
U.S. Government	Treasury Note, 02/15/12, 4.875%, \$200,000	99,922	102,941
U.S. Government	Treasury Note, 08/15/13, 4.25%, \$200,000	194,312	215,876
U.S. Government	Treasury Note, 03/31/14, 1.75%, \$75,000	76,226	77,086
U.S. Government	FNMA, 10/15/11, 5.0%, \$250,000	249,750	253,538
U.S. Government	FHLMC, 3/5/12, 4.75%, \$150,000	151,221	154,524
U.S. Government	FFBC, 12/12/13, 4.75%, \$200,000	202,804	219,514
U.S. Government	FNMA, 10/15/14, 4.625%, \$100,000	99,940	111,276
Berkshire Hathaway	Corporate Bond, 2/10/12, 1.4%, \$50,000	50,580	50,319
Kraft Food Inc	Corporate Bond, 5/8/13, 2.625%, \$50,000	51,457	51,440
Duke Energy Corp	Corporate Bond, 4/1/15, 3.35%, \$50,000	51,754	51,928
Dow Chemical Co	Corporate Bond, 12/15/15, 3.2%, \$50,000	50,000	50,284
JP Morgan Chase & Co	Corporate Bond, 1/15/16, 2.6%, \$50,000	48,625	49,312
HCP Inc	Corporate Bond, 2/1/16, 3.75%, \$50,000	51,700	50,846
General Electric Capital Corp	Corporate Bond, 5/9/16, 2.95%, \$50,000	50,500	50,276
Southwest Air	Corporate Bond, 3/1/17, 5.125%, \$50,000	51,287	53,563
Prudential Financial Mutual	Corporate Bond, 6/15/17, 6.1%, \$50,000	50,810	56,157
Burlington North	Corporate Bond, 10/1/19, 4.7%, \$50,000	52,500	53,049
Kinder Morgan Energy	Corporate Bond, 9/15/20, 5.3%, \$50,000	52,182	52,600
CSX Corp	Corporate Bond, 10/30/20, 3.7%, \$50,000	47,100	48,091
Hershey Company	Corporate Bond, 12/1/20, 4.125%, \$50,000	50,690	51,158
Metlife Inc	Corporate Bond, 2/8/21, 4.75%, \$100,000	104,900	101,941
Dupont E I De Nemours & Co	Common Stock	30,559	69,725
Praxair Inc	Common Stock	32,122	50,401
Genuine Part Co	Common Stock	25,760	41,616
Home Depot Inc.	Common Stock	27,593	37,307
McDonalds Corp	Common Stock	49,941	73,358
Coca Cola Co	Common Stock	29,288	46,430
General Mills Inc.	Common Stock	27,149	28,473
H J Heinz Co.	Common Stock	34,558	46,620
Kimberly Clark Corp	Common Stock	48,337	58,906
Pepsico Inc	Common Stock	27,206	38,736
Proctor And Gamble Co	Common Stock	31,173	34,964
Abbott Labs	Common Stock	36,124	41,307
Johnson & Johnson	Common Stock	32,509	38,582
Lilly Eli & Co	Common Stock	37,272	37,718
Merck & Co., Inc.	Common Stock	37,632	35,113
Pfizer, Inc.	Common Stock	21,911	25,832
Chevron Corporation	Common Stock	59,847	88,957
Conocophillips	Common Stock	52,711	80,453
Exxon Mobil Corporation	Common Stock	69,930	73,649
Spectra Energy Corp	Common Stock	35,645	51,942
Chubb Corp.	Common Stock	38,776	46,644
Emerson Electric Co	Common Stock	28,107	48,375
Illinois Tool Works Inc.	Common Stock	42,350	55,925
Norfolk Southern Corp	Common Stock	41,534	52,451
United Technologies Corp	Common Stock	23,327	42,927
Waste Management Int'l	Common Stock	37,804	42,302

GOUGLER INDUSTRIES, INC.
 THIRD AMENDED AND RESTATED NON-UNION EMPLOYEES
 DEFINED BENEFIT PENSION PLAN AND TRUST

EIN: 34-1656244

Plan Number: 001

Schedule H, Line 4i Schedule of Assets Held at June 30, 2011

Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
Automatic Data Processing Inc.	Common Stock	\$ 50,744	\$ 69,011
Intel Corp	Common Stock	42,644	64,264
Int'l Business Machine Corp	Common Stock	40,361	78,055
Microsoft Corp	Common Stock	42,375	42,080
A T & T Inc.	Common Stock	58,851	68,631
Dominion Resources Inc.	Common Stock	36,513	45,615
Duke Energy Holding Corp	Common Stock	33,442	42,556
Southern Company	Common Stock	54,281	70,867
HCP Inc.	Real Estate Investment Trust	54,736	66,225
Ishares	MCSI EAFE Index Fund	74,746	108,553
Ishares	Russell Midcap Index Fund	75,292	132,848
SPDR DJ Wilshire	Int'l Real Estate Exchange Traded Fund	39,131	61,781
Vanguard	Emerging Markets Exchange Traded Fund	37,111	71,471

GOUGLER INDUSTRIES, INC.
THIRD AMENDED AND RESTATED NON-UNION EMPLOYEES
DEFINED BENEFIT PENSION PLAN AND TRUST

EIN: 34-1656244

Plan Number: 001

Schedule H, Line 4j Schedule of Reportable Transactions at June 30, 2011

Identity of Party Involved (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Expense Incurred With Transaction (f)	Cost of Asset (g)	Current Value of Asset on Transaction Date (h)	Net Gain or (Loss) (i)
Category 1 - Single Transaction Exceeds 5% of Value							
US Treasury	Federated Govt Oblig Tax Mgd Fd #636	\$ 256,296	\$ -	\$ -	\$ 256,296	\$ 256,296	\$ -
US Treasury	Federated Govt Oblig Tax Mgd Fd #636	260,913	-	-	260,913	260,913	-
US Treasury	US Treasury Notes 4.5% 11/15/10	-	250,000	-	251,515	250,000	(1,515)
Category 3 - Series of Transactions in Same Security Exceeds 5% of Value							
US Treasury	US Treasury Notes 4.5% 11/15/10	-	250,000	-	251,515	250,000	(1,515)

Plan Name: Gougler Industries, Inc. Non-Union Employees' Defined Benefit
 EIN: 34-1656244
 Plan Number: 001

Schedule SB, Line 26--Schedule of Active Participant Data																					
YEARS OF CREDITED SERVICE																					
		Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
Attained Age	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	
Under 25	0		0		0		0		0		0		0		0		0		0		
25 to 29	0		0		1		0		0		0		0		0		0		0		
30 to 34	0		1		1		0		0		0		0		0		0		0		
35 to 39	0		2		0		0		0		0		0		0		0		0		
40 to 44	0		2		1		1		0		0		0		0		0		0		
45 to 49	0		1		0		0		0		0		1		0		0		0		
50 to 54	0		1		0		0		0		0		0		0		0		0		
55 to 59	0		0		0		1		3		2		1		0		2		0		
60 to 64	0		1		0		0		0		0		0		1		0		0		
65 to 69	0		0		1		0		0		0		0		1		0		0		
70 & up	0		0		0		0		1		0		0		0		0		0		

Plan Name: Gougler Industries, Inc. Non-Union Employees' Defined Benefit Plan

EIN: 34-1656244

Plan Number: 001

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

ACTUARIAL COST METHODS

Traditional Unit Credit

The actuarial cost method used in the development of the minimum contribution was the unit credit cost method.

The normal cost is the sum of all the individual normal costs for each participant. For active participants, the individual normal cost is the present value of the benefit earned during the year being valued. For active participants whose credited service equals or exceeds the plan maximum, if any, and for non-active participants, the normal cost is zero.

The actuarial accrued liability is the sum of the individual accrued liabilities for all participants. The individual accrued liability for an active participant is the present value of the accrued benefit as of the valuation date. The unfunded liability is the actuarial accrued liability less the valuation assets.

The total annual cost of the plan is the normal cost plus an amount to amortize the shortfall amount.

Projected Unit Credit

The actuarial cost method used in the development of the maximum contribution was the projected unit credit cost method.

Under this method, the normal cost is the sum of the individual normal costs for all participants. For an active participant, the individual normal cost is the present value at the current age of the projected benefit at the assumed retirement age, based on the actuarial assumptions, divided by the participant's expected years of credited service at that age. For a non-active participant, the normal cost is zero.

The actuarial accrued liability is the sum of the individual accrued liabilities for all plan participants. For an active participant, the individual accrued liability is the product of the normal cost and the total years of credited service at the current age. For non-active participants, the individual accrued liability is the present value at the current age of future benefits. The unfunded actuarial accrued liability equals the actuarial accrued liability less the valuation assets.

Plan Name: Gougler Industries, Inc. Non-Union Employees' Defined Benefit Plan

EIN: 34-1656244

Plan Number: 001

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

ACTUARIAL METHODS AND ASSUMPTIONS

A summary of the actuarial assumptions used in the valuation is presented below:

Valuation Assets - Actuarial Value of Assets.

Mandated Discount Rates

1. PPA funding - segment 1	4.440%
2. PPA funding - segment 2	6.620%
3. PPA funding - segment 3	6.740%

Plan's Effective Interest Rate: 6.440%

Financial Accounting Standards Board No. 35 Rates:

1. FASB No. 35 - Pre-retirement	8.000%
2. FASB No. 35 - Post-retirement	8.000%

Salary Scale - Salary increases were not assumed in the valuation.

Taxable Wage Base Increase Assumption - Increases to the taxable wage base were not assumed.

Retirement Rates - Employees were assumed to retire at age and/or service requirements determined by an actuarial algorithm.

Termination - T-4 LESS GA51M - Termination rates were assumed in the valuation. Employees were assumed to terminate in accordance with the rates shown below:

<u>Age</u>	<u>Males</u>	<u>Females</u>
20	0.0544	0.0544
25	0.0529	0.0529
30	0.0507	0.0507
35	0.0470	0.0470
40	0.0419	0.0419
45	0.0354	0.0354
50	0.0248	0.0248
55	0.0094	0.0094
60	0.0009	0.0009

Plan Name: Gougler Industries, Inc. Non-Union Employees' Defined Benefit Plan

EIN: 34-1656244

Plan Number: 001

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

Pre-retirement Mortality - IRS 2010 P.V. M Optional Combined Table and IRS 2010 P.V. F Optional Combined Table - Pre-retirement mortality was assumed in the valuation. Sample rates are as follows:

<u>Age</u>	<u>Males</u>	<u>Females</u>
20	0.0002	0.0001
25	0.0003	0.0001
30	0.0004	0.0002
35	0.0007	0.0004
40	0.0009	0.0005
45	0.0011	0.0008
50	0.0015	0.0011
55	0.0024	0.0023
60	0.0049	0.0046

Post-retirement Mortality - IRS 2010 P.V. M Optional Combined Table and IRS 2010 P.V. F Optional Combined Table - Post-retirement mortality was assumed in the valuation. Sample rates are as follows:

<u>Age</u>	<u>Males</u>	<u>Females</u>
65	0.0099	0.0089
70	0.0169	0.0151
75	0.0296	0.0244
80	0.0543	0.0407
85	0.0983	0.0699
90	0.1713	0.1251
95	0.2585	0.1880
100	0.3387	0.2335
105	0.3979	0.2931

Rates of Disablement - Hallman & Lorber Disability Table (Male) and Hallman & Lorber Disability Table (Femal - Rates of disablement were assumed. Sample rates are as follows:

<u>Age</u>	<u>Males</u>	<u>Females</u>
20	0.0003	0.0003
25	0.0003	0.0003
30	0.0003	0.0004
35	0.0004	0.0006
40	0.0008	0.0012
45	0.0016	0.0022
50	0.0033	0.0036
55	0.0069	0.0094
60	0.0115	0.0090

Plan Name: Gougler Industries, Inc. Non-Union Employees' Defined Benefit Plan

EIN: 34-1656244

Plan Number: 001

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

Post-Disablement Mortality - IRS 2010 P.V. M Optional Combined Table and IRS 2010 P.V. F Optional Combined Table - Post-disablement mortality was assumed in the valuation. Sample rates are as follows:

<u>Age</u>	<u>Males</u>	<u>Females</u>
65	0.0099	0.0089
70	0.0169	0.0151
75	0.0296	0.0244
80	0.0543	0.0407
85	0.0983	0.0699
90	0.1713	0.1251
95	0.2585	0.1880
100	0.3387	0.2335
105	0.3979	0.2931

Administrative Expenses - None assumed.

GOUGLER INDUSTRIES, INC.
THIRD AMENDED AND RESTATED NON-UNION EMPLOYEES
DEFINED BENEFIT PENSION PLAN AND TRUST

EIN: 34-1656244

Plan Number: 001

Schedule H, Line 4j Schedule of Reportable Transactions at June 30, 2011

Identity of Party Involved (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Expense Incurred With Transaction (f)	Cost of Asset (g)	Current Value of Asset on Transaction Date (h)	Net Gain or (Loss) (i)
Category 1 - Single Transaction Exceeds 5% of Value							
US Treasury	Federated Govt Oblig Tax Mgd Fd #636	\$ 256,296	\$ -	\$ -	\$ 256,296	\$ 256,296	\$ -
US Treasury	Federated Govt Oblig Tax Mgd Fd #636	260,913	-	-	260,913	260,913	-
US Treasury	US Treasury Notes 4.5% 11/15/10	-	250,000	-	251,515	250,000	(1,515)
Category 3 - Series of Transactions in Same Security Exceeds 5% of Value							
US Treasury	US Treasury Notes 4.5% 11/15/10	-	250,000	-	251,515	250,000	(1,515)

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

For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 06/30/2011

▶ Round off amounts to nearest dollar.

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

A Name of plan GOUGLER INDUSTRIES, INC. NON-UNION EMPLOYEES DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GOUGLER INDUSTRIES, INC.	D Employer Identification Number (EIN) 34-1656244	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2010</u>			
2 Assets:			
a Market value.....	2a	4278993	
b Actuarial value.....	2b	4653786	
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	93	4576427
b For terminated vested participants	3b	49	966876
c For active participants:			
(1) Non-vested benefits.....	3c(1)		27572
(2) Vested benefits.....	3c(2)		716944
(3) Total active	3c(3)	26	744516
d Total.....	3d	168	6287819
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions			4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor			4b
5 Effective interest rate		5	6.44%
6 Target normal cost.....		6	47019

Statement by Enrolled Actuary	
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.	
SIGN HERE	 SETH H PITASKY, EA, MAAA, MSPA Signature of actuary SETH H PITASKY, EA, MAAA, MSPA Type or print name of actuary SUMMIT RETIREMENT PLAN SERVICES Firm name 13680 CLEVELAND AVENUE NW UNIONTOWN OH 44685 Address of the firm
	4/10/12 Date 1107321 Most recent enrollment number 330-644-2044 Telephone number (including area code)

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	445848	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	140540	0
9 Amount remaining (line 7 minus line 8)	305308	0
10 Interest on line 9 using prior year's actual return of <u>8.00%</u>	24425	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		240
b Interest on (a) using prior year's effective rate of <u>7.45%</u> except as otherwise provided (see instructions)		19
c Total available at beginning of current plan year to add to prefunding balance		259
d Portion of (c) to be added to prefunding balance		259
12 Other reductions in balances due to elections or deemed elections	77680	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	252053	259

Part III Funding percentages

14	Funding target attainment percentage	14	70.00 %
15	Adjusted funding target attainment percentage	15	70.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	94.03 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/28/2010	117117	0			
Totals ▶			18(b)	117117	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	113567

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.44%	2nd segment: 6.62%	3rd segment: 6.74%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	47019
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1634833	302678
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	34	349697
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	236130	0
36 Additional cash requirement (item 34 minus item 35)	36	113567
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	113567
38 Interest-adjusted excess contributions for current year (see instructions)	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

Plan Name: Gougler Industries, Inc. Non-Union Employees' Defined Benefit Plan

EIN: 34-1656244

Plan Number: 001

Schedule SB, Part V – Summary of Plan Provisions

A summary of the major plan provisions used in the valuation is presented below:

Plan effective date: July 1, 1958.

Eligibility requirements: None.

Average compensation: The highest 5 consecutive years of pensionable earnings. In no event shall pensionable earnings exceed the limitation specified in Section 401(a)(17) of the Internal Revenue Code.

Accrued benefit: This is the first valuation to recognize the \$306 times years of service multiplier.

Normal retirement eligibility: Upon the attainment of age 65.

Normal retirement benefit: Unreduced accrued benefit payable immediately.

Normal form of benefit: A pension payable for life. Upon the death of the member, the surviving spouse will receive a 55.00% lifetime continuance of the pension.

Early retirement eligibility: Upon the attainment of age 55 and completion of 10 years of service.

Early retirement benefit: The accrued benefit payable immediately without reduction for early commencement.

Disability retirement benefit: The benefit accrued to date of disablement payable immediately without reduction for early commencement.

Death benefit eligibility: Upon death after completion of vesting eligibility criteria.

Death benefit: 55.000% of the accrued benefit unreduced for early commencement but reduced for form of payment.

Vesting eligibility: Accrued benefit is 100% vested upon completion of 5 years of service.

GOUGLER INDUSTRIES, INC.
THIRD AMENDED AND RESTATED NON-UNION EMPLOYEES
DEFINED BENEFIT PENSION PLAN AND TRUST

EIN: 34-1656244

Plan Number: 001

Schedule H, Line 4i Schedule of Assets Held at June 30, 2011

Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
Money Market Funds	Federated Govt Obligations	\$ 136,336	\$ 136,336
U.S. Government	Treasury Note, 07/31/11, 4.875%, \$200,000	201,219	200,796
U.S. Government	Treasury Note, 02/15/12, 4.875%, \$200,000	99,922	102,941
U.S. Government	Treasury Note, 08/15/13, 4.25%, \$200,000	194,312	215,876
U.S. Government	Treasury Note, 03/31/14, 1.75%, \$75,000	76,226	77,086
U.S. Government	FNMA, 10/15/11, 5.0%, \$250,000	249,750	253,538
U.S. Government	FHLMC, 3/5/12, 4.75%, \$150,000	151,221	154,524
U.S. Government	FFBC, 12/12/13, 4.75%, \$200,000	202,804	219,514
U.S. Government	FNMA, 10/15/14, 4.625%, \$100,000	99,940	111,276
Berkshire Hathaway	Corporate Bond, 2/10/12, 1.4%, \$50,000	50,580	50,319
Kraft Food Inc	Corporate Bond, 5/8/13, 2.625%, \$50,000	51,457	51,440
Duke Energy Corp	Corporate Bond, 4/1/15, 3.35%, \$50,000	51,754	51,928
Dow Chemical Co	Corporate Bond, 12/15/15, 3.2%, \$50,000	50,000	50,284
JP Morgan Chase & Co	Corporate Bond, 1/15/16, 2.6%, \$50,000	48,625	49,312
HCP Inc	Corporate Bond, 2/1/16, 3.75%, \$50,000	51,700	50,846
General Electric Capital Corp	Corporate Bond, 5/9/16, 2.95%, \$50,000	50,500	50,276
Southwest Air	Corporate Bond, 3/1/17, 5.125%, \$50,000	51,287	53,563
Prudential Financial Mutual	Corporate Bond, 6/15/17, 6.1%, \$50,000	50,810	56,157
Burlington North	Corporate Bond, 10/1/19, 4.7%, \$50,000	52,500	53,049
Kinder Morgan Energy	Corporate Bond, 9/15/20, 5.3%, \$50,000	52,182	52,600
CSX Corp	Corporate Bond, 10/30/20, 3.7%, \$50,000	47,100	48,091
Hershey Company	Corporate Bond, 12/1/20, 4.125%, \$50,000	50,690	51,158
Metlife Inc	Corporate Bond, 2/8/21, 4.75%, \$100,000	104,900	101,941
Dupont E I De Nemours & Co	Common Stock	30,559	69,725
Praxair Inc	Common Stock	32,122	50,401
Genuine Part Co	Common Stock	25,760	41,616
Home Depot Inc.	Common Stock	27,593	37,307
McDonalds Corp	Common Stock	49,941	73,358
Coca Cola Co	Common Stock	29,288	46,430
General Mills Inc.	Common Stock	27,149	28,473
H J Heinz Co.	Common Stock	34,558	46,620
Kimberly Clark Corp	Common Stock	48,337	58,906
Pepsico Inc	Common Stock	27,206	38,736
Proctor And Gamble Co	Common Stock	31,173	34,964
Abbott Labs	Common Stock	36,124	41,307
Johnson & Johnson	Common Stock	32,509	38,582
Lilly Eli & Co	Common Stock	37,272	37,718
Merck & Co., Inc.	Common Stock	37,632	35,113
Pfizer, Inc.	Common Stock	21,911	25,832
Chevron Corporation	Common Stock	59,847	88,957
Conocophillips	Common Stock	52,711	80,453
Exxon Mobil Corporation	Common Stock	69,930	73,649
Spectra Energy Corp	Common Stock	35,645	51,942
Chubb Corp.	Common Stock	38,776	46,644
Emerson Electric Co	Common Stock	28,107	48,375
Illinois Tool Works Inc.	Common Stock	42,350	55,925
Norfolk Southern Corp	Common Stock	41,534	52,451
United Technologies Corp	Common Stock	23,327	42,927
Waste Management Int'l	Common Stock	37,804	42,302

GOUGLER INDUSTRIES, INC.
 THIRD AMENDED AND RESTATED NON-UNION EMPLOYEES
 DEFINED BENEFIT PENSION PLAN AND TRUST

EIN: 34-1656244

Plan Number: 001

Schedule H, Line 4i Schedule of Assets Held at June 30, 2011

Identity of Issue (b)	Description of Investment (c)	Cost (d)	Current Value (e)
Automatic Data Processing Inc.	Common Stock	\$ 50,744	\$ 69,011
Intel Corp	Common Stock	42,644	64,264
Int'l Business Machine Corp	Common Stock	40,361	78,055
Microsoft Corp	Common Stock	42,375	42,080
A T & T Inc.	Common Stock	58,851	68,631
Dominion Resources Inc.	Common Stock	36,513	45,615
Duke Energy Holding Corp	Common Stock	33,442	42,556
Southern Company	Common Stock	54,281	70,867
HCP Inc.	Real Estate Investment Trust	54,736	66,225
Ishares	MCSI EAFE Index Fund	74,746	108,553
Ishares	Russell Midcap Index Fund	75,292	132,848
SPDR DJ Wilshire	Int'l Real Estate Exchange Traded Fund	39,131	61,781
Vanguard	Emerging Markets Exchange Traded Fund	37,111	71,471

Plan Name: Gougler Industries, Inc. Non-Union Employees' Defined Benefit Plan

EIN: 34-1656244

Plan Number: 001

Schedule SB, Line 32 – Schedule of Amortization Bases

Type of base	Present Value of Remaining Installment	Valuation Date Established	Years Remaining in Amortization Period	Amortization Installment
Shortfall	\$1,043,972	07/01/2010	7	\$174,022
Shortfall	\$590,861	07/01/2008	5	\$128,656
Total	\$1,634,833			\$302,678

Plan Name: Gougler Industries, Inc. Non-Union Employees' Defined Benefit Plan

EIN: 34-1656244

Plan Number: 001

Schedule SB, Line 19 – Discounted Employer Contributions

Valuation Date:	07/01/2010
Total Contributed:	\$ 117,117.00
Total Discounted to Valuation Date:	\$ 113,567.00

			Effective		Penalty	Additional	Value
			Rate of	Discounted	Rate of	Discounted	as of
			Interest	Amount	Interest	Amount	Valuation
Date	Amount	Plan Year					Date
12/28/2010	\$117,117.00	2010	6.44%	\$113,567.00	11.44%	\$ -	\$113,567.00

Plan Name: Gougler Industries, Inc. Non-Union Employees' Defined Benefit Plan

EIN: 34-1656244

Plan Number: 001

Schedule SB, Line 25 - Change in Method

The discount rates were changed from using Full Yield Curve – March 2009 to PPA funding segmented rates with the applicable month being the fourth month prior to the month containing the valuation date.

This change has been elected by the plan sponsor. Under final funding regulations issued October 15, 2009, the change is automatically approved by the IRS.

Plan Name: Gougler Industries, Inc. Non-Union Employees' Defined Benefit Plan

EIN: 34-1656244

Plan Number: 001

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Each participant is assumed to retire at age 65.