# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

**2009**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2007 and ending 12/31/2007

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] 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. . . . . ▶ [X]

**D** Check box if filing under:
- [ ] Form 5558;
- [ ] automatic extension;
- [X] the DFVC program;
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
AWARD METALS UNION EMPLOYEES 401K PLAN

**1b** Three-digit plan number (PN) ▶ 004

**1c** Effective date of plan 08/01/2000

**2a** Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
PACIFIC AWARD METALS INC

PO BOX 7865
1450 VIRGINIA AVENUE
BALDWIN PARK, CA 91706-7865

**2b** Employer Identification Number (EIN) 33-0963324

**2c** Sponsor's telephone number 626-814-4410

**2d** Business code (see instructions) 332900

**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. | 07/08/2010 | DONALD LAUGHLIN |
| | **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")

PACIFIC AWARD METALS INC

PO BOX 7865
1450 VIRGINIA AVENUE
BALDWIN PARK, CA 91706-7865

**3b** Administrator's EIN: 33-0963324

**3c** Administrator's telephone number: 626-814-4410

**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** | 126 |
| **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** | 56 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 53 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 109 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 109 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 108 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

2E 2F 2G 2J 2K 3E

**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)** [X] 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)** [X] 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)** [X] **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)** [X] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2009**

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

For calendar plan year 2009 or fiscal plan year beginning 01/01/2007 and ending 12/31/2007

**A** Name of plan
AWARD METALS UNION EMPLOYEES 401K PLAN

**B** Three-digit plan number (PN) ▶ 004

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
PACIFIC AWARD METALS INC

**D** Employer Identification Number (EIN)
33-0963324

**Part I** **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: DWS STABLE VALUE A

**b** Name of sponsor of entity listed in (a): DWS TRUST COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 13-6043638-087 | C | 87911 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

## Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2009**

**This Form is Open to Public Inspection**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2007 and ending 12/31/2007

**A** Name of plan
AWARD METALS UNION EMPLOYEES 401K PLAN

**B** Three-digit plan number (PN) ▶ 004

**C** Plan sponsor's name as shown on line 2a of Form 5500
PACIFIC AWARD METALS INC

**D** Employer Identification Number (EIN)
33-0963324

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 83327 | 120189 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 99181 | 87911 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 603309 | 537365 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **e** Buildings and other property used in plan operation | 1e | | |
| **f** Total assets (add all amounts in lines 1a through 1e) | 1f | 785817 | 745465 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | | |
| **h** Operating payables | 1h | | |
| **i** Acquisition indebtedness | 1i | | |
| **j** Other liabilities | 1j | | |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 785817 | 745465 |

## Part II Income and Expense Statement

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

| Income | | (a) Amount | (b) Total |
|---|---|---|---|
| **a Contributions:** | | | |
| **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 24872 | |
| **(B)** Participants | 2a(1)(B) | 62184 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 87056 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | 7929 | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 7929 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **2b** (5) Unrealized appreciation (depreciation) of assets: (A) Real estate | 2b(5)(A) | | |
| (B) Other | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | 0 |
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 3380 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | -13121 |
| **c** Other income | 2c | | |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 85244 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 87778 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 87778 |
| **f** Corrective distributions (see instructions) | 2f | | |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | 12446 |
| **h** Interest expense | 2h | | |
| **i** Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | 2749 | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 2749 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 102973 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line 2j from line 2d | 2k | | -17729 |
| **l** Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | 22623 |

## 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) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: WHITE, NELSON, & CO. LLP (2) EIN: 33-0686301

**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.) | 4a | | 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.) | 4b | | 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.) | 4c | | 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.) | 4d | | X | |
| **e** | Was this plan covered by a fidelity bond? | 4e | X | | 150000 |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | 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? | 4g | | 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? | 4h | | 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.) | 4i | 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.) | 4j | | 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? | 4k | | X | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| **n** | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

**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) |
|---|---|---|
| AWARD METALS | 33-0963324 | 001 |
| | | |
| | | |
| | | |

# *AWARD METALS UNION EMPLOYEES' 401(k) PLAN*

**FINANCIAL STATEMENTS**
**AND SUPPLEMENTAL INFORMATION**

**YEAR ENDED DECEMBER 31, 2007**

**WITH INDEPENDENT AUDITORS' REPORT**

AWARD METALS UNION EMPLOYEES' 401(k) PLAN
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# INDEPENDENT AUDITORS' REPORT

To the Administrative Committee
of the Award Metals Union Employees' 401(k) Plan

We were engaged to audit the financial statements of Award Metals Union Employees' 401(k) Plan (the "Plan") as of December 31, 2007 and 2006, and for the year ended December 31, 2007, and the supplemental schedule as of December 31, 2007, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note D, which was certified by DWS Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the 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 December 31, 2007 and 2006, 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 schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

White, Nelson & Co. LLP

Irvine, CA
December 10, 2009



2875 Michelle Drive, Suite 300, Irvine, CA 92606 • Tel: 714.978.1300 • Fax: 714.978.7893

**AWARD METALS UNION EMPLOYEES' 401(k) PLAN**
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**
**DECEMBER 31, 2007 AND 2006**

ASSETS

| | 2007 | 2006 |
|---|---|---|
| Investments At Fair Market Value As Determined By Quoted Market Prices: | | |
| Mutual Funds | $ 537,365 | $ 603,309 |
| Investments At Fair Value: | | |
| Stable Value Fund | 86,268 | 96,751 |
| Participant Loans | 120,189 | 83,327 |
| Total Investments At Fair Value | 206,457 | 180,078 |
| Net Assets Reflecting Investments At Fair Value | 743,822 | 783,387 |
| Receivables: | | |
| Participant Contribution Receivable | - | 1,092 |
| Employer Contribution Receivable | - | 487 |
| Total Receivable | - | 1,579 |
| Adjustment From Fair Value To Contract Value For Fully Benefit-Responsive Investment Contracts | 1,643 | 2,430 |
| Net Assets Available For Benefits | $ 745,465 | $ 787,396 |

The accompanying notes are an integral part of the financial statements

**AWARD METALS UNION EMPLOYEES' 401(k) PLAN**
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**
**YEAR ENDED DECEMBER 31, 2007**

| | | |
|---|---|---|
| Additions To Net Assets Attributed To: | | |
| Contributions: | | |
| Employee Contributions | $ | 61,092 |
| Employer Contributions | | 24,385 |
| Total Contributions | | 85,477 |
| Earnings On Investments: | | |
| At Fair Value: | | |
| Interest Income From Participant Loans | | 7,929 |
| At Contract Value: | | |
| Interest And Dividend Income On Stable Value Investment Fund | | 3,380 |
| Total Earnings On Investments | | 11,309 |
| Total Additions To Net Assets Available For Benefits | | 96,786 |
| Deductions From Net Assets Attributed To: | | |
| Benefits Paid To Participants | | 87,778 |
| Deemed Distributions Paid To Participants | | 12,446 |
| Administrative Expenses | | 2,749 |
| Losses On Investments At Fair Market Value | | |
| As Determined By Quoted Market Prices: | | |
| Net Realized And Unrealized Losses On Mutual Funds | | 13,121 |
| Total Deductions From Net Assets Available For Benefits | | 116,094 |
| Transfers Of Assets From The Plan | | 22,623 |
| Decrease In Net Assets Available For Benefits | | (41,931) |
| Net Assets Available For Benefits, December 31, 2006 | | 787,396 |
| Net Assets Available For Benefits, December 31, 2007 | $ | 745,465 |

The accompanying notes are an integral part of the financial statements

**AWARD METALS UNION EMPLOYEES' 401(k) PLAN**
**NOTES TO FINANCIAL STATEMENTS**
**DECEMBER 31, 2007**

**NOTE A:** **Description Of The Plan** - The following description of the Award Metals Union Employees' 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

(1) General – The Plan is a defined contribution plan which was adopted by Award Metals, Inc. (the "Company") effective August 1, 2000, and is subject to the requirements of the Employee Retirement Income Security Act of 1974 (ERISA) and the Internal Revenue Code of 1986, as amended. The purpose of the Plan is to provide retirement benefits for substantially all full time, union employees who have completed six months of service and are 18 years or older.

(2) Contributions - Each year, participants may contribute up to 100 percent of pretax annual wages not to exceed the maximum deferral limitation as defined in the Internal Revenue Code. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Company matches the contribution with an amount equal to 25 percent of the participant's deferral, up to a maximum salary deferral of 4 percent of the participant's compensation. Additionally, the Company contributes 10 cents per hour worked for each employee, according to labor union contracts. Employer contributions for the year ended December 31, 2007 were $24,385.

(3) Participant Accounts - Each participant's account is credited with the participant's contributions, contributions by the Company, and an allocation of Plan earnings and administrative expenses. Allocations are based on a participant's account balance, as defined in the Plan document. Participants may change the designation of current contributions, transfer account balances from one investment option to another, and adjust the amount of contributions on a daily basis. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

(4) Vesting - Participants are immediately vested in their contributions and in the Company's matching contribution portion plus actual earnings thereon.

(5) Participant Loans – Participants are allowed to borrow against their Plan account balance within Plan guidelines. Loan terms are at the discretion of the borrower but cannot exceed five years, except for a loan to acquire a principal residence which must be payable within a reasonable time. The loan amount cannot exceed the lesser of (a) one-half of the participant's vested interest under the Plan, or (b) $50,000. The loans are secured by the vested balance in the participant's account. Interest is charged on the outstanding balance at rates determined by the administrator based on the prevailing interest rates. Principal and interest is paid ratably through weekly payroll deductions.

**NOTE A:** **Description Of The Plan** - (Continued)

(6) Benefit Payments – The Plan provides for participant withdrawals upon termination of service, including death, disability, or retirement. A participant with a vested account greater than $5,000 may elect to receive a lump-sum distribution or installment payments, as defined in the Plan document. A participant with a vested account less than $5,000 will receive a lump-sum distribution. All participants may also elect to roll-over their vested balance into another qualified plan. Additionally, under certain circumstances of financial hardship, participants are allowed to withdraw their funds from the Plan.

(7) Forfeitures - Employees become 100 percent vested in all employer contributions upon entering the Plan; therefore, there are no forfeitures.

(8) Administrative Expenses - Certain administrative functions are performed by officers or employees of the Company. No such officer or employee received compensation from the Plan. The majority of administrative expenses incurred by the Plan are absorbed by the Company.

**NOTE B:** **Summary Of Significant Accounting Policies** - The following are the significant accounting policies followed by the Plan:

(1) Basis Of Accounting - The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

(2) Investment Valuation And Income Recognition – As described in Financial Accounting Standards Board Staff Position, FSP AAG INV-1 and SOP 94-4-1, "*Reporting of Fully Benefit-Responsive Investment Contracts Held by Certain Investment Companies Subject to the AICPA Investment Company Guide and Defined-Contribution Health and Welfare and Pension Plans*" (the "FSP"), investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. As required by the FSP, the "Statements Of Net Assets Available For Benefits" presents the fair value of the investment contracts as well as the adjustment of the benefit-responsive investment contracts from fair value to contract value. The "Statement Of Changes In Net Assets Available For Benefits" is prepared on a contract value basis.

**NOTE B:** **Summary Of Significant Accounting Policies** - (Continued)

(2) Investment Valuation And Income Recognition – (Continued)

The Plan's investments are stated at fair value at December 31, 2007 and 2006. The Plan invests in registered investment companies (mutual funds), a collective investment trust (stable value fund), and participant loans. Mutual funds are valued at the net asset value of the shares held by the Plan at year-end. Net asset value is the value of a mutual fund's assets at the end of the trading day divided by the number of outstanding shares, and is based on the quoted market prices of the underlying assets. The Plan's interest in the stable value fund is based on the fair value of the fund's underlying investments and is based on information reported in the audited financial statements of the fund. See Note E for a description of the valuation of investments held by the collective investment trust. Participant loans are valued at their outstanding balances, which approximate fair value because assumed market interest rates are estimated to approximate charged interest rates.

Purchases and sales of investments are recorded as of the trade date. Dividends are accrued as of the ex-dividend date. Capital gains and/or losses are reported the day after the trade date.

Brokerage fees are added to the acquisition costs of assets purchased and subtracted from the proceeds of assets sold.

(3) Payment Of Benefits - Benefits are recorded when paid.

(4) Use Of Estimates - The process of preparing financial statements in conformity with accounting principles generally accepted in the United States of America requires the use of estimates and assumptions regarding certain types of assets, liabilities, revenues and gains, and expenses and losses. Such estimates primarily relate to unsettled transactions and events as of the date of the financial statements. Accordingly, upon settlement, actual results may differ from estimated amounts.

(5) New Pronouncements - In September 2006, the FASB issued SFAS No. 157, *"Fair Value Measurements"*. SFAS 157 defines fair value, establishes a framework for measuring fair value in accordance with GAAP, and expands disclosures about fair value measurements. The provisions of SFAS 157 are effective for the Company for the fiscal year beginning January 1, 2008. The Plan is evaluating the impact of the provisions of SFAS 157 on its financial position, results of operations, and cash flows. The Plan believes that the implementation of this standard will not have a material impact on results of operations, financial position, or cash flows.

**NOTE C:** **Concentrations, Risks, And Uncertainties** - The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the "Statement Of Net Assets Available For Benefits."

The Plan holds a substantial portion of its assets with one institution. In the event of the institution's failure, the Plan could be subject to losses in its stable value fund for the total contract value which totaled $87,911 at December 31, 2007, the fair value of which was $86,268 at December 31, 2007. The Plan is also at risk of loss in any of its mutual funds which could fail to the extent of the dollars invested in the funds.

**NOTE D:** **Investments** - The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator instructed the Plan's independent accountants not to perform any auditing procedures with respect to the following information certified by DWS Trust Company, except for comparing such information certified by the asset trustee to information included in the Plan's financial statements and supplemental schedule.

The following table presents the values of the participant directed investments in this plan that are certified by DWS Trust Company. Those investments that represent five percent or more of the Plan's net assets are separately identified.

| | 2007 | 2006 |
|---|---|---|
| Mutual Funds: | | |
| T. Rowe Price Retirement 2020 Fund-R | $ 43,621 | Under 5% |
| DWS Value Builder Fund-A | 286,106 | $ 474,294 |
| Other Mutual Funds | 207,638 | 129,015 |
| Stable Value Investment Fund (At Contract Value) | 87,911 | 99,181 |
| Participants' Loans | 120,189 | 83,327 |
| Total Investments | $ 745,465 | $ 785,817 |

DWS Trust Company also certified the completeness and accuracy of $13,121, of net depreciation in fair value of investments and $11,309, of interest and dividend income related to the aforementioned investments for the year ended December 31, 2007.

**NOTE E:** **Stable Value Investment Fund** - At December 31, 2007, the Plan invests in a collective investment trust, the DWS Stable Value Trust A ("Trust"), which invests 100 percent of its investment portfolio in Pyramid Stable Value Portfolio Fund, an affiliated entity.

The following is a summary of Trust's investment valuation policies from Trust's audited financial statements at December 31, 2007.

The investment in the underlying fund is valued at the closing net asset value per share/unit as determined on each valuation date. The valuation of investments in the underlying fund is as follows:

Portfolio holdings will be valued at fair market value; provided, however, any holding for which there is no readily ascertainable market value (including, but not limited to, GICs, Separate Account GICs and Liquidity Agreements) will be valued at fair value, as determined in good faith by the Trustee.

The Trustee expects the value of Liquidity Agreements to fluctuate inversely with the value of any associated Portfolio Securities such that the fair value of the Trust will equal its book value, unless any Liquidity Agreement or its related Portfolio Securities are segregated. In addition, the difference between valuation at contract value and fair value is reflected over time through the crediting rate formula provided for in the underlying fund's "wrapper" contracts. To the extent that the underlying fund has unrealized and realized losses (that are accounted for, under contract value accounting, through a positive value of the wrapper contract), the interest crediting rate may be lower over time than then-current market rates. Similarly, if the underlying portfolio generated realized and unrealized gains (reflected in a negative wrapper value adjustment under contract value accounting), an investor currently redeeming underlying fund units may forego any benefit related to a future crediting rate higher than then-current market rates.

The average yield earned by the Fund for the years ended December 31, 2007 and 2006, was 4.90 percent and 5.49 percent, respectively. The average yield earned by the Fund with an adjustment to reflect the actual interest rate credited to participants in the Fund for the years ended December 31, 2007 and 2006, was 4.99 percent and 4.78 percent, respectively.

There are certain employer initiated events which could limit that ability of the Plan to transact at contract value with the issuer. Examples of these employer initiated events include:

a. Plan's failure to qualify under the Internal Revenue Code of 1986, as amended;

**NOTE E:** **Stable Value Investment Fund** – (Continued)

b. Involuntary termination of employment as a result of a corporate merger, divestiture, spin-off, or other significant business restructuring, which may include early retirement incentive programs or bankruptcy;

c. Full or partial termination of the Plan;

d. Changes to the administration of the Plan which decreases employee or employer contributions, the establishment of a competing Plan by the plan sponsor, the introduction of a competing investment option, or other plan amendment that has not been approved by the contract issuer;

e. Dissemination of a participant communication that is designed to induce participants to transfer assets from the stable value option;

f. Events resulting in a material and adverse financial impact on the contract issuer, including changes in the tax code, laws or regulations;

g. Certain Plan level withdrawals or participant-directed withdrawals that are deemed not normal, as defined.

The Company does not believe that the occurrence of any such event which would limit the Plan's ability to transact at contract value with participants is probable. No change in valuation has occurred to any contract due to a change in the contract's benefit-responsive status.

Issuers cannot terminate the wrapper contracts unless there is a breach of the contract on the manager's part. Actions that would lead to a breach (after the relevant cure period), include, but would not be limited to, material misrepresentation, failure to pay wrapper fees, or failure to adhere to investment guidelines.

**NOTE F:** **Transfers Of Assets From The Plan** – During the year ended December 31, 2007, a participant in the Union Employee's 401(k) Plan became ineligible to participate in the Plan because the employee was no longer a member of the union. That employee's account balance, totaling $22,623, was transferred to another of the Plan sponsor's qualified 401(k) plans.

**NOTE G:** **Plan Termination** - Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan, subject to the provisions of ERISA.

**NOTE H:** **Withdrawn Participants** - At December 31, 2007, there were no amounts allocated to accounts of persons who have elected to withdraw from the Plan but have not been paid.

**NOTE I:** **Tax Status** – The Plan obtained its latest determination letter on June 1, 2004, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter; however, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. The related trust, therefore, is not subject to tax under present income tax law.

**NOTE J:** **Fidelity Bond** - ERISA requires that the Plan be covered by a fidelity bond. The amount of bond must be equal to the lesser of 10 percent of the funds handled or $500,000. As of January 1, 2007, the Plan was bonded in the amount of $150,000, which met the minimum bonding requirement.

**NOTE K:** **Party-In-Interest** - The Plan has investments that are managed by DWS Trust Company. DWS Trust Company is the trustee, as defined by the Plan and therefore, these investments qualify as party-in-interest transactions.

**NOTE L:** **Partial Termination** – During the year ended December 31, 2007, more than 20 percent of the Plan's participants left the plan due to layoffs, resulting in a partial termination. The law requires that all affected participants be fully vested in their account balances upon the date of partial plan termination. As stated in the Plan documents, all participants become fully vested in their accounts upon entering the Plan; therefore, no further action is required by the Plan.

**NOTE M:** **Differences On Form 5500** – The financial statements have been prepared on the accrual basis as required by generally accepted accounting principles. However, for the years ended December 31, 2007 and 2006, the Form 5500 to be filed with the Internal Revenue Service has been prepared on the cash basis.

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

| | 2007 | 2006 |
|---|---|---|
| Net Assets Available For Benefits Per Financial Statements | $ 745,465 | $ 787,396 |
| Less: Participant Contributions Receivable | - | (1,092) |
| Employer Contributions Receivable | - | (487) |
| Net Assets Available For Benefits Per Form 5500 | $ 745,465 | $ 785,817 |

**NOTE N:** **Differences On Form 5500** – (Continued)

The following is a reconciliation of contributions received per the financial statements to the Form 5500:

| | | |
|---|---|---|
| Contributions Received Per Financial Statements | $ | 85,477 |
| Add: Prior Year Participant Contributions Receivable | | 1,092 |
| Prior Year Employer Contributions Receivable | | 487 |
| Less: Current Year Participant Contributions Receivable | | - |
| Current Year Employer Contributions Receivable | | - |
| Contributions Received Per Form 5500 | $ | 87,056 |

Additionally, the supplemental schedule has been prepared using the fair value method, which is prescribed for the Form 5500. The Form 5500, however, has been prepared with the stable value fund at contract value.

**NOTE O:** **Delinquent Filing** – The Plan has not complied with the filing requirements of the Department Of Labor and ERISA, which could result in disqualification of the Plan's tax status as well as the assessment of penalties. Penalties assessed as a result of this delinquency have not been accrued for in the accompanying financial statements as of December 31, 2007, as penalties will be paid by the Plan sponsor.

SUPPLEMENTAL INFORMATION

**AWARD METALS UNION EMPLOYEES' 401(k) PLAN**
**SCHEDULE H, LINE 4i: SCHEDULE OF ASSETS HELD AT END OF YEAR**
**DECEMBER 31, 2007**

Form 5500, Schedule H, Line 4i
Plan Name: Award Metals Union Employees' 401(k) Plan
Plan #: 004
Employer I.D.: #33-0963324

| (a) | (b) Identity Of Issue, Borrower, Lessor, Or Similar Party | (c) Description Of Investment Including Maturity Date, Rate Of Interest, Collateral, Par, Or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | **Stable Value Fund** | | | |
| * | DWS Stable Value Trust-A (At Fair Value) | | $ ** | $ 86,268 |
| | Total Stable Value Fund | | ** | 86,268 |
| | **Mutual Funds** | | | |
| | Oppenheimer Developing Markets Fund-N | Mutual Fund | ** | 13,267 |
| | Oppenheimer International Small Company Fund-N | Mutual Fund | ** | 10,411 |
| | American Funds Euro Pacific Growth Fund-R3 | Mutual Fund | ** | 10,751 |
| | American Funds The Bond Fund of America-R3 | Mutual Fund | ** | 24,412 |
| | Davis New York Venture Fund-R | Mutual Fund | ** | 4,595 |
| | Lord Abbett Small-Cap Blend Fund-P | Mutual Fund | ** | 1,880 |
| | T. Rowe Price Retirement 2010 Fund-R | Mutual Fund | ** | 21,146 |
| | T. Rowe Price Retirement 2020 Fund-R | Mutual Fund | ** | 43,621 |
| | T. Rowe Price Retirement 2030 Fund-R | Mutual Fund | ** | 36,225 |
| | T. Rowe Price Retirement 2040 Fund-R | Mutual Fund | ** | 749 |
| | Victory Special Value Fund-R | Mutual Fund | ** | 9,447 |
| | Allianz CCM Mid-Cap Fund-R | Mutual Fund | ** | 6,748 |
| * | DWS High Income Plus Fund-A | Mutual Fund | ** | 12,386 |
| | Alger Small Cap Growth Institutional Fund-R | Mutual Fund | ** | 7,416 |
| | Alliance Bernstein Sm/Mid Cap Value Fund-R | Mutual Fund | ** | 2,168 |
| | American Funds The Growth Fund of America-R3 | Mutual Fund | ** | 4,049 |
| * | DWS Value Builder Fund-A | Mutual Fund | ** | 286,106 |
| * | DWS Global Opportunities Fund-A | Mutual Fund | ** | 18,119 |
| * | DWS S&P 500 Index Fund-A | Mutual Fund | ** | 2,573 |
| * | DWS Dreman High Return Equity Fund-A | Mutual Fund | ** | 15,493 |
| * | DWS Dreman Small Cap Value Fund-A | Mutual Fund | ** | 5,804 |
| | Total Mutual Funds | | ** | 537,365 |
| | **Participant Loans** | 5.00% - 9.25% | - | 120,189 |
| | Total Participant Loans | | - | 120,189 |
| | Total Investments | | | $ 743,822 |

* Party-In-Interest
** Cost Information Excluded As Permitted For Participant-Directed Accounts

Official Use Only

**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 sections 104 and 4065 of the Employee Retirement 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

**2007**

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

For calendar year 2007 or fiscal plan year beginning 01/01/2007 , and ending 12/31/2007 ,

**A** Name of plan
AWARD METALS UNION EMPLOYEES 401K PLAN

**B** Three-digit plan number ► 004

**C** Plan sponsor's name as shown on line 2a of Form 5500
PACIFIC AWARD METALS INC

**D** Employer Identification Number
33-0963324

## 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 $

**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). 57-1198022

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year . . . . . 3

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

**4** Is the plan administrator making an election under Code section 412(c)(8) or ERISA section 302(c)(8)? . . . . . ☐ Yes ☐ No ☐ N/A

**If the plan is a defined benefit plan, go to line 7.**

**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 . . . . . ► Month ____ Day ____ Year ____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule B and do not complete the remainder of this schedule.**

**6a** 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 7 and 8 and complete line 9.**

**7** 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

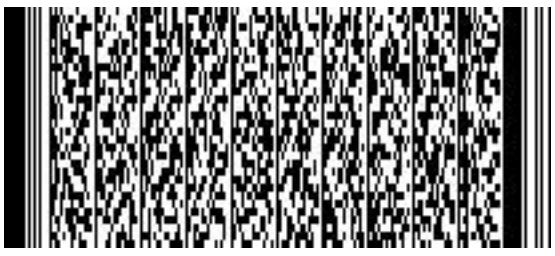
## Part III Amendments

**8** 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. (See instructions) . . . . . ☐ Increase ☐ Decrease ☐ No

## Part IV Coverage (See Instructions.)

**9** Check the box for the test this plan used to satisfy the coverage requirements . . . . ☐ the ratio percentage test ☐ average benefit test





2 2 0 7 3 5 0 1 0 K

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2009**

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

For calendar plan year 2009 or fiscal plan year beginning 01/01/2007 and ending 12/31/2007

**A** Name of plan
AWARD METALS UNION EMPLOYEES 401K PLAN

**B** Three-digit plan number (PN) ▶ 004

**C** Plan sponsor's name as shown on line 2a of Form 5500
PACIFIC AWARD METALS INC

**D** Employer Identification Number (EIN)
33-0963324

## 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** 0

**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): 57-1198022

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. ..... **3**

## Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 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**

## 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):

---

**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):

**AWARD METALS UNION EMPLOYEES' 401(k) PLAN**
**SCHEDULE H, LINE 4i: SCHEDULE OF ASSETS HELD AT END OF YEAR**
**DECEMBER 31, 2007**

Form 5500, Schedule H, Line 4i
Plan Name: Award Metals Union Employees' 401(k) Plan
Plan #: 004
Employer I.D.: #33-0963324

| (a) | (b) Identity Of Issue, Borrower, Lessor, Or Similar Party | (c) Description Of Investment Including Maturity Date, Rate Of Interest, Collateral, Par, Or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | **Stable Value Fund** | | | |
| * | DWS Stable Value Trust-A (At Fair Value) | | $ ** | $ 86,268 |
| | Total Stable Value Fund | | ** | 86,268 |
| | **Mutual Funds** | | | |
| | Oppenheimer Developing Markets Fund-N | Mutual Fund | ** | 13,267 |
| | Oppenheimer International Small Company Fund-N | Mutual Fund | ** | 10,411 |
| | American Funds Euro Pacific Growth Fund-R3 | Mutual Fund | ** | 10,751 |
| | American Funds The Bond Fund of America-R3 | Mutual Fund | ** | 24,412 |
| | Davis New York Venture Fund-R | Mutual Fund | ** | 4,595 |
| | Lord Abbett Small-Cap Blend Fund-P | Mutual Fund | ** | 1,880 |
| | T. Rowe Price Retirement 2010 Fund-R | Mutual Fund | ** | 21,146 |
| | T. Rowe Price Retirement 2020 Fund-R | Mutual Fund | ** | 43,621 |
| | T. Rowe Price Retirement 2030 Fund-R | Mutual Fund | ** | 36,225 |
| | T. Rowe Price Retirement 2040 Fund-R | Mutual Fund | ** | 749 |
| | Victory Special Value Fund-R | Mutual Fund | ** | 9,447 |
| | Allianz CCM Mid-Cap Fund-R | Mutual Fund | ** | 6,748 |
| * | DWS High Income Plus Fund-A | Mutual Fund | ** | 12,386 |
| | Alger Small Cap Growth Institutional Fund-R | Mutual Fund | ** | 7,416 |
| | Alliance Bernstein Sm/Mid Cap Value Fund-R | Mutual Fund | ** | 2,168 |
| | American Funds The Growth Fund of America-R3 | Mutual Fund | ** | 4,049 |
| * | DWS Value Builder Fund-A | Mutual Fund | ** | 286,106 |
| * | DWS Global Opportunities Fund-A | Mutual Fund | ** | 18,119 |
| * | DWS S&P 500 Index Fund-A | Mutual Fund | ** | 2,573 |
| * | DWS Dreman High Return Equity Fund-A | Mutual Fund | ** | 15,493 |
| * | DWS Dreman Small Cap Value Fund-A | Mutual Fund | ** | 5,804 |
| | Total Mutual Funds | | ** | 537,365 |
| | **Participant Loans** | 5.00% - 9.25% | - | 120,189 |
| | Total Participant Loans | | - | 120,189 |
| | Total Investments | | | $ 743,822 |

* Party-In-Interest
** Cost Information Excluded As Permitted For Participant-Directed Accounts