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 01/01/2008 and ending 12/31/2008

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;
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
MEADVILLE FORGING COMPANY - IAM PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 10/01/1984

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
MEADVILLE FORGING COMPANY, LP

1509 BALDWIN STREET
EXT 459
MEADVILLE, PA 16335-9401

1509 BALDWIN STREET
EXT 459
MEADVILLE, PA 16335-9401

2b Employer Identification Number (EIN)
25-1850430

2c Sponsor's telephone number
814-332-8200

2d Business code (see instructions)
332110

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.	08/04/2010	DAVID SPADA
	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")
MEADVILLE FORGING COMPANY, LP

1509 BALDWIN STREET
EXT 459
MEADVILLE, PA 16335-9401

3b Administrator's EIN
25-1850430

3c Administrator's telephone number
814-332-8200

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**	23
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**	9
b	Retired or separated participants receiving benefits	**6b**	5
c	Other retired or separated participants entitled to future benefits	**6c**	9
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	23
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f	Total. Add lines **6d** and **6e**	**6f**	24
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**	0
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)	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)	X	**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)		___ **A** (Insurance Information)
(4)	X	**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 01/01/2008 and ending 12/31/2008

A Name of plan
MEADVILLE FORGING COMPANY - IAM PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MEADVILLE FORGING COMPANY, LP

D Employer Identification Number (EIN)
25-1850430

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: KEYBANK EB MAGIC FND CTF

b Name of sponsor of entity listed in (a): KEYBANK NATIONAL ASSOCIATION

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)
36-6903863-002	C	283444

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

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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 I (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information—Small Plan

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 01/01/2008 and ending 12/31/2008

A Name of plan
MEADVILLE FORGING COMPANY - IAM PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MEADVILLE FORGING COMPANY, LP

D Employer Identification Number (EIN)
25-1850430

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.**

			(a) Beginning of Year	**(b)** End of Year
1	**Plan Assets and Liabilities:**			
a	Total plan assets	**1a**	813826	625739
b	Total plan liabilities	**1b**		
c	Net plan assets (subtract line 1b from line 1a)	**1c**	813826	625739
2	**Income, Expenses, and Transfers for this Plan Year:**		**(a)** Amount	**(b)** Total
a	Contributions received or receivable:			
	(1) Employers	**2a(1)**		
	(2) Participants	**2a(2)**		
	(3) Others (including rollovers)	**2a(3)**		
b	Noncash contributions	**2b**		
c	Other income	**2c**	-140768	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	**2d**		-140768
e	Benefits paid (including direct rollovers)	**2e**	38945	
f	Corrective distributions (see instructions)	**2f**		
g	Certain deemed distributions of participant loans (see instructions)	**2g**		
h	Administrative service providers (salaries, fees, and commissions)	**2h**		
i	Other expenses	**2i**	8374	
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	**2j**		47319
k	Net income (loss) (subtract line 2j from line 2d)	**2k**		-188087
l	Transfers to (from) the plan (see instructions)	**2l**		

3 **Specific Assets:** If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

			Yes	**No**	**Amount**
a	Partnership/joint venture interests	**3a**		X	
b	Employer real property	**3b**		X	
c	Real estate (other than employer real property)	**3c**		X	
d	Employer securities	**3d**		X	
e	Participant loans	**3e**		X	

			Yes	No	Amount
3f	Loans (other than to participants)	3f		X	
g	Tangible personal property	3g		X	

Part II Compliance Questions

4 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 plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X	
e Was the plan covered by a fidelity bond?	4e	X		2000000
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 at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i	X		283444
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		X	
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	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			
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)

Schedule SB, Line 26 – Schedule of Active Participant Data

The following table shows the distribution of the plan's active participant population by age and service and other demographic statistics.

	Years of Service										
Age	< 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 – 34	35 - 39	40 +	Total
Under 25	0	1	0	0	0	0	0	0	0	0	1
25 - 29	0	1	0	0	0	0	0	0	0	0	1
30 - 34	0	0	1	0	0	0	0	0	0	0	1
35 - 39	0	0	1	0	0	0	0	0	0	0	1
40 - 44	0	0	1	0	0	1	0	0	0	0	2
45 - 49	0	0	0	0	0	0	0	0	2	0	2
50 - 54	0	0	0	0	0	0	0	0	0	0	0
55 - 59	0	0	0	0	0	0	0	1	0	1	2
60 - 64	0	0	0	0	0	0	0	0	0	0	0
65 - 69	0	0	0	0	0	0	0	0	1	0	1
Over 70	0	0	0	0	0	0	0	0	0	0	0
Total	0	2	3	0	0	1	0	1	3	1	11

Average age	43.91
Average past service	20.87

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

Summary of Methods	
Valuation date:	January 1.
Actuarial cost method:	Unit Credit Cost Method - Under this cost method, the costs attributable to past service and the current year's service are determined by prorating over all years of service the benefits expected to be paid from the plan. The normal cost for any year is determined equal to the present value of the current year's portion of the employee's expected pension benefit. The current year's portion is equal to the expected pension benefit divided by the total credited service at the anticipated retirement date. The accrued liability is determined equal to the present value of the past year's portion of the employee's expected pension benefit. The past year's portion is equal to the expected pension benefit times the ratio of the participant's credited service to the total credited service at the anticipated retirement date. The sum of these values for all employees determines the normal cost and the accrued liability for the plan.
Actuarial value of assets:	Previously, the actuarial value of assets was calculated under a fixed percentage blend of long-range appreciation and market value method determined by blending the expected actuarial value of assets assuming no investment gains or losses within 25% of the market value, subject to not being less than 80% nor more than 120% of the actual market value of assets. Under PPA, this smoothing method is no longer permitted. Therefore, beginning January 1, 2008, the actuarial value of assets was set equal to the market value of assets.
Changes since last valuation:	Funding calculations as mandated by the Pension Protection Act of 2006 (PPA) have been reflected in this valuation. The asset valuation method was updated due to changes as required per PPA.

Schedule SB, Part V – Statement of Actuarial Methods and Assumptions (continued)

Primary Assumptions	
Funding and FAS 35 Assumptions:	
Interest:	IRC 430(h) Transitional Funding Segment Rates for January 2008; 5.72% per year for 1st segment, 5.92% for 2nd segment and 6.09% thereafter.
Mortality:	IRS 2008 Combined Static Mortality Table. For disabled mortality, the sex distinct mortality rates for male and female participants as provided by Revenue Ruling 96-7.
Retirement:	100% at Normal Retirement (age 65).
Withdrawal:	Sample rates are as follows: Age / Males / Females 25 / 9.94% / 14.95% 40 / 2.82% / 4.88% 55 / 0.00% / 0.40%
Disabililty:	The 1985 Pension Disability Table based on Occupational Class 3 utilizing sex-distinct male and female rates. Age / Males / Females 25 / 0.218% / 0.150% 40 / 0.597% / 0.547% 55 / 2.118% / 1.962%
Credited Service:	Participants are assumed to complete 2,080 hours of service each plan year resulting in 1.2 years of credited service earned during a plan year.
Percentage married:	It is assumed that 85% of male and 50% of female participants are married.
Age difference:	Male spouses are assumed to be three years older than female spouses.
Maximum benefit:	Limited as set forth by IRC Section 415.
Maximum compensation:	Limited as set forth by IRC Section 401(a)(17).
Expenses:	No expense provision has been included. It is assumed that expenses will be provided for separately.
Changes since the last valuation:	The mortality table, interest rate and asset valuation method were updated due to changes as required per PPA. Additionally, the expense load to the normal cost has been eliminated.

Schedule SB, Line 24 – Justification for Change in Non-Prescribed Actuarial Assumptions

The expense load to the normal cost has been eliminated.

Schedule SB, Line 25 – Justification for Method Change

In accordance with the Pension Protection Act of 2006, the actuarial value of assets was changed from a non-approved smoothing method as described on page A-11 to market value.

Schedule SB, Line 32 – Schedule of Shortfall Amortization Charge

The amortization amounts for the minimum required contribution are developed in the following table.

Development of Shortfall Amortization Change			
1.	1st segment rate		5.72%
	2nd segment rate		5.92%
2.	Funding target		741,006
3.	Adjusted plan assets		
	(a)	Actuarial assets	813,826
	(b)	Funding Standard Carryover Balance	56,271
	(c)	Prefunding Balance (PFB)	0
	(d)	Adjusted assets: (a)-(b)-(c), not less than 0	757,555
4.	Funding shortfall: (2)-(3)(d), not less than 0		0
5.	Current shortfall amortization installments		
	(a)	Annual installments	
		(i) Year -1 base (6 years remaining)	0
		(ii) Year -2 base (5 years remaining)	0
		(iii) Year -3 base (4 years remaining)	0
		(iv) Year -4 base (3 years remaining)	0
		(v) Year -5 base (2 years remaining)	0
		(vi) Year -6 base (1 years remaining)	0
	(b)	Total annual installments	0
	(c)	Present value of installments to be made	
		(i) On the valuation date	0
		(ii) In 1 year	0
		(iii) In 2 years	0
		(iv) In 3 years	0
		(v) In 4 years	0
		(vi) In 5 years	0
	(d)	Total present value of annual installments	0
6.	Exemption from new shortfall amortization base		
	(a)	Target liability percentage	92%
	(b)	Shortfall funding target: (2)x(a)	681,726
	(c)	Prefunding Balance if used to reduce the Minimum Required Contribution, else 0	0
	(d)	Exempt?: [(3)(a)-(c)]>=(b)	Yes
7.	Shortfall amortization base		
	(a)	New current year base: (4)-(5)(d), or 0 if exempt	0
	(b)	New 7-year installment amount	0
8.	Shortfall amortization charge: (5)(b)+(7)(b), not less than 0		$0

Schedule SB, Part V – Summary of Plan Provisions

This summary of plan provisions as of January 1, 2008, has been prepared for valuation purposes only. It outlines the major plan provisions used to perform the actuarial valuation.

Summary of Plan Provisions	
Effective date:	October 1, 1984 as amended and restated effective January 1, 2002, including bargaining changes effective September 1, 2004 through August 31, 2009.
Plan Year:	For periods commencing on and after January 1, 2002, the calendar year. Earlier plan years are as follows: October 1, 1984 through June 30, 1985; July 1 through June 30 for the years commencing July 1, 1985 through June 30, 2001; and July 1, 2001 through December 31, 2001.
Participation:	Participants in the prior National Industrial Group Pension Plan (NIGPP) automatically participate in this Plan on the effective date. All other employees who are covered by the bargaining agreement shall participate.
Vesting Service:	One year is credited for each Plan Year after October 1, 1984 in which at least 750 hours of service are completed. Vesting service prior to January 1, 1984 is based upon the provisions of the prior plan, NIGPP. In addition, one year of vesting service is credited for 750 or more hours during calendar year 1984, as well as for 375 or more hours during the short plan year July 1, 2001 through December 31, 2001.
Credited Service:	Service is credited for each Plan Year as a ratio of actual hours to 1,800 (calculated to the nearest 1/10th year). However, service is credited for the short plan year July 1, 2001 through December 31, 2001 as a ratio of actual hours to 1,800 (calculated to the nearest 1/20th year). Credited Service prior to October 1, 1984 is based upon the provisions of the prior plan, NIGPP.

Schedule SB, Part V – Summary of Plan Provisions (continued)

Summary of Plan Provisions (continued)

Normal Retirement:

Eligible upon attainment of age 65.

For participants who retired prior to November 1, 1996, a monthly benefit, if paid on a life annuity basis, equal to years of Credited Service multiplied by the applicable benefit unit as shown in the following table:

For Benefits Payments Made		Monthly
On or After	But Before	Benefit Unit
10/01/1984	11/01/1984	$7.80
11/01/1984	11/01/1985	8.10
11/01/1985	11/01/1986	8.40
11/01/1986	11/01/1987	8.70
11/01/1987	11/01/1988	9.70
11/01/1988	11/01/1989	10.20
11/01/1989	11/01/1990	10.70
11/01/1990	11/01/1991	11.70
11/01/1991	11/01/1992	12.70
11/01/1992	11/01/1994	13.70
11/01/1994	11/01/1995	15.20
11/01/1995		16.70

For participants who retire on or after November 1, 1996, but prior to November 1, 2001, a monthly benefit, if paid on a life annuity basis, equal to years of Credited Service multiplied by the applicable benefit unit shown in the following table:

Date of Retirement		Monthly
On or After	But Before	Benefit Unit
11/01/1996	11/01/1997	$17.70
11/01/1997	11/01/1998	18.20
11/01/1998	11/01/1999	18.70
11/01/1999	4/25/2000	19.20
4/25/2000	11/01/2001	21.20

Schedule SB, Part V – Summary of Plan Provisions (continued)

Summary of Plan Provisions (continued)

Normal Retirement (continued):

For participants who retire on or after November 1, 2001, a monthly benefit, if paid on a life annuity basis, equal to years of Credited Service earned during each of the following periods multiplied by the applicable benefit unit shown in the following table for such periods:

Credited Service Earned		Monthly
On or After	But Before	Benefit Unit
	11/01/2001	$21.20
11/01/2001	11/01/2002	31.20
11/01/2002	11/01/2003	41.20
11/01/2003	11/01/2004	51.20
11/01/2004	01/01/2006	56.20
01/01/2006		59.20

Early Retirement:

Eligible upon attainment of age 55 with 10 years of Vesting or Credited Service.

The monthly benefit, if paid on a life annuity basis, is equal to the accrued normal retirement pension payable at age 65, or alternatively, a reduced pension payable immediately reduced by 0.5% for each month that pension commencement precedes age 65.

Disability Retirement:

Eligible upon total and permanent disability after 10 years of Vesting or Credited Service. A participant shall be considered to have a total and permanent disability if such participant is entitled to disability insurance benefits under the United States Social Security Act.

The monthly benefit, if paid on a life annuity basis, is equal to the accrued normal retirement benefit payable at age 65, or if eligible for Social Security Disability benefit, payable immediately in an unreduced amount.

Deferred Vested Termination:

Eligible upon attainment of any age with 5 years of Vesting or Credited Service.

The monthly benefit, if paid on a life annuity basis, is equal to the accrued normal retirement pension based on the applicable benefit unit in effect at termination and payable at age 65. Participants completing at least 10 years of Vesting or Credited Service prior to termination may commence a reduced pension payable as early as age 55 reduced in the same manner as for early retirement.

Schedule SB, Part V – Summary of Plan Provisions (continued)

Summary of Plan Provisions (continued)	
Pre-Retirement Spouse's Benefit:	Eligible upon death of an active participant while eligible for normal or early retirement. All vested participants (whether actively employed or not) are automatically covered in the event of their death at any time after August 22, 1984, and before their pension payments begin. For an active participant who dies while eligible for early or normal retirement, the benefit is a lifetime annuity to the spouse determined as though the participant had retired on his date of death with an immediate benefit reduced for early retirement and payment under the 50% Spouse's Annuity form. For a vested participant (whether or not active) whose death occurs prior to attaining his Earliest Retirement Age, the surviving spouse shall receive a benefit commencing on the first day of the month following the participant's Earliest Retirement Age determined as though the participant had separated from service on the date of death (if he had not already separated), survived to his Earliest Retirement Age, and retired with an immediate benefit reduced for early commencement and payment under the 50% Spouse's Annuity form.
Automatic Forms of Payment:	A married participant shall receive his benefit on a reduced basis with 50% of such benefit payable to his spouse following the participant's death unless an optional form is elected. A single participant shall receive his benefit on a life annuity basis (i.e., normal form).
Optional Forms of Payment:	In lieu of the normal form, one of the following optional forms may be elected: a. Life Annuity b. 50% Spouse's Annuity c. Level Benefit Adjustment Form
Actuarial Equivalence:	Based upon 6.00% interest and the UP-1984 Mortality Table, unadjusted for participants and set back three (3) years for beneficiaries.
Changes in Plan Provisions Since Last Actuarial Valuation:	None.

Schedule SB, Part V – Summary of Plan Provisions (continued)

Summary of any changes in principal eligibility or benefit provisions since the last valuation:
There were no changes since the last valuation.

Description of any significant events:
To the best of our knowledge, there were no significant events that occurred during the year.

Benefits not included in the valuation:
Early retirement benefits were not explicitly valued, but the omission is not material. To the best of our knowledge, no other benefits were excluded from the valuation.

Statement of changes in assumptions and/or methods and justifications for such changes:.

Funding calculations as mandated by the Pension Protection Act of 2006 (PPA) have been reflected in this valuation. The mortality table, interest rate and asset valuation method were updated due to changes as required per PPA. Additionally, the expense load to the normal cost has been eliminated. All other assumptions are identical to the assumptions used in the prior valuation.

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

Participants are assumed to retire at age 65.

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).

▶ **Attach to Form 5500 or 5500-EZ if applicable. (See instructions.)**

Official Use Only

OMB No. 1210-0110

2008

This Form is Open to Public Inspection.

For calendar plan year 2008 or fiscal plan year beginning 01/01/2008 , and ending 12/31/2008 ,

▶ **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
MEADVILLE FORGING COMPANY - IAM PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ
MEADVILLE FORGING COMPANY, LP

D Employer Identification Number (EIN)
25-1850430

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2008

2	Assets:			
a	Market value		**2a**	813826
b	Actuarial value		**2b**	813826
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	5	266554
b	For terminated vested participants	**3b**	7	57432
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		8280
	(2) Vested benefits	**3c(2)**		408740
	(3) Total active	**3c(3)**	11	417020
d	Total	**3d**	23	741006
4	If the plan is in at-risk status, check the box and complete lines 4a and 4b ▶ [ ]			
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**	5.99 %
6	Target normal cost		**6**	10701

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

	07/30/2010
Signature of actuary	Date
KARL K. OMAN	08-07459
Type or print name of actuary	Most recent enrollment number
RSM MCGLADREY RETIREMENT RESOURCES	312-462-6857
Firm name	Telephone number (including area code)
191 N. WACKER DR. SUITE 1400 CHICAGO IL 60606-1921	
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. [ ]

Schedule SB (Form 5500) 2008 Page **2**

Official Use Only

Part II Beginning of year carryover and prefunding balances (See instructions.)

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	N/A	N/A
8	Portion used to offset prior year's funding requirement (line 35 from prior year)	N/A	N/A
9	Amount remaining (line 7 minus line 8)	56271	N/A
10	Interest on line 9 using prior year's actual return of N/A %.	N/A	N/A
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (line 38 from prior year)		N/A
b	Interest on line 11a using prior year's effective rate of N/A %		N/A
c	Total available at beginning of current plan year to add to prefunding balance		N/A
d	Portion of line 11c to be added to prefunding balance		N/A
12	Reduction in balances due to elections or deemed elections	0	N/A
13	Balance at beginning of current year (line 9 + line 10 + line 11d − line 12)	56271	N/A

Part III Funding percentages

14	Funding target attainment percentage	14	102.23 %
15	Adjusted funding target attainment percentage	15	109.83 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to offset current year's funding requirement	16	99.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
		Totals ▶	18(b)	0	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 benefit restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year, adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfall(s):

a	Did the plan have a "funding shortfall" for the prior year?	X Yes	No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	X Yes	No
c	If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Official Use Only

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

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
a Segment rates:	5.72 %	5.92 %	6.09 %	

b	Applicable month (enter code)	**21b**	0
22	Weighted average retirement age	**22**	65
23	Mortality table(s) (see instructions) ☒ Prescribed -- combined ☐ Prescribed -- separate ☐ Substitute		

Part 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 attachments	**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 (line 19a)	**29**	0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum required contribution for current year

31	Target normal cost, adjusted, if applicable (see instructions)		**31**	10701
32	Amortization installments:	Outstanding Balance		Installment
a	Net shortfall amortization installment	0		0
b	Waiver amortization installment	0		0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		**33**	0
34	Total funding requirement before reflecting carryover/prefunding balances (line 31 + line 32a + line 32b - line 33)		**34**	10701

		Carryover balance	Prefunding balance	Total balance
35	Balances used to offset funding requirement	10701	0	10701

36	Additional cash requirement (line 34 minus line 35)	**36**	0
37	Contributions allocated toward minimum required contribution for current year, adjusted to valuation date (line 19c)	**37**	0
38	Interest-adjusted excess contributions for current year (see instructions)	**38**	0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 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.

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

Official Use Only

OMB No. 1210-0110

2008

This Form is Open to Public Inspection.

For calendar plan year 2008 or fiscal plan year beginning 01/01/2008 , and ending 12/31/2008 ,

A Name of plan	**B** Three-digit plan number ▶
MEADVILLE FORGING COMPANY - IAM PENSION PLAN	002
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number
MEADVILLE FORGING COMPANY, LP	25-1850430

Part I Service Provider Information (see instructions)

1 Enter the total dollar amount of compensation paid by the plan to all persons, other than those listed below, who received compensation during the plan year: **1**

2 On the first item below list the contract administrator, if any, as defined in the instructions. On the other items, list service providers in descending order of the compensation they received for the services rendered during the plan year. List only the top 40. 103-12 IEs should enter N/A in (c) and (d).

(a) Name	**(b)** Employer identification number (see instructions)	**(c)** Official plan position
		Contract administrator

(d) Relationship to employer, employee organization, or person known to be a party-in-interest	**(e)** Gross salary or allowances paid by plan	**(f)** Fees and commissions paid by plan	**(g)** Nature of service code(s) (see instructions)
			12

(a) Name	**(b)** Employer identification number (see instructions)	**(c)** Official plan position

(d) Relationship to employer, employee organization, or person known to be a party-in-interest	**(e)** Gross salary or allowances paid by plan	**(f)** Fees and commissions paid by plan	**(g)** Nature of service code(s) (see instructions)

1 0 0 8 6 0 0 1 0 G

Official Use Only

(a) Name	**(b)** Employer identification number (see instructions)	**(c)** Official plan position

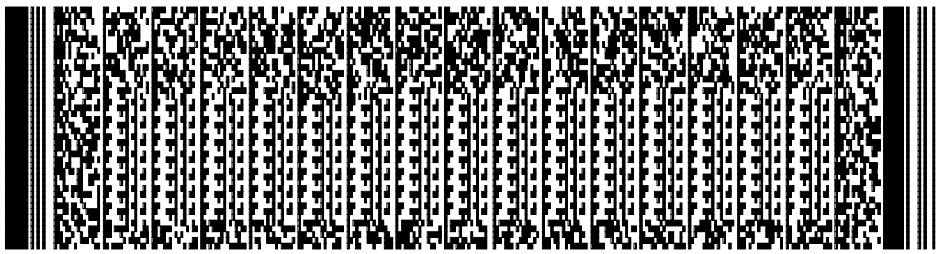
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	**(e)** Gross salary or allowances paid by plan	**(f)** Fees and commissions paid by plan	**(g)** Nature of service code(s) (see instructions)

(a) Name	**(b)** Employer identification number (see instructions)	**(c)** Official plan position

(d) Relationship to employer, employee organization, or person known to be a party-in-interest	**(e)** Gross salary or allowances paid by plan	**(f)** Fees and commissions paid by plan	**(g)** Nature of service code(s) (see instructions)

(a) Name	**(b)** Employer identification number (see instructions)	**(c)** Official plan position

(d) Relationship to employer, employee organization, or person known to be a party-in-interest	**(e)** Gross salary or allowances paid by plan	**(f)** Fees and commissions paid by plan	**(g)** Nature of service code(s) (see instructions)



1 0 0 8 6 0 0 2 0 H

Official Use Only

Part II Termination Information on Accountants and Enrolled Actuaries (see instructions)

(a) Name ANNA M. MITCHELL **(b)** EIN 41-1944416

(c) Position ENROLLED ACTUARY

(d) Address 125 S. WACKER DRIVE, SUITE 300
CHICAGO IL 60606

(e) Telephone No. 312-893-5859

Explanation: ENROLLED ACTUARY WAS CHANGED DUE TO TERMINATION OF EMPLOYMENT

(a) Name **(b)** EIN

(c) Position

(d) Address

(e) Telephone No.

Explanation:

(a) Name **(b)** EIN

(c) Position

(d) Address

(e) Telephone No.

Explanation:

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 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

2008

This Form is Open to Public Inspection.

For calendar year 2008 or fiscal plan year beginning 01/01/2008 , and ending 12/31/2008 ,

A Name of plan
MEADVILLE FORGING COMPANY - IAM PENSION PLAN

B Three-digit plan number ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MEADVILLE FORGING COMPANY, LP

D Employer Identification Number
25-1850430

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 plan year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits). 34-1974250

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? . . . . . ☐ Yes ☒ No ☐ N/A

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

5 If a waiver of the minimum funding standard for a prior plan 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 MB 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 . . . . ☐ ratio percentage test ☐ average benefit test

2 2 0 8 6 0 0 1 0 J

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).

▶ **Attach to Form 5500 or 5500-EZ if applicable. (See instructions.)**

Official Use Only

OMB No. 1210-0110

2008

This Form is Open to Public Inspection.

For calendar plan year 2008 or fiscal plan year beginning , and ending ,

▶ **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 MEADVILLE FORGING COMPANY - IAM PENSION PLAN	**B** Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ MEADVILLE FORGING COMPANY, LP	**D** Employer Identification Number (EIN) 25-1850430

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B **F** Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2008

2	Assets:			
a	Market value		**2a**	813826
b	Actuarial value		**2b**	813826
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	5	266554
b	For terminated vested participants	**3b**	7	57432
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		8280
	(2) Vested benefits	**3c(2)**		408740
	(3) Total active	**3c(3)**	11	417020
d	Total	**3d**	23	741006
4	If the plan is in at-risk status, check the box and complete lines 4a and 4b ▶ [ ]			
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**	5.99 %
6	Target normal cost		**6**	27250

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 Karl K. Oman — Signature of actuary — 07/30/2010 Date

KARL K. OMAN — Type or print name of actuary — 08-07459 Most recent enrollment number

RSM MCGLADREY RETIREMENT RESOURCES — Firm name — 312-462-6857 Telephone number (including area code)

191 N. WACKER DR. SUITE 1400
CHICAGO IL 60606-1921 — 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. [ ]

Official Use Only

Part II Beginning of year carryover and prefunding balances (See instructions.)

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	N/A	N/A
8	Portion used to offset prior year's funding requirement (line 35 from prior year)	N/A	N/A
9	Amount remaining (line 7 minus line 8)	56271	N/A
10	Interest on line 9 using prior year's actual return of N/A %	N/A	N/A
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (line 38 from prior year)		N/A
b	Interest on line 11a using prior year's effective rate of N/A %		N/A
c	Total available at beginning of current plan year to add to prefunding balance		N/A
d	Portion of line 11c to be added to prefunding balance		N/A
12	Reduction in balances due to elections or deemed elections	0	N/A
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	56271	N/A

Part III Funding percentages

14	Funding target attainment percentage	14	102.23 %
15	Adjusted funding target attainment percentage	15	109.83 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to offset current year's funding requirement	16	99.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ▶	18(b) 0	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 benefit restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year, adjusted to valuation date	19c	0

20	Quarterly contributions and liquidity shortfall(s):		
a	Did the plan have a "funding shortfall" for the prior year?	[X] Yes	[ ] No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	[X] Yes	[ ] No

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Official Use Only

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

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	5.72 %	5.92 %	6.09 %	☐ N/A, full yield curve used

b	Applicable month (enter code)	**21b**	0
22	Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) ☒ Prescribed -- combined ☐ Prescribed -- separate ☐ Substitute

Part 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 attachments	**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 (line 19a)	**29**	0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum required contribution for current year

31	Target normal cost, adjusted, if applicable (see instructions)	**31**	10701

		Outstanding Balance	Installment
32	Amortization installments:		
a	Net shortfall amortization installment	0	0
b	Waiver amortization installment	0	0

33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	0
34	Total funding requirement before reflecting carryover/prefunding balances (line 31 + line 32a + line 32b - line 33)	**34**	10701

		Carryover balance	Prefunding balance	Total balance
35	Balances used to offset funding requirement	10701	0	10701

36	Additional cash requirement (line 34 minus line 35)	**36**	0
37	Contributions allocated toward minimum required contribution for current year, adjusted to valuation date (line 19c)	**37**	0
38	Interest-adjusted excess contributions for current year (see instructions)	**38**	0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40	Unpaid minimum required contribution for all years	**40**	0