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 01/01/2009 and ending 12/31/2009

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:
- [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
PENSION PLAN FOR EMPLOYEES OF AHLSTROM WEST CARROLLTON INC.

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1959

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
AHLSTROM WEST CARROLLTON INC.

P.O. BOX 49098
ONE S. ELM STREET
WEST CARROLLTON, OH 45449

2b Employer Identification Number (EIN)
31-1452036

2c Sponsor's telephone number
937-859-3621

2d Business code (see instructions)
322100

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.	09/17/2010	NICOLE ROBINSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/26/2010	KATHLEEN VITA
	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")
AHLSTROM WEST CARROLLTON INC.

P.O. BOX 49098
ONE S. ELM STREET
WEST CARROLLTON, OH 45449

3b Administrator's EIN
31-1452036

3c Administrator's telephone number
937-859-3621

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**	169
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**	89
b	Retired or separated participants receiving benefits	**6b**	21
c	Other retired or separated participants entitled to future benefits	**6c**	35
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	145
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	4
f	Total. Add lines **6d** and **6e**	**6f**	149
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**	5
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)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)		**C** (Service Provider Information)
(5)		**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

▶ **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
PENSION PLAN FOR EMPLOYEES OF AHLSTROM WEST CARROLLTON INC.

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
AHLSTROM WEST CARROLLTON INC.

D Employer Identification Number (EIN)
31-1452036

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2009

2 Assets:

a	Market value	**2a**	2281051
b	Actuarial value	**2b**	2281051

3 Funding target/participant count breakdown

			(1) Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	23	675370
b	For terminated vested participants	**3b**	35	295178
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		48683
	(2) Vested benefits	**3c(2)**		1983385
	(3) Total active	**3c(3)**	111	2032068
d	Total	**3d**	169	3002616

4 If the plan is at-risk, check the box and complete items (a) and (b) [ ]

a	Funding target disregarding prescribed at-risk assumptions	**4a**	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	**4b**	

5	Effective interest rate	**5**	8.02 %
6	Target normal cost	**6**	137004

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

07/06/2010
Signature of actuary — Date

KENNETH R. GERMANN, ASA, MAAA
Type or print name of actuary

08-05750
Most recent enrollment number

MILLIMAN, INC.
Firm name

317-639-1000
Telephone number (including area code)

111 MONUMENT CIRCLE, SUITE 601
INDIANAPOLIS, IN 46204-5128
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 [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	8376	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	8376	0
10	Interest on item 9 using prior year's actual return of -24.78 %	-2076	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		21458
b	Interest on (a) using prior year's effective rate of 5.76 %		1236
c	Total available at beginning of current plan year to add to prefunding balance		22694
d	Portion of (c) to be added to prefunding balance		22694
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	6300	22694

Part III Funding percentages

14	Funding target attainment percentage	14	75.00 %
15	Adjusted funding target attainment percentage	15	75.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.28 %
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
04/15/2009	79721				
07/15/2009	79721				
10/13/2009	79721				
01/13/2010	79721				
			Totals ► 18(b)	318884	18(c) 0

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

a	Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	303166

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code) **21b**

22 Weighted average retirement age	**22**	62

23 Mortality table(s) (see instructions) [X] 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	[X] No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.		[ ] Yes	[X] No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment		[X] Yes	[ ] No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	**27**		

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	**31**		137004
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		750559	148453
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**		
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	**34**		285457

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

36 Additional cash requirement (item 34 minus item 35)	**36**	285457
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	303166
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	17709
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	0
40 Unpaid minimum required contribution for all years	**40**	0

SCHEDULE 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 01/01/2009 and ending 12/31/2009

A Name of plan
PENSION PLAN FOR EMPLOYEES OF AHLSTROM WEST CARROLLTON INC.

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
AHLSTROM WEST CARROLLTON INC.

D Employer Identification Number (EIN)
31-1452036

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	79721
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2281051	2112779
(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	2281051	2192500
	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	2281051	2192500

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)	318884	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		318884
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)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(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)		
(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)		454741
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		773625
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	862176	
(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)		862176
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		862176
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-88551
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [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: KENTNER SELLER CPAS (2) EIN: 31-0787612

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		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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		X	

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

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

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

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 01/01/2009 and ending 12/31/2009

A Name of plan
PENSION PLAN FOR EMPLOYEES OF AHLSTROM WEST CARROLLTON INC.

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
AHLSTROM WEST CARROLLTON INC.

D Employer Identification Number (EIN)
31-1452036

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): _____ _____

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** 14

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):

PENSION PLAN FOR EMPLOYEES OF AHLSTROM WEST CARROLLTON, INC.

FINANCIAL STATEMENT and SUPPLEMENTARY INFORMATION

YEARS ENDED DECEMBER 31, 2009 and 2008

PENSION PLAN FOR EMPLOYEES OF AHLSTROM WEST CARROLLTON, INC.
YEAR ENDED DECEMBER 31, 2009 and 2008

TABLE OF CONTENTS

	Page
INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	2
Statement of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4 - 11
SUPPLEMENTARY INFORMATION	
Schedule of Assets (Held at End of Year)	12
Schedule of Reportable Transactions	13

KENTNER SELLERS | LLP

To the Participants and Trustees of
Pension Plan for Employees of Ahlstrom West Carrollton, Inc.

Independent Auditors' Report

We were engaged to audit the accompanying statements of net assets available for benefits of the Pension Plan for Employees of Ahlstrom West Carrollton, Inc., as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009, and the supplemental schedules of assets (held at end of year) and reportable transactions as of December 31, 2009. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note D and supplementary information, which was certified by Mainstay New York Life Investment Management, LLC, the investment trustees of the plan assets, except for comparing the information with the related information included in the 2009 and 2008 financial statement and the supplemental schedules. We have been informed by the Plan Administrator that Mainstay New York Life Investment Management, LLC, holds the Plan's investment assets and execute investment transactions. The Plan Administrator has obtained certifications from Mainstay New York Life Investment Management, LLC, as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan Administrator by Mainstay New York Life Investment Management, LLC, is complete and accurate.

Because of the significance of the information in the financial statements that we did not audit, we are unable to, and do not express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by Mainstay New York Life Investment Management, LLC, 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. The supplemental information is the responsibility of management.

Kentner Sellers, LLP

KENTNER SELLERS, LLP
August 16, 2010

PENSION PLAN FOR EMPLOYEES OF AHLSTROM WEST CARROLLTON, INC.
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009 and 2008

ASSETS

	2009	2008
ASSETS:		
Investments, at fair value:		
Cash reserve fund	$ 16,970	$ 16,939
Mutual fund	2,095,809	2,264,112
Total Investments	2,112,779	2,281,051
Receivables:		
Contribution from employer	79,721	0
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,192,500	$ 2,281,051

See Notes to Financial Statements.

PENSION PLAN FOR EMPLOYEES OF AHLSTROM WEST CARROLLTON, INC.
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2009

	2009
ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Contributions:	
Contribution by employer	$ 318,884
Net appreciation in fair value of investments	454,741
Total Additions	773,625
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	862,176
NET DECREASE	(88,551)
NET ASSETS AVAILABLE FOR BENEFITS - Beginning of Year	2,281,051
NET ASSETS AVAILABLE FOR BENEFITS - End of Year	$ 2,192,500

See Notes to Financial Statements.

NOTE A - DESCRIPTION OF THE PLAN

During 2008, the Plan Sponsor was acquired by Ahlstrom, Inc., and the Company now operates as Ahlstrom West Carrollton, Inc. The legal plan name was changed to Pension Plan for Employees of Ahlstrom West Carrollton, Inc., (the Plan) effective February 1, 2008. The Plan is a non-contributory defined benefit pension plan established to provide benefits to eligible employees at retirement.

An eligible employee is an hourly employee of Ahlstrom West Carrollton, Inc., who has worked at least one year and has been credited with at least one thousand hours of service during that year and is represented by the PACE International Union, AFL-CIO Local Union No. 5-0781, but only to the extent that their eligibility to participate in the Plan has been agreed upon by the Employer and the Union. An eligible employee shall become a participant on the first day of the calendar month that coincides with or next follows the date on which eligibility requirements are met. At the later of age 62 or the date on which the participant completes five years of Plan participation, a participant is entitled to his accrued retirement benefit, as defined in the Plan. A participant whose employment continues after age 62 may elect to defer payment of benefits to the date of termination. A participant qualifies for early retirement when he has completed ten years of service and attains age 55. A participant becomes fully vested upon completion of five years of service. A participant may receive disability payments when he has completed 15 years of service. A participant's beneficiary may be eligible to receive death benefits as defined in the Plan.

The Company's funding policy is to fund pension costs that at a minimum would satisfy the minimum requirements of the Employee Retirement Income Security Act of 1974 (ERISA) and would be deductible under Section 404 of the Internal Revenue Code. Contributions are intended to fund the Plan's normal cost on a current basis. The Plan has met ERISA's minimum funding requirements.

Upon termination, the Plan's assets would be allocated among the participants in the order prescribed by ERISA. Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation if the Plan terminates. The Plan is administrated by certain members of the Company's management approved by the Board of Directors of the Company. All administrative costs of the Plan are paid by the employer.

A Summary Plan Description is available to provide greater detail to participants concerning Plan provisions.

On June 30, 2008, the Plan Sponsor received the acceptance of the IRS Voluntary Correction Program Compliance Statement to approve proposed corrections. These corrections included the adoption of Amendment Number Three for compliance with the automatic IRA rollover distribution rules and Amendment Number Five to amend the Plan for substantive changes reflected in the 2006 Collectively Bargained Agreement.

NOTE A - DESCRIPTION OF THE PLAN (Continued)

Amendments

The Plan was amended to change the eligibility requirements. No eligible employee whose employment begins on or after January 1, 2008, will be eligible to participate in the Plan. Also, a participant in the Plan who was employed prior to August 1, 2006, may elect to terminate his participation in the Plan and enroll in the 401(k) plan.

The legal plan name was changed from Pension Plan for Employees of West Carrollton Parchment Company to Pension Plan for Employees of Ahlstrom West Carrollton, Inc., to reflect the acquisition of the West Carrollton Parchment Company by Ahlstrom during February 2008. Effective January 1, 2010, the legal plan name has been changed from Pension Plan for Employees of Ahlstrom West Carrollton, Inc., to Pension Plan for Employees of Ahlstrom West Carrollton, LLC.

During 2009 the Plan was amended to reflect the provisions of the Pension Protection Act of 2006, the Worker, Retiree, and Employer Recovery Act, and certain other provisions of applicable law and the applicable regulations that are generally effective after December 31, 2006.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan prepares its financial statements using the accrual basis of accounting.

Accounting Pronouncements

In June 2009, the Financial Accounting Standards Board (FASB) issued Statement of Financial Accounting Standard (SFAS) No. 168, The FASB Accounting Standards Codification and the Hierarchy of Generally Accepted Accounting Principles - a replacement of FASB Statement No. 162 (FASB ASC 105-10). SFAS 168 replaces all previously issued accounting standards and establishes the FASB Accounting Standards Codification (FASB ASC) as the source of authoritative accounting principles recognized by the FASB to be applied by nongovernmental entities in the preparation of financial statements in conformity with U.S. GAAP. SFAS 168 is effective for all interim and annual periods ending after September 15, 2009. The FASB ASC is not intended to change existing U.S. GAAP. The adoption of this pronouncement will only result in changes to the Company's financial statement disclosure references. As such, the adoption of this pronouncement has no effect on the Company's financial position, result of operations, or cash flows.

In order to facilitate the transition to the FASB ASC, the Company has elected to show all references to U.S. GAAP as usual along with a parenthetical FASB ASC reference.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition

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

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Reclassifications

Certain reclassifications have been made to the 2008 financial statement to conform to 2009 presentations.

NOTE C - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated participants or their beneficiaries, (2) beneficiaries of participants who have died, and (3) active participants or their beneficiaries. Benefits under the Plan are calculated based on the number of years during which a participant completed one thousand hours of service with Ahlstrom West Carrollton, Inc.

The actuarial present value of accumulated benefits is determined by an actuary from Milliman USA and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2010 and 2009, include (1) mortality of participants determined using the 2010 and 2009 Group Annuity Mortality Tables, respectively; and (2) discount rate of, 6.65% and 6.16%, respectively. In October 2009, the 2009 valuation was revised to use the full yield curve approach. This new approach resulted in a discount rate of 8.02% at January 1, 2009.

The most recent actuarial valuation of the Plan was made as of January 1, 2010. The actuarial present value of accumulated plan benefits at January 1, 2010 and 2009, are as follows:

	2010	2009
Actuarial present value of accumulated plan benefits vested:		
Participants currently receiving benefits	$ 869,754	$ 733,281
Other participants	1,926,183	2,475,328
	2,795,937	3,208,609
Non-vested	57,386	59,039
	$ 2,853,323	$ 3,267,648

The changes in the actuarial present value of accumulated plan benefits of January 1, 2010, is as follows:

	2010
Accumulated plan benefits, beginning of year	$ 3,267,648
Reduction in discount period	199,069
Benefits paid on accrual basis	(862,176)
Benefits accumulated	248,782
Accumulated plan benefits, end of year	$ 2,853,323

NOTE D - INVESTMENTS

The following presents the fair values of investments that represent 5 percent or more of the Plan net assets as of December 31, 2009 and 2008:

	2009	2008
MainStay Income Manager Fund	$ 0	$ 2,264,112
MainStay Income Builder	2,095,809	0
Cash Reserve Fund	16,970	16,939
Total Investments	$ 2,112,779	$ 2,281,051

NET APPRECIATION IN FAIR VALUE

Net appreciation in the fair value of investments bought, sold, and held for the year ended December 31 is as follows:

	2009
Investments at Fair Value as Determined by Quoted Market Price:	
MainStay Income Builder Fund	$ 116,918
MainStay Cash Reserve Fund	32
MainStay Income Manager Fund	337,791
Net Appreciation in Fair Value	$ 454,741

NOTE E - FAIR VALUE MEASUREMENTS

FASB Statement No. 157, Fair Value Measurements, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB No. 157 are described below.

NOTE E - FAIR VALUE MEASUREMENTS (Continued)

Level 1
Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2
Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3
Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level with the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009.

Common stocks, corporate bonds, and U.S. government securities: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual Funds: Valued at the net asset value (NAV) of shares held by the Plan at year-end.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTE E - FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009.

	Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Cash reserve fund	$ 16,970	$ 0	$ 0	$ 16,970
Mutual fund	2,095,809	0	0	2,095,809
Total assets at fair value	$ 2,112,779	$ 0	$ 0	$ 2,112,779

NOTE F - PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by MainStay New York Life Investment Management. MainStay New York Life Investment Management is the Trustee as defined by the Plan, and therefore, these transactions qualify as party-in-interest.

NOTE G - INCOME TAX STATUS

The Plan obtained a favorable tax determination letter on September 19, 2002, 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. Subsequent amendments have been made to the Plan and these changes have not been submitted for a determination letter. However, the Plan Sponsor believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date. Therefore, no income taxes have been provided for in the financial statements.

NOTE H - RISKS AND UNCERTAINTIES

Contributions to the Plan and the Actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee compensation, and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements.

NOTE I - SUBSEQUENT EVENT

The Company has evaluated subsequent events through August 16, 2010, the date which the financial statements were available to be issued.

SUPPLEMENTARY

INFORMATION

PENSION PLAN FOR EMPLOYEES OF AHLSTROM WEST CARROLLTON, INC.

SUPPLEMENTAL INFORMATION

FEIN: 31-1452036 Plan Number 002

Schedule H line 4i - Schedule of Assets (Held at End of Year)

December 31, 2009

(a)	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
*	New York Life	MainStay Cash Reserve Fund	**	$ 16,970
*	New York Life	MainStay Income Manager Fund	**	0
*	New York Life	MainStay Income Builder	**	2,095,809
				$ 2,112,779

Note: This schedule includes those assets required to be reported under Department of Labor Section 2520.103-11 and Form 550, Schedule H, Line 4i and was prepared using information certified as to its completeness and accuracy by the Plan Trustee.

* Party-in-Interest

** The trustee was unable to provide cost data

PENSION PLAN FOR EMPLOYEES OF AHLSTROM WEST CARROLLTON INC.

SUPPLEMENTAL INFORMATION

FEIN: 31-1452036 Plan Number 002

Schedule H line 4j - Schedule of Reportable Transactions

For the Year Ending 12/31/2009

(a) Identity of Issuer	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense incurred with transaction	(g) Cost of Asset	(h) Current Value of asset on transaction date	(i) Net Gain or (loss)	Number of Transactions
New York Life *	Income Manager Fund								
	Purchases	$ 239,163					$ 239,163		4
	Sales and Transfers		$2,841,753			**			17
New York Life *	Income Builder								
	Purchases and Transfers	$ 2,031,542					$2,031,542		1
	Sales		$ 52,652			**			6

Note: This schedule includes those assets required to be reported under Department of Labor Section 2520.103-11 and Form 5500, Schedule H, Line 4j and was prepared using the information certified as to its completeness and accuracy by the Plan Trustee.

* Party-in-Interest

** The trustee was unable to provide cost data

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

▶ **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

Pension Plan for Employees of Ahlstrom West Carrollton Inc

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

Ahlstrom West Carrollton Inc.

D Employer Identification Number (EIN)

31-1452036

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

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

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2009

2	Assets:			
	a Market value		**2a**	2,281,051
	b Actuarial value		**2b**	2,281,051
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	23	675,370
	b For terminated vested participants	**3b**	35	295,178
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		48,683
	(2) Vested benefits	**3c(2)**		1,983,385
	(3) Total active	**3c(3)**	111	2,032,068
	d Total	**3d**	169	3,002,616
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions		**4a**	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor		**4b**	
5	Effective interest rate		**5**	8.02 %
6	Target normal cost		**6**	137,004

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

Signature of actuary — Date: 07/06/2010

Kenneth R. Germann, ASA, MAAA — Type or print name of actuary

08-05750 — Most recent enrollment number

Milliman, Inc. — Firm name

(317) 639-1000 — Telephone number (including area code)

111 Monument Circle, Suite 601

Indianapolis IN 46204-5128 — 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 [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	8,376	N/A
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	8,376	0
10	Interest on item 9 using prior year's actual return of (24.78)%	(2,076)	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		21,458
	b Interest on (a) using prior year's effective rate of 5.76 %		1,236
	c Total available at beginning of current plan year to add to prefunding balance		22,694
	d Portion of (c) to be added to prefunding balance		22,694
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	6,300	22,694

Part III Funding percentages

14	Funding target attainment percentage	14	75.00 %
15	Adjusted funding target attainment percentage	15	75.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.28 %
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
04/15/2009	79,721				
07/15/2009	79,721				
10/13/2009	79,721				
01/13/2010	79,721				
			Totals ► 18(b)	318,884	18(c) 0

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

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	303,166

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code) — **21b**

22 Weighted average retirement age — **22** 62

23 Mortality table(s) (see instructions) [X] 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 [X] No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. [ ] Yes [X] No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. [X] Yes [ ] No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment — **27**

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31	Target normal cost, adjusted, if applicable (see instructions)	**31**	137,004

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	750,559	148,453
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount — **33**

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33) — **34** 285,457

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

36	Additional cash requirement (item 34 minus item 35)	**36**	285,457
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	303,166
38	Interest-adjusted excess contributions for current year (see instructions)	**38**	17,709
39	Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	0
40	Unpaid minimum required contribution for all years	**40**	0

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

Pension Plan for Employees of Ahlstrom West Carrollton Inc.Mack Energy Corporation Def

EIN 31-1452036

Plan No. 002

Age	# lives	Ret Rate	# Retiring	Product	(Age x #Ret)
62	100.00	1.00	100.00	6200.00	

6200.00 Total of Product column

62 Weighted Average Retirement Age

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

Pension Plan for Employees of West Carrollton Parchment Company

EIN - 31-1452036

PIN - 002

Appendix A

Description of the Actuarial Cost Method

The true cost of a pension plan will ultimately be determined by the excess of benefits actually paid and the expenses incurred in its administration over investment income earned on monies set aside for its funding. Thus, the ultimate cost of a plan cannot be known until the last payment has been made to its last participant. The actuarial cost method is the technique adopted by the actuary for establishing the amount and incidence of annual actuarial costs. The actuarial cost method determines the portion of the ultimate cost of a pension plan which should be allocated to each plan year (known as the normal cost). The cost method is thus a budgeting tool which helps to ensure that the pension plan will be adequately and systematically funded.

The annual costs for a pension plan can be determined using any one of several actuarial cost methods. The methods differ in how much of the ultimate cost of the plan is assigned to each prior year, the current year and to each future year. Although the ultimate cost for a pension plan will be determined not by the cost method, but by the benefits and expenses which become payable and the earnings which are obtained on the investments of the plan, the pattern of annual contributions from year to year and the rate of funding for the benefits will vary with the choice of actuarial cost method. In addition, the choice of actuarial assumptions for a given actuarial cost method will affect the current level of contributions and pattern of future contributions.

The actuarial cost method used in the valuation of this Plan is known as the projected unit credit cost method. Under this cost method a projected retirement benefit at assumed retirement age is computed for each participant using anticipated future pay increases. The normal cost for each participant is computed as the present value of the pro-rata portion of the participant's projected benefit which is accrued or earned during the plan year being valued. The normal cost for the plan is the total of the individually computed normal costs for all participants including the costs for any death or disability benefits under the plan.

The accrued liability at any point in time for an active participant is the present value of that portion of the projected benefit which has been accrued up to the valuation date. For persons receiving benefits or entitled to a deferred vested retirement income, the accrued liability is equal to the present value of their future benefit payments. The accrued liability for the plan is the total of the individually computed accrued liability amounts for all participants. The unfunded liability for the plan is the excess of the accrued liability over the assets which have been accumulated for the plan. This unfunded accrued liability may be liquidated over a period of between five and thirty years (forty years for plans in existence on January 1, 1974) at the convenience of the employer with fixed or variable payments, subject to certain minimum payments on a cumulative basis needed to satisfy the minimum contribution requirements for the plan.

Appendix A *(Continued)*

Description of the Actuarial Cost Method

It should be noted that under this cost method the accrued liability as of any date may not equal the actuarially computed value of accrued or accumulated plan benefits as of that date. The accrued liability is the present value of the pro-rata accrued portion of the projected benefit at normal retirement, where the projected benefit is based on future service and the earnings progression assumption for future pay increases. The actuarially computed value of accrued or accumulated plan benefits is the present value of retirement benefits which have been accrued or earned to date based only upon service and earnings to date.

The funding cost of the Plan is derived by making certain specific assumptions as to rates of interest, mortality, turnover, etc. which are assumed to hold for many years into the future. Since actual experience may differ somewhat from the assumptions, the costs determined by the valuation must be regarded as estimates of the true costs of the Plan.

For purposes of applying the actuarial cost method, plan assets are valued at market value with appropriate adjustments for receivable contributions.

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

Pension Plan for Employees of West Carrollton Parchment Company

EIN - 31-1452036

PIN - 002

Appendix B

Summary of Actuarial Assumptions

1. Interest Rates: The full yield curve with a two month setback.

2. Explicit Provision for Expenses: Administrative expenses are assumed to be paid by the plan sponsor outside of the Fund.

3. Mortality Rates: 2009 combined mortality table for small plans.

4. Disability Rates: Disability retirements have been assumed to occur according to the following table:

Age	Annual Rate
30 or less	0.024%
31 - 35	0.039%
36 - 40	0.054%
41 - 45	0.129%
46 - 50	0.204%
51 - 55	0.485%
66 - 60	1.047%
61 - 64	1.890%

5. Withdrawal Rates: Table T-4 from the Actuary's Pension Handbook.

6. Retirement Rates: Active Participants are assumed to retire at age 62.

Appendix B (Continued)

Summary of Actuarial Assumptions

7. Marriage Rates:	
a. Percent Married:	80% of males and females.
b. Age Difference:	Males are assumed to be 3 years older than their spouse.
8. Form of Distribution:	100% of future retirees are assumed to elect a lump sum distribution.
9. Election Form	It is assumed that 100% of future retirees will elect a lump sum payment
10. Changes Since Last Year:	None, other then the prescribed change to mortality and the interest rate change to the full yield curve from the three segment rates.

Schedule SB, Part V - Summary of Plan Provisions

Pension Plan for Employees of West Carrollton Parchment Company

EIN - 31-1452036

PIN - 002

Appendix C

Summary of Plan Provisions

1. Definitions

Accrued Benefit
The Accrued Benefit for each Participant is determined using the same formula which is used to compute such Participant's Normal Retirement Benefit, taking into account the Participant's Years of Benefit Service through the date of determination.

Actuarial Equivalent
Actuarial Equivalent means a form of benefit differing in time, period and/or manner of payment from another form of benefit but having the same value when computed based upon the following interest and mortality assumptions:

Interest: 7.00%

Mortality: 1983 Group Annuity Mortality Table for Males

Effective Date
The Effective Date of the Plan is January 1, 1959.

The Plan was last amended effective August 1, 2006.

Eligible Employee Classification
An Eligible Employee Classification is a classification of Employees, the members of which are eligible to participate in the Plan. The only classification which is an Eligible Employee Classification is employees represented by the Paper, Allied-Industrial, Chemical and Energy Workers International AFL-CIO, CLC (Local 5-781) hired prior to August 1, 2006.

Entry Date
Entry Date means the first day of the month which coincides with or next follows the date that the eligibility requirements are met.

Fiscal Year
Fiscal Year means the taxable year of the Employer. The Fiscal Year of the Employer is the 12-month period beginning January 1 and ending December 31.

Appendix C (Continued)

Summary of Plan Provisions

Normal Retirement Age
A Participant's Normal Retirement Age is his attained age on the date which he satisfies the following requirements:

a. Attainment of age 65, and
b. Attainment of the fifth anniversary of the time the Participant commenced participation in the Plan.

Normal Retirement Date
A Participant's Normal Retirement Date is the first day of the month which next follows the date on which the Participant attains Normal Retirement Age.

Plan Year
The Plan Year is the 12-month period beginning January 1 and ending December 31.

Vested Accrued Benefit
A Participant's Vested Accrued Benefit as of a given date is equal to the product of his Accrued Benefit multiplied by his Vested Percentage as of that same date.

Vesting Schedule
A Participant's Vested Percentage will be 100% upon the completion of 5 Years of Vesting Service. Prior to the completion of 5 Years of Vesting Service, a Participant's Vested Percentage is zero.

Year of Service

- For Eligibility Purposes
  Years of Service for purposes of eligibility to participate in the Plan are referred to as Years of Eligibility Service and are determined using the Hours of Service Method.

  A Year of Eligibility Service is credited for each Computation Period during which an Employee is credited with at least 1,000 Hours of Service. The Computation Period is the 12 consecutive month period beginning with the Employee's Employment Commencement Date and anniversaries thereof.

Appendix C (Continued)

Summary of Plan Provisions

- For Benefit Purposes
  A Year of Benefit Service is credited for every 12 completed months of service and fractions thereof.

- For Vesting Purposes
  Years of Service for purposes of computing a Participant's Vested Percentage are referred to as Years of Vesting Service and are determined using the Hours of Service Method.

  A Year of Vesting Service is credited for each Computation Period in which an Employee is credited with at least 1,000 Hours of Service. The Computation Period is the 12 consecutive month period beginning with the Employee's Employment Commencement Date and anniversaries thereof. Only full Years of Service are credited.

2. Participation

   An Employee who is a member of an Eligible Employee Classification will become a participant in the Plan on the first day of the month which coincides with or next follows the completion of one Year of Eligibility, provided he was still employed on such date.

3. Normal Retirement

   Each Participant who becomes eligible for a Normal Retirement Benefit under the Plan will be entitled to receive a monthly retirement pension benefit beginning at the Participant's Normal Retirement Date and payable in the Normal Benefit Form.

   a. Normal Retirement Benefit
      A Participant's Normal Retirement Benefit is a monthly pension benefit commencing on his Normal Retirement Date payable in the Normal Benefit Form in an amount equal to:

Appendix C (Continued)

Summary of Plan Provisions

Benefit Multiplier, multiplied by his Years of Benefit Service

Date	Benefit Multiplier
January 1, 2001	$22.25
January 1, 2002	$23.50
January 1, 2003	$24.75
January 1, 2004	$26.00
January 1, 2005	$27.25
January 1, 2006	$28.50
January 1, 2008	$29.00
January 1, 2009	$30.00

b. Normal Benefit Form
Lifetime Pension – Monthly pension benefit payable for the lifetime of the Participant with payments terminating upon the death of the Participant.

4. Early Retirement

a. Early Retirement Date
A Participant's Early Retirement Date is the first day of the month so elected by the Participant which coincides with or next follows the date upon which the Participant satisfies the following requirements:

i. Attainment of age 55 with 10 Years of Vesting Service, or
ii. Attainment of age 60.

b. Early Retirement Benefit
A Participant's Early Retirement Benefit is a monthly pension benefit equal to the Participant's Accrued Benefit determined as of his Early Retirement Date, reduced by 1/3 of 1% for each month by which his Early Retirement Date precedes his Normal Retirement Date.

Appendix C (Continued)

Summary of Plan Provisions

5. Late Retirement

An active Participant who continues his employment with the Employer beyond his Normal Retirement Date may begin to receive his Late Retirement Benefit to which he is entitled as of his Late Retirement Date.

a. Late Retirement Date
A Participant's Late Retirement Date is the first day of the month coincident with or next following the date he retires and requests the commencement of his Late Retirement Benefit after he has continued in the employ of the Employer beyond his Normal Retirement Date.

b. Late Retirement Benefit
An Participant's Late Retirement Benefit is equal to an amount which is the greater of (1) the Actuarial Equivalent of his Normal Retirement Benefit at his Normal Retirement date, determined as of his Late Retirement Date or (2) the monthly benefit which is based on the Normal Retirement Benefit formula using the Participant's Years of Benefit Service through his Late Retirement Date.

6. Disability Retirement

a. Disability Retirement Date
A Participant's Disability Retirement Date is the first day of the month coincident with or next following the date of termination of his employment due to disability.

An Active Participant will be eligible for a Disability Retirement Benefit under the Plan upon the occurrence of permanent disability coincident with or following the Participant's completion of 15 Years of Vesting Service.

b. Disability Retirement Benefit
An eligible Participant's Disability Retirement Benefit is equal to the Participant's Accrued Benefit as of his Disability Retirement Date reduced by 1/3 of 1% for each month that his Disability Retirement Date precedes his Normal Retirement Date. The minimum monthly disability benefit will be $75.

Appendix C (Continued)

Summary of Plan Provisions

7. Pre Retirement Death Benefit

If a Married Participant dies on or before the Earliest Retirement Age, the Participant's Surviving Spouse will receive the same Benefit that would be payable if the Participant had:

i. separated from service on the date of death;
ii. survived to the Earliest Retirement Age;
iii. retired with an immediate Joint and 50% Survivor Annuity at the Earliest Retirement Age; and
iv. died on the day after the Earliest Retirement Age.

If a Married Participant dies after the Earliest Retirement Age, the Participant's Spouse will receive the same benefit that would be payable if the Participant had retired with an immediate Joint and 50% Survivor Annuity on the day before th Participant's date of death.

A Joint and 50% Survivor Annuity provides a monthly benefit payable for the lifetime of the Participant and, upon the Participant's death, the Surviving Spouse (if any) will receive a monthly benefit equal to 50% of the monthly benefit which was payable during the Participant's lifetime.

8. Termination Benefit

In the event of the termination of a Participant's employment for any reason other than death, disability or retirement, the Participant will become entitled to receive a monthly pension benefit commencing on his Normal Retirement Date equal to his Vested Accrued Benefit.

Schedule SB, Line 26 - Schedule of Active Participant Data

Pension Plan for Employees of West Carrollton Parchment Company

EIN - 31-1452036

PIN - 002

Exhibit 17

Summary of Active Participants by Age and Service

Number of Participants By Age and Service Groups Years of Plan Participation											
Age	**<1**	**1–4**	**5–9**	**10–14**	**15–19**	**20–24**	**25–29**	**30–34**	**35–39**	**40&Up**	**Total**
0-24		3									3
25-29		2	2								4
30-34		1	2								3
35-39		3	1	7	1						12
40-44			4	3	3	2					12
45-49		3	7	9	2	3					24
50-54		3	6	5	5	4					23
55-59		2	4	8	3	1		1	2		21
60-64			3	2	1	2					8
65-69											0
70&Up			1								1
Total	0	17	30	34	15	12	0	1	2	0	111

Schedule SB, Line 32 - Schedule of Amortization Bases

Pension Plan for Employees of West Carrollton Parchment Company

EIN - 31-1452036

PIN - 002

Exhibit 9

Shortfall Amortization

The amount needed to amortize the Funding Shortfall to the Applicable Funding Target for the plan year beginning January 1, 2009 is determined below. The Funding Shortfall Amount is amortized in seven level payments using the current segment interest rates.

1. Present Value of Remaining Prior Shortfall Amortizations

	Date Established	Amortization Amount	Present Value Factor	Present Value
a.	January 1, 2008	$ 134,721	4.99889	$ 673,455
b.	Total	134,721		673,455

2. Development of current year Shortfall Base

a.	Applicable Funding Target	3,002,616
b.	Applicable Funding Target Percentage	100%
c.	Plan Assets less Carryover and Prefunding Balances	2,252,057
d.	Funding Shortfall Amount [(a) x (b) - (c) - (1b)]	77,104
e.	Amortization factor for current year	5.61489
f.	Shortfall Amortization for current year [(d) / (e)]	13,732

3. Total Shortfall Amortization [(1b) + (2f)] $ 148,453

PENSION PLAN FOR EMPLOYEES OF AHLSTROM WEST CARROLLTON INC.

SUPPLEMENTAL INFORMATION

FEIN: 31-1452036 Plan Number 002

Schedule H line 4j - Schedule of Reportable Transactions

For the Year Ending 12/31/2009

(a) Identity of Issuer	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense incurred with transaction	(g) Cost of Asset	(h) Current Value of asset on transaction date	(i) Net Gain or (loss)	Number of Transactions
New York Life *	Income Manager Fund								
	Purchases	$ 239,163					$ 239,163		4
	Sales and Transfers		$2,841,753			**			17
New York Life *	Income Builder								
	Purchases and Transfers	$ 2,031,542					$2,031,542		1
	Sales		$ 52,652			**			6

Note: This schedule includes those assets required to be reported under Department of Labor Section 2520.103-11 and Form 5500, Schedule H, Line 4j and was prepared using the information certified as to its completeness and accuracy by the Plan Trustee.

* Party-in-Interest

** The trustee was unable to provide cost data

PENSION PLAN FOR EMPLOYEES OF AHLSTROM WEST CARROLLTON, INC.
SUPPLEMENTAL INFORMATION
FEIN: 31-1452036 Plan Number 002
Schedule H line 4i - Schedule of Assets (Held at End of Year)
December 31, 2009

(a)	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
*	New York Life	MainStay Cash Reserve Fund	**	$ 16,970
*	New York Life	MainStay Income Manager Fund	**	0
*	New York Life	MainStay Income Builder	**	2,095,809
				$ 2,112,779

Note: This schedule includes those assets required to be reported under Department of Labor Section 2520.103-11 and Form 550, Schedule H, Line 4i and was prepared using information certified as to its completeness and accuracy by the Plan Trustee.

* Party-in-Interest
** The trustee was unable to provide cost data