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. . . . . ▶ [ ]

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
RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF AHLSTROM FILTRATION LLC MADISONVILLE & TAYLORVILLE

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 07/01/1960

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

2 ELM STREET
WINDSOR LOCKS, CT 06096-2335

2b Employer Identification Number (EIN) 62-1801781

2c Sponsor's telephone number 860-654-8410

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.	10/05/2010	LEONARD MIRAHVER
	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")
AHLSTROM FILTRATION LLC

2 ELM STREET
WINDSOR LOCKS, CT 06096-2335

3b Administrator's EIN
62-1801781

3c Administrator's telephone number
860-654-8410

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**	276
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**	126
b	Retired or separated participants receiving benefits	**6b**	46
c	Other retired or separated participants entitled to future benefits	**6c**	99
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	271
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	3
f	Total. Add lines **6d** and **6e**	**6f**	274
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)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)	X	**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
RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF AHLSTROM FILTRATION LLC MADISONVILLE & TAYLORVILLE

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
62-1801781

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		5042201
b	Actuarial value	2b		5546421
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a	40	2257334
b	For terminated vested participants	3b	81	1138610
c	For active participants:			
	(1) Non-vested benefits	3c(1)		599311
	(2) Vested benefits	3c(2)		2534858
	(3) Total active	3c(3)	152	3134169
d	Total	3d	273	6530113
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		8.06 %
6	Target normal cost	6		233073

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

	07/28/2010
Signature of actuary	Date
ROBERT S. CAVALIERE	08-03325
Type or print name of actuary	Most recent enrollment number
TOWERS WATSON DELAWARE INC	703-258-8000
Firm name	Telephone number (including area code)
901 NORTH GLEBE ROAD ARLINGTON, VA 22203	
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)	1784079	
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	212219	
9	Amount remaining (Item 7 minus item 8)	1571860	
10	Interest on item 9 using prior year's actual return of -26.70 %	-419671	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		
	b Interest on (a) using prior year's effective rate of 6.42 %		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Reduction in balances due to elections or deemed elections	829859	
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	322330	0

Part III Funding percentages

14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	80.00 %
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	95.14 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/28/2009	900000	0			
			Totals ► 18(b)	900000	18(c)

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	
b	Contributions made to avoid restrictions adjusted to valuation date	19b	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	833394

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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**	65

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.		[X] Yes	[ ] 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**	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	**29**	
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**		233073
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		914215	162226
b Waiver amortization installment			
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**		395299

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	221030		221030

36 Additional cash requirement (item 34 minus item 35)	**36**	174269
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	833394
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	438095
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	
40 Unpaid minimum required contribution for all years	**40**	

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF AHLSTROM FILTRATION LLC MADISONVILLE & TAYLORVILLE

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
AHLSTROM FILTRATION LLC

D Employer Identification Number (EIN)
62-1801781

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

SEI INVESTMENTS

04-2452803

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	15290	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

WATSON WYATT & COMPANY

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 28	NONE	35701	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

BLUM SHAPIRO & CO P.C.

06-1009205

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	14500	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

VERRILL DANA

01-0176171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	7729	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF AHLSTROM FILTRATION LLC MADISONVILLE & TAYLORVILLE

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
AHLSTROM FILTRATION LLC

D Employer Identification Number (EIN)
62-1801781

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		68
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	357092	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	595096	554642
(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)	4090011	6049830
(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	5042199	6604540
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		7180
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		7180
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	5042199	6597360

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)	900000	
	(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)		900000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	135583	
	(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)		135583
	(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)		
	(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)		

		(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)		
(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)		874485
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1910068
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	251537	
(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)		251537
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)	61552	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	18830	
(4) Other	2i(4)	22988	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		103370
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		354907
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1555161
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: BLUM SHAPIRO & CO (2) EIN: 06-1009205

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
RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF AHLSTROM FILTRATION LLC MADISONVILLE & TAYLORVILLE

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
AHLSTROM FILTRATION LLC

D Employer Identification Number (EIN)
62-1801781

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-2447211

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** 0

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):

RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF AHLSTROM FILTRATION LLC - MADISONVILLE AND TAYLORVILLE LOCATIONS

FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF AHLSTROM FILTRATION LLC - MADISONVILLE AND TAYLORVILLE LOCATIONS

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Accounting | Tax | Business Consulting

Independent Auditors' Report

Plan Administrator
Retirement Plan for Hourly Paid Employees of
Ahlstrom Filtration LLC - Madisonville and Taylorville Locations

We were engaged to audit the accompanying financial statements and supplemental schedules of the Retirement Plan for Hourly Paid Employees of Ahlstrom Filtration LLC - Madisonville and Taylorville Locations as of December 31, 2009 and 2008, and for the years then ended, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by State Street Bank and Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan's 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 the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Blum, Shapiro & Company, P.C.

September 29, 2010

RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF
AHLSTROM FILTRATION LLC - MADISONVILLE AND TAYLORVILLE LOCATIONS
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009 AND 2008

	2009	2008
ASSETS		
Investments, at Fair Value		
Money market fund	$ 554,642	$ 595,096
Mutual funds	6,049,830	4,090,011
Total investments	6,604,472	4,685,107
Receivables		
Interest	-	165
Due from other Ahlstrom plans	-	356,927
Total receivables	-	357,092
Cash	68	-
Total assets	6,604,540	5,042,199
LIABILITIES		
Accounts Payable and Accrued Expenses	7,180	-
Net Assets Available for Benefits	$ 6,597,360	$ 5,042,199

The accompanying notes are an integral part of the financial statements

RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF
AHLSTROM FILTRATION LLC - MADISONVILLE AND TAYLORVILLE LOCATIONS
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

	2009	2008
Additions (Reductions) to Net Assets Attributed to		
Investment income (loss):		
Interest and dividend income	$ 135,333	$ 178,587
Net appreciation (depreciation) in fair value of investments	874,735	(2,082,168)
Net investment income (loss)	1,010,068	(1,903,581)
Employer contributions	900,000	-
Net additions (reductions)	1,910,068	(1,903,581)
Deductions from Net Assets Attributed to		
Benefits paid to participants	251,537	207,517
Administrative expenses	103,370	73,355
Total deductions	354,907	280,872
Net Increase (Decrease) in Net Assets	1,555,161	(2,184,453)
Net Assets Available for Benefits - Beginning of Year	5,042,199	7,226,652
Net Assets Available for Benefits - End of Year	$ 6,597,360	$ 5,042,199

The accompanying notes are an integral part of the financial statements

RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF
AHLSTROM FILTRATION LLC - MADISONVILLE AND TAYLORVILLE LOCATIONS
STATEMENTS OF ACCUMULATED PLAN BENEFITS
DECEMBER 31, 2009 AND 2008

	2009	2008
Actuarial Present Value of Accumulated Plan Benefits		
Vested benefits:		
Participants currently receiving payments	$ 2,587,708	$ 2,308,135
Active participants	2,743,015	2,534,962
Terminated vested participants	1,114,629	1,124,101
	6,445,352	5,967,198
Nonvested benefits	600,321	604,520
Total Actuarial Present Value of Accumulated Plan Benefits	$ 7,045,673	$ 6,571,718

The accompanying notes are an integral part of the financial statements

RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF
AHLSTROM FILTRATION LLC - MADISONVILLE AND TAYLORVILLE LOCATIONS
STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

	2009	2008
Actuarial Present Value of Accumulated Plan Benefits -		
Beginning of Year	$ 6,571,718	$ 5,936,223
Increase (Decrease) During the Year Attributable to		
Increase due to decrease in the discount period	528,289	478,147
Benefits accumulated	156,580	153,971
Actuarial losses	22,286	129,639
Change in actuarial assumptions	16,173	13,219
Benefits paid	(249,373)	(226,708)
Plan amendment	-	87,227
Net increase	473,955	635,495
Actuarial Present Value of Accumulated Plan Benefits -		
End of Year	$ 7,045,673	$ 6,571,718

The accompanying notes are an integral part of the financial statements

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Retirement Plan for Hourly Paid Employees of Ahlstrom Filtration LLC - Madisonville and Taylorville Locations (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General - The Plan is a noncontributory defined benefit plan covering all hourly paid employees of the Madisonville, KY, and Taylorville, IL, locations of Ahlstrom Filtration LLC (the Company).

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility - All eligible hourly paid employees of the Company on the Plan's effective date (July 1, 1989) were automatically included as a plan participant on that date. All employees hired after this date and prior to May 1, 2006 became a participant under the Plan as of the date he or she became an employee of the Company. Effective May 1, 2006, employees who first complete an hour of service on or after that date shall not be eligible to participate in the Plan.

Benefits - Pension benefits provided under the terms of the Plan include those for normal retirement (age 65), early retirement (age 55 and completion of 10 years of continuous service), disability (upon total permanent disability following completion of 15 years of continuous service) and late retirement (beyond normal retirement date).

The monthly retirement benefit of a participant becoming eligible at normal retirement date is currently equal to $36 (normal retirement benefit amount) multiplied by the participant's years of credited service.

The monthly retirement benefit of a participant becoming eligible for early retirement is equal to the normal retirement benefit amount multiplied by the participant's full years of credited service up to the actual retirement date. This benefit shall be payable at his or her normal retirement date, unless the participant chooses to have the benefit commence at his or her actual retirement date, in which case the benefit is reduced 1/180 for each full month up to 60 months that the date of commencement of the participant's benefit payments precedes the normal retirement date and 1/360 for each full month in excess of 60 months that the date of commencement of the participant's benefit payments precedes the normal retirement date.

The monthly retirement benefit of a participant who works beyond his or her normal retirement date is equal to the normal retirement benefit amount multiplied by the participant's full years of credited service up to the actual retirement date.

Disability - The disability benefit is the same benefit determined under normal retirement based on the credited service to disability date and payable immediately in the full unreduced amount.

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Termination Benefit - Upon termination of employment for any reason other than death or retirement after having completed 5 full years of continuous service, a participant shall be entitled to a monthly benefit equal to the benefit determined under normal retirement based on the benefit unit in effect at, and credited service to, the date of termination, and commencing, at the election of the participant, either (1) upon what would have been the participant's normal retirement date in the full, unreduced amount, or (2) if the participant had completed 10 full years of continuous service, on the first day of any month after attainment of age 55, but reduced the same as for early retirement.

Upon the death of a former participant who is eligible for a deferred retirement benefit, the surviving spouse will receive a monthly benefit equal to 50% of the benefit that would have been payable to the participant for his lifetime only had he elected to have benefit payments commence on the first day of the month after he reached age 65. This survivor benefit shall commence on the later of (1) the first day of the month following the former participant's death, or (2) the participant's earliest early retirement date (normal retirement date if the former participant had less than ten years of continuous service at date of termination).

Death Benefits Before Retirement - Upon the death of a participant who has reached age 55 and completed 10 years of continuous service, or who has reached his normal retirement age, the surviving spouse will receive a monthly benefit, payable for life, equal to 50% of the normal benefit based on the deceased participant's credited service to date of death and commencing immediately.

Upon the death of a participant before termination of employment and before age 55, but after the completion of 10 years of continuous service, the surviving spouse will receive a monthly benefit, commencing on the first of the month following the date the participant would have attained age 55 and payable for life. The benefit is equal to 50% of the benefit that would have been payable to the participant for his lifetime only had he terminated employment as of his date of death and elected to have benefit payments commence on the first day of the month after he reached age 65.

Death Benefits After Retirement - The normal form of benefit payments under the Plan is payments for the lifetime of the participant only. However, unless a specific election to the contrary is made, benefits to participants who are married as of the date their benefit payments are scheduled to commence will be payable in an actuarially reduced amount under the 50% joint and survivor "automatic" form of payment. In addition, a joint and survivorship option with 50% or 100% continuation, and a ten-year certain and life option are available for election by the participant on an actuarially equivalent basis.

Vesting - Eligible employees become fully vested under the Plan upon completion of five years of service.

Subsequent Events - In preparing these financial statements, management has evaluated subsequent events through September 29, 2010, the date the financial statements were available to be issued.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The Plan uses the accrual basis of accounting for plan transactions.

Investments - 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. The following is a description of the valuation methodology used for assets measured at fair value.

Money market and mutual funds are valued at the net asset value of shares held by the Plan at year end as reported in the active market in which the funds are traded.

The method 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.

Purchases and sales of securities are recorded on the trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits - Benefit payments to participants are recorded when paid.

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

Risks and Uncertainties - Contributions to the Plan and the actuarial present value of accumulated plan benefits are determined based upon certain assumptions pertaining to interest rates, inflation rates and employee compensation and demographics, all of which are subject to change. Due to uncertainties inherent in the estimation process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term, and those changes could materially affect the amounts reported in the statements of net assets available for benefits.

NOTE 3 - INCOME TAX STATUS

The Plan obtained its latest determination letter on July 11, 2002, in which the Internal Revenue Service stated that the Plan and the related trust, as then designed, were in compliance with applicable requirements of the Internal Revenue Code (the Code). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, the plan administrator believes the Plan was qualified and the related trust was tax exempt as of the financial statement date.

NOTE 4 - CERTIFICATION BY THE INVESTMENT TRUSTEE

Information presented in the accompanying statements and schedules as of and for the years ended December 31, 2009 and 2008, for investments and investment income was derived, without audit, from information certified to be complete and accurate by State Street Bank and Trust Company (State Street), the trustee, as permitted by the election made by the plan administrator under 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

NOTE 5 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered as of the benefit information date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances - retirement, death, disability and termination of employment - are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits as determined by the Plan's independent actuary is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

NOTE 5 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

The significant actuarial assumptions used in the valuations as of December 31, 2009 and 2008, are as follows:

	December 31, 2009	December 31, 2008
Mortality rates	The prescribed mortality assumption under Section 430(h)(3)(A) of the Code using the blended static table option for smaller plans	The prescribed mortality assumption under Section 430(h)(3)(A) of the Code using the blended static table option for smaller plans
Discount rate	8% per annum	8% per annum
Retirement age	65	65

NOTE 6 - FUNDING POLICY

The Company has voluntarily agreed to make annual contributions to the Plan sufficient to provide the Plan with assets with which to pay pension benefits to plan participants. The amounts contributed to the Plan are determined by the Company on the basis of (a) annual actuarial valuations of the Plan by an independent consulting actuary, (b) the maximum amount permitted by law or regulation as a Federal income tax deduction, and (c) the minimum amount certified by the actuary as necessary during any plan year to avoid an accumulated funding deficiency as defined by ERISA. Based upon valuations as of January 1, 2009 and 2008, contributions of $900,000 and $-0- were made for 2009 and 2008, respectively. The Plan has met the minimum funding requirements of ERISA for the years ended December 31, 2009 and 2008.

NOTE 7 - INVESTMENTS

Investments representing 5% or more of the Plan's net assets available for benefits at December 31, 2009 were as follows:

	Shares		Amount
Money market fund:			
SSGA Institutional Government Money Market	554,642	$	554,642
Mutual funds:			
SEI Core Fixed Income Fund	214,595		2,152,391
SEI International Equity Fund	79,350		562,595
SEI Small/Mid Cap Equity Fund	109,788		1,102,271
SEI Large Cap Disciplined Equity Fund	249,729		2,232,573

Investments representing 5% or more of the Plan's net assets available for benefits at December 31, 2008 were as follows:

	Shares		Amount
Money market fund:			
SSGA Institutional Government Money Market	595,096	$	595,096
Mutual funds:			
SEI Core Fixed Income Fund	151,768		1,390,199
SEI International Equity Fund	68,583		398,470
SEI Small/Mid Cap Equity Fund	100,950		739,961
SEI Large Cap Disciplined Equity Fund	214,181		1,561,381

NOTE 8 - FAIR VALUE MEASUREMENTS

Generally accepted accounting principles establish 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 this standard are described below:

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.

NOTE 8 - FAIR VALUE MEASUREMENTS (Continued)

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 within 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.

	December 31, 2009			
	Level 1	**Level 2**	**Level 3**	**Total**
Money market fund	$ 554,642	$ -	$ -	$ 554,642
Mutual funds	6,049,830	-	-	6,049,830
Total Assets at Fair Value	$ 6,604,472	$ -	$ -	$ 6,604,472

	December 31, 2008			
	Level 1	**Level 2**	**Level 3**	**Total**
Money market fund	$ 595,096	$ -	$ -	$ 595,096
Mutual funds	4,090,011	-	-	4,090,011
Total Assets at Fair Value	$ 4,685,107	$ -	$ -	$ 4,685,107

NOTE 9 - ADMINISTRATIVE EXPENSES

In accordance with the Plan Trust document, expenses incident to the operation of the Plan, including premiums for termination insurance payable to the Pension Benefit Guaranty Corporation (PBGC), fees for professional services and the costs of such other technical or clerical assistance as may be required shall be paid out of the Trust Fund, to the extent not paid for by the employer.

NOTE 10 - PARTY-IN-INTEREST

Certain plan investments are shares of money market and mutual funds managed by affiliates of State Street and SEI Investments Management Corporation (SEI). State Street is a trustee of the Plan and SEI is an investment manager of the Plan, and, therefore, transactions with them qualify as party-in-interest transactions. Trustee and investment management fees paid to State Street or SEI or their affiliates totaled $18,564 and $18,539 for the years ended December 31, 2009 and 2008, respectively.

NOTE 11 - PLAN TERMINATION

In the event the Plan is terminated, the net assets of the Plan will be allocated to the participants and beneficiaries of the Plan in accordance with ERISA and its related regulations and the plan document.

Generally, benefits are provided in the following order:

a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.

b. Other vested benefits insured by the PBGC, a U.S. Government agency, up to the applicable limitations discussed below.

c. All other vested benefits (that is, vested benefits not insured by the PBGC).

d. All nonvested benefits.

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

NOTE 11 - PLAN TERMINATION (Continued)

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

NOTE 12 - DUE FROM OTHER AHLSTROM PLANS

Ahlstrom USA Inc. or its affiliates (the Sponsor) sponsor three defined benefit plans. During prior periods, due to administrative errors made by the trustee, some benefits paid to participants were distributed from the incorrect plans of the Sponsor. In 2009, the Sponsor corrected the error under the Employee Plans Compliance Resolution System (EPCRS) Self-Correction Program (SCP) by transferring the value of the incorrect benefit payments, plus earnings, to the appropriate plans to make each plan whole. As a result, during the 2009 plan year, the Plan received a net amount of $54,826 from The Ahlstrom Group Retirement Plan for U.S. Employees and $365,374 from the Retirement Plan for Hourly Paid Employees of Ahlstrom Filtration LLC - Mount Holly Springs representing corrections through December 31, 2009. As of December 31, 2009, there were no outstanding amounts due from other Ahlstrom Plans and all corrections have been made.

NOTE 13 - SUBSEQUENT EVENT

Effective June 1, 2010, the Plan has changed trustees from State Street Bank and Trust to SEI Trust Company.

RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF
AHLSTROM FILTRATION LLC - MADISONVILLE AND TAYLORVILLE LOCATIONS
FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
DECEMBER 31, 2009

Employer Identification Number: 62-1801781
Plan Number: 003

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	**Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value**	**Cost**	**Current Value**
*	SSGA Institutional Government Money Market	Money market account, 554,642 shares	$ 554,642	$ 554,642
*	SEI Core Fixed Income Fund	Mutual fund, 214,595 shares	2,187,561	2,152,391
*	SEI International Equity Fund	Mutual fund, 79,350 shares	765,254	562,595
*	SEI Small/Mid Cap Equity Fund	Mutual fund, 109,788 shares	1,174,547	1,102,271
*	SEI Large Cap Disciplined Equity Fund	Mutual fund, 249,729 shares	2,667,783	2,232,573
	Total Investments		$ 7,349,787	$ 6,604,472

* Party-in-interest

RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF
AHLSTROM FILTRATION LLC - MADISONVILLE AND TAYLORVILLE LOCATIONS
FORM 5500, SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF
REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2009

Employer Identification Number: 62-1801781
Plan Number: 003

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity in Case of Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
State Street Bank & Trust Co.	SSGA Institutional Government Money Market	$ 1,370,053	$ -	$ -	$ -	$ 1,370,053	$ 1,370,053	$ -
State Street Bank & Trust Co.	SSGA Institutional Government Money Market	-	1,410,496	-	-	1,410,496	1,410,496	-
State Street Bank & Trust Co.	SEI Core Fixed Income Fund	754,797	-	-	-	754,797	754,797	-
State Street Bank & Trust Co.	SEI Core Fixed Income Fund	-	185,302	-	-	201,798	185,302	(16,496)
State Street Bank & Trust Co.	SEI Large Cap Disciplined Equity Fund	316,348	-	-	-	316,348	316,348	-
State Street Bank & Trust Co.	SEI Large Cap Disciplined Equity Fund	-	63,412	-	-	77,771	63,412	(14,359)

RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF
AHLSTROM FILTRATION LLC - MADISONVILLE AND TAYLORVILLE LOCATIONS
FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
DECEMBER 31, 2009

Employer Identification Number: 62-1801781
Plan Number: 003

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	**Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value**	**Cost**	**Current Value**
*	SSGA Institutional Government Money Market	Money market account, 554,642 shares	$ 554,642	$ 554,642
*	SEI Core Fixed Income Fund	Mutual fund, 214,595 shares	2,187,561	2,152,391
*	SEI International Equity Fund	Mutual fund, 79,350 shares	765,254	562,595
*	SEI Small/Mid Cap Equity Fund	Mutual fund, 109,788 shares	1,174,547	1,102,271
*	SEI Large Cap Disciplined Equity Fund	Mutual fund, 249,729 shares	2,667,783	2,232,573
	Total Investments		$ 7,349,787	$ 6,604,472

* Party-in-interest

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26
Schedule of Active Participant Data as of January 1, 2009

	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
Attained Age	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		1		0		0		0		0		0		0		0		0	
25 - 29	0		1		7		0		0		0		0		0		0		0	
30 - 34	0		3		10		4		0		0		0		0		0		0	
35 - 39	0		1		6		6		0		0		0		0		0		0	
40 - 44	0		1		7		5		0		2		0		0		0		0	
45 - 49	0		2		13		3		0		5		2		2		0		0	
50 - 54	0		1		9		10		0		2		1		23		2		0	
55 - 59	0		1		4		1		0		2		5		5		0		0	
60 - 64	0		0		0		1		0		1		1		2		0		0	
65 - 69	0		0		0		0		0		0		0		0		0		0	
70 & Over	0		0		0		0		0		0		0		0		0		0	

Plan Name: Retirement Plan for Hourly Paid Employees of Ahlstrom Filtration LLC – Madisonville and Taylorville Locations
EIN / PN: 62-1801781 / 003
Plan Sponsor: Ahlstrom Filtration LLC
Valuation Date: January 1, 2009

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2009

	Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1	Shortfall	01/01/2009	914,215	7	914,215	162,226
Total					914,215	162,226

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2009

	Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1	Shortfall	01/01/2009	914,215	7	914,215	162,226
Total					914,215	162,226

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25 - Change in Method

The following assumptions and methods were updated to reflect the plan sponsor's elections as communicated in an email dated September 24, 2009:

- The discount rate was changed from the full yield curve as of the December before the valuation date last year to the full yield curve as of the October before the valuation date this year. This change is being made as elected by the plan sponsor and is deemed to be automatically approved by the IRS pursuant to guidance provided in an IRS March 31, 2009 Newsletter.

- Based upon an election by the plan sponsor, the asset valuation method changed from the market value of assets to the method described in IRS Notice 2009-22 which reflects changes made by the Worker, Retiree, and Employer Recovery Act of 2008 (WRERA). Changes in the asset method for plan years beginning in 2009 to any permissible asset method are deemed to be automatically approved by the IRS.

- An expense assumption, equal to the estimated amount of administrative expenses and PBGC premiums to be paid from the Plan, has been included as part of the Target Normal Cost.

- The PBGC Premium Funding Target was changed from the Standard Premium Funding Target to the Alternative Premium Funding Target.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2009

See Appendix A for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

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;
- [X] a single-employer plan;
- [ ] a multiple-employer plan; or
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report;
- [ ] an amended return/report;
- [ ] the final return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here ▶ [ ]

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

Part II Basic Plan Information - enter all requested information

1a Name of plan
RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF AHLSTROM FILTRATION LLC MADISONVILLE & TAYLORVILLE

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 07/01/1960

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

2 ELM STREET

WINDSOR LOCKS CT 06096-2335

2b Employer Identification Number (EIN) 62-1801781

2c Sponsor's telephone number 860-654-8410

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	[signature]	9/29/10	LEONARD H. MIRAHVER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	[signature] TREAS	9/29/10	LEONARD H. MIRAHVER
	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")	3b Administrator's EIN
SAME	3c Administrator's telephone number

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:	4b EIN
a Sponsor's name	4c PN

5 Total number of participants at the beginning of the plan year	5	276
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	126
b Retired or separated participants receiving benefits	6b	46
c Other retired or separated participants entitled to future benefits	6c	99
d Subtotal. Add lines 6a, 6b, and 6c	6d	271
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	3
f Total. Add lines 6d and 6e	6f	274
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)	9b Plan benefit arrangement (check all that apply)
(1) [ ] Insurance	(1) [ ] Insurance
(2) [ ] Code section 412(e)(3) insurance contracts	(2) [ ] Code section 412(e)(3) insurance contracts
(3) [X] Trust	(3) [X] Trust
(4) [ ] General assets of the sponsor	(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) [X] C (Service Provider Information)
- (5) [ ] D (DFE/Participating Plan Information)
- (6) [ ] G (Financial Transaction Schedules)

RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF AHLSTROM FILTRATION LLC - MADISONVILLE AND TAYLORVILLE LOCATIONS FORM 5500, SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS FOR THE YEAR ENDED DECEMBER 31, 2009

Employer Identification Number: 62-1801781
Plan Number: 003

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity in Case of Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
State Street Bank & Trust Co.	SSGA Institutional Government Money Market	$ 1,370,053	$ -	$ -	$ -	$ 1,370,053	$ 1,370,053	$ -
State Street Bank & Trust Co.	SSGA Institutional Government Money Market	-	1,410,496	-	-	1,410,496	1,410,496	-
State Street Bank & Trust Co.	SEI Core Fixed Income Fund	754,797	-	-	-	754,797	754,797	-
State Street Bank & Trust Co.	SEI Core Fixed Income Fund	-	185,302	-	-	201,798	185,302	(16,496)
State Street Bank & Trust Co.	SEI Large Cap Disciplined Equity Fund	316,348	-	-	-	316,348	316,348	-
State Street Bank & Trust Co.	SEI Large Cap Disciplined Equity Fund	-	63,412	-	-	77,771	63,412	(14,359)

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

Ret Plan for Ahlstrom Filtration LLC-Mad&Taylorville

B Three-digit plan number (PN) ▶ 003

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

Ahlstrom Filtration LLC

D Employer Identification Number (EIN)

62-1801781

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**	5,042,201
	b Actuarial value		**2b**	5,546,421
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	40	2,257,334
	b For terminated vested participants	**3b**	81	1,138,610
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		599,311
	(2) Vested benefits	**3c(2)**		2,534,858
	(3) Total active	**3c(3)**	152	3,134,169
	d Total	**3d**	273	6,530,113
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**	8.06 %
6	Target normal cost		**6**	233,073

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 Robert S. Cavaliere RSC — Signature of actuary

7/28/2010 — Date

Robert S. Cavaliere — Type or print name of actuary

08-03325 — Most recent enrollment number

Towers Watson Delaware Inc. — Firm name

(703)258-8000 — Telephone number (including area code)

901 North Glebe Road

Arlington VA 22203 — 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)	1,784,079	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	212,219	0
9	Amount remaining (Item 7 minus item 8)	1,571,860	0
10	Interest on item 9 using prior year's actual return of (26.70)%	(419,671)	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		0
	b Interest on (a) using prior year's effective rate of 6.42 %		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	829,859	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	322,330	0

Part III Funding percentages

14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	80.00 %
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	95.14 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/28/2009	900,000				
			Totals ▶ 18(b)	900,000	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	833,394

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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
0	0	0	0

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code)	21b	3
22 Weighted average retirement age	22	65

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

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)		31	233,073
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	914,215		162,226
b Waiver amortization installment			
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	395,299

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	221,030	0	221,030

36 Additional cash requirement (item 34 minus item 35)	36	174,269
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	833,394
38 Interest-adjusted excess contributions for current year (see instructions)	38	438,095
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 ATTACHMENTS

Statement by Enrolled Actuary

Plan Sponsor	Ahlstrom Filtration LLC
EIN/PN	62-1801781 / 003
Plan Name	Retirement Plan for Hourly Paid Employees of Ahlstrom Filtration LLC – Madisonville and Taylorville Locations
Valuation Date	January 1, 2009
Enrolled Actuary	Robert S. Cavaliere
Enrollment Number	08-03325

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2009

See Appendix A for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26
Schedule of Active Participant Data as of January 1, 2009

Attained Age	Years of Credited Service																	
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		1		0		0		0		0		0		0		0		0	
25 - 29	0		1		7		0		0		0		0		0		0		0	
30 - 34	0		3		10		4		0		0		0		0		0		0	
35 - 39	0		1		6		6		0		0		0		0		0		0	
40 - 44	0		1		7		5		0		2		0		0		0		0	
45 - 49	0		2		13		3		0		5		2		2		0		0	
50 - 54	0		1		9		10		0		2		1		23		2		0	
55 - 59	0		1		4		1		0		2		5		5		0		0	
60 - 64	0		0		0		1		0		1		1		2		0		0	
65 - 69	0		0		0		0		0		0		0		0		0		0	
70 & Over	0		0		0		0		0		0		0		0		0		0	

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2009

	Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1	Shortfall	01/01/2009	914,215	7	914,215	162,226
Total					914,215	162,226

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V - Statement of actuarial assumptions and methods

Plan Sponsor	Ahlstrom Filtration LLC
Plan	The Retirement Plan for Hourly Paid Employees of Ahlstrom Filtration LLC – Madisonville and Taylorville Locations
EIN/PN	62-1801781/003
Discount Rates	Current plan year PPA effective interest rate: 8.06%
	Prior plan year PPA effective interest rate: 6.42%
	Full Yield Curve
	Applicable month: October, 2008
	Transition election: Not applicable

Assumed Cost of Living Adjustments

None

Inclusion Date

The valuation date coincident with or next following the date on which the employee becomes a participant.

Administrative Expenses

$70,000, based upon current year administrative expense estimate provided by plan administrator plus estimated current year PBGC premiums.

Mortality

For all participants: The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using the blended static table option for smaller plans.

SCHEDULE SB ATTACHMENTS

Retirement

It was assumed that participants will retire upon becoming eligible for normal retirement.

Disability Rates

Disabled worker experience under OASDI from 1973 to 1976, published in the Social Security Administration's Actuarial Study No. 75 (June, 1978). A unisex rate has been used based on a population mix of 80% male and 20% female. The rates of disablement have been multiplied by 50% in order to more closely approximate recent group disability experience. The following numbers of disablements and terminations illustrate the disability rates used:

Attained Age	Number of Disablements Per Thousand
20	.640
30	1.055
40	2.140
50	5.285
60	12.74
70	-
80	-

Compensation Increases

Not applicable

Future Increases in Social Security

Not applicable

Future Increases in Maximum Benefits and Plan Compensation Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC Section 415. Plan compensation is limited to the maximum presently allowed under IRC Section 401(a)(17). No provision is made for future increases in the maximum annual benefit or compensations limits.

SCHEDULE SB ATTACHMENTS

Representative Termination Rates (per 100 employees) not Due to Disability, Retirement or Mortality

Attained Age	Males and Females
20	14.9
25	9.9
30	6.9
35	4.9
40	2.8
45	1.7
50	0.4
55	0.0
60 and over	0.0

Form of Payment

Participants are assumed to elect the normal form.

Marriage

It was assumed that 75% of covered employees are married.

Employees

It was assumed that there will be no new or rehired employees.

Plan Compensation

Not applicable

Asset Method

Under this method, the valuation assets are equal to the average of three values (all determined without regard to receivable contributions), the result increased by the discounted present value of contributions expected to be made after the valuation date based on the prior plan year PPA effective interest rate. This amount is then subject to a 10% corridor around the market value of assets (including the discounted present value of receivable contributions) as of the valuation date. The three values used to develop the average value are: the market value of assets as of the current valuation date, the adjusted market value of assets as of the prior valuation date and the adjusted market value of assets as of the second prior valuation date. The adjusted market value as of a relevant valuation date is equal to the market value of assets as of the prior valuation date increased by actual plan contributions and assumed return on plan assets and decreased by actual plan disbursements after

that date until the current valuation date. The assumed rate of return on plan assets for the prior plan year (pursuant to IRS Notice 2009-22) was 6.41%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 8.00%, and the applicable limitation for the plan year, equal to 6.41%. The assumed rate of return on plan assets for the second prior plan year (pursuant to IRS Notice 2009-22) was 6.09%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 8.00%, and the applicable limitation for the plan year, equal to 6.09%. The algebraically equivalent development of this method (pursuant to IRS Notice 2009-22) is shown in Section 2.4.

Participant Data

Employee data was supplied on listings as of the valuation date.

Tax Policy

The actuarial valuation performed for the plan year ending December 31, 2009 is used to determine the maximum deductible contribution for the tax year ending December 31, 2009.

Benefits not Included in Valuation

None.

PBGC Premium Funding Target

The Alternative Premium Funding Target was determined using the assumptions described above.

Nature of Actuarial Calculations

The results documented in this report are estimates based on data that may be imperfect and on assumptions about future events. Certain plan provisions may be approximated or deemed insignificant and therefore are not valued. Assumptions may be made about participant data or other factors. Reasonable efforts were made in this valuation to ensure that items that are significant in the context of the actuarial liabilities or costs are treated appropriately, and not excluded or included inappropriately.

A range of results, different from those presented in this report could be considered reasonable. The numbers are not rounded, but this is for convenience only and should not imply precision, which is not inherent in actuarial calculations. Certain percentages determined in this report, such as the Funding Target Attainment Percentage, are rounded to the nearest .01 % to be consistent with the rounding specified for Schedule SB of the Form 5500.

SCHEDULE SB ATTACHMENTS

The assumptions selected for this valuation other than those prescribed by law, generally reflect long-term average expectations. If overall future plan experience is less favorable than assumed, the relative level of plan costs or contribution requirements determined in this valuation will likely increase in future valuations. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for the measurements (such as the end of an amortization period); and changes in plan provisions or applicable law. It is beyond the scope of this actuarial valuation to analyze the potential range of future pension contributions, but we can do so upon request.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25 - Change in Method

The following assumptions and methods were updated to reflect the plan sponsor's elections as communicated in an email dated September 24, 2009:

- The discount rate was changed from the full yield curve as of the December before the valuation date last year to the full yield curve as of the October before the valuation date this year. This change is being made as elected by the plan sponsor and is deemed to be automatically approved by the IRS pursuant to guidance provided in an IRS March 31, 2009 Newsletter.

- Based upon an election by the plan sponsor, the asset valuation method changed from the market value of assets to the method described in IRS Notice 2009-22 which reflects changes made by the Worker, Retiree, and Employer Recovery Act of 2008 (WRERA). Changes in the asset method for plan years beginning in 2009 to any permissible asset method are deemed to be automatically approved by the IRS.

- An expense assumption, equal to the estimated amount of administrative expenses and PBGC premiums to be paid from the Plan, has been included as part of the Target Normal Cost.

- The PBGC Premium Funding Target was changed from the Standard Premium Funding Target to the Alternative Premium Funding Target.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V - Summary of plan provisions

Plan Sponsor

Ahlstrom Filtration LLC

Plan

The Retirement Plan for Hourly Paid Employees of Ahlstrom Filtration LLC – Madisonville and Taylorville Locations.

EIN/PN

62-1801781/003

Effective Date and Most Recent Amendment

The plan was originally effective July 1, 1974, as amended and restated effective July 1, 1984. The plan was last amended effective October 6, 2008.

Plan Year

The twelve-month period ending December 31, 2009.

Coverage and Participation

All hourly paid employees of Ahlstrom Filtration LLC at Chattanooga, Tennessee, Madisonville, Kentucky and Taylorville, Illinois hired or rehired before May 1, 2006.

Normal Retirement Benefit

Eligibility: First day of the month coincident with or next following the participant's 65th birthday.

Benefit: $36.00 per month per year of credited service for participants retiring on or after October 6, 2008.

SCHEDULE SB ATTACHMENTS

Late Retirement

Eligibility: A participant may continue in employment beyond his normal retirement date.

Benefit: Benefit determined under normal retirement benefit formula, based on credited service to actual retirement date.

Early Retirement Benefit

Eligibility: First day of any month following attainment of age 55 and completion of 10 years of continuous service.

Benefit: Benefit determined under normal retirement benefit formula, based on credited service to early retirement date, and commencing, at the election of the participant, either (i) on the first day of any month prior to normal retirement date, but reduced 1/180 per month for each month up to 60 months and 1/360 for each month in excess of 60 months that date of commencement precedes normal retirement date, or (ii) on what would have been the participant's normal retirement date, without such reduction.

Disability Benefit

Eligibility: Upon total and permanent disability (unable to engage in any occupation for wage or profit) lasting at least 6 months, following completion of 15 years of continuous service, provided the individual is eligible for and receiving disability income benefits under the federal Social Security act.

Benefit: The benefit determined under normal retirement benefit formula, based on the credited service to disability date and payable immediately in the full unreduced amount.

Vested Benefits Upon Termination of Service

Eligibility: Upon termination of employment for any reason other than death or retirement after having completed 5 full years of continuous service,

Benefit: A participant shall be entitled to a monthly benefit equal to the benefit determined under normal retirement benefit formula, based on the benefit unit in effect at, and credited service to, date of termination, and commencing, at the election of the participant, either (i) upon what would have been the participant's normal retirement date, in the full, unreduced amount, or (ii) if the participant had completed 10 full years of continuous service, on the first day of any month after attainment of age 55, but reduced as in early retirement benefit.

Death Prior to Commencement: Upon the death of a former participant who is eligible for a deferred retirement benefit, the surviving spouse will receive a monthly benefit equal to 50% of the benefit that would have been payable to the participant for his lifetime only had he elected to have benefit payments commence on the first day of the month after he reached age 65. This survivor benefit shall commence on the later of (i) the first day of the month following the former participant's death, and (ii) the participant's earliest early retirement date (normal retirement date if the former participant had less than 10 years of continuous service at date of termination).

Death Benefits for Participants in Active Service

Upon the death of a participant who has reached age 55 and completed 10 years of continuous service, or who has reached his normal retirement age, the surviving spouse will receive a monthly benefit, payable for life, equal to 50% of the unreduced benefit determined under normal retirement benefit formula, based on the deceased participant's credited service to date of death and commencing immediately.

Upon the death of a participant before termination of employment and before age 55, but after the completion of 10 years of continuous service, the surviving spouse will receive a monthly benefit, commencing on the first of the month following the date the participant would have attained age 55 and payable for life, equal to 50% of the benefit that would have been payable to the participant for his lifetime only had he terminated employment as of his date of death and elected to have benefit payments commence on the first day of the month after he reached age 65.

Upon the death of a participant before termination of employment and after the completion of 5 years, but less than 10 years, of continuous service, his surviving spouse will receive a monthly benefit, commencing on what would have been the participant's normal retirement date and payable for life, equal to 50% of the benefit that would have been payable to the participant for his lifetime only had he terminated employment as of his date of death and elected to have benefit payments commence on the first day of the month after he reached age 65.

Optional Forms of Retirement Income in Lieu of Normal Form

The normal form of benefit payments under the plan is payments for the lifetime of the participant only. However, unless a specific election to the contrary is made, benefits to participants who are married as of he date their benefit payments are scheduled to commence will be payable in an actuarially reduced amount under the 50% joint and survivor "automatic" form of payment.

In addition, a joint and survivorship option with 50%, 66-2/3% or 100% continuation, and a 10-year certain and life option are available for election by the participant on an actuarially equivalent basis.

Plan Participants' Contributions

None

SCHEDULE SB ATTACHMENTS

Changes in Plan Provisions since Last Actuarial Valuation

The monthly benefit unit was increased from $35.00 per month per year of credited service for participants retiring on or after October 1, 2005 to $36.00 per month per year of credited service for participants retiring on or after October 6, 2008.