

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
--	--	---

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: <div><div>☐ a multiemployer plan;</div><div>☒ a single-employer plan;</div><div>☐ a multiple-employer plan; or</div><div>☐ a DFE (specify) ____</div></div>
B	This return/report is: <div><div>☐ the first return/report;</div><div>☐ the final return/report;</div><div>☐ an amended return/report;</div><div>☐ a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: <div><div>☒ Form 5558;</div><div>☐ automatic extension;</div><div>☐ the DFVC program;</div><div>☐ special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information
1a	Name of plan BERLIN FOUNDRY CORPORATION RETIREMENT INCOME PLAN
1b	Three-digit plan number (PN) ▶ 003
1c	Effective date of plan 07/01/1972
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) BOARD OF TRUSTEES GREATER WISCONSIN EMPLOYER-UNION PENSION TRUST FUND 11431 N. PORT WASHINGTON ROAD SUITE 202 MEQUON, WI 53092-3449
2b	Employer Identification Number (EIN) 39-6188024
2c	Sponsor's telephone number 262-241-1670
2d	Business code (see instructions) 331500

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.	10/07/2010	DAWN S BRETZEL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2010	DENNIS LATUS
	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") BOARD OF TRUSTEES GREATER WISCONSIN EMPLOYER-UNION 11431 N. PORT WASHINGTON ROAD SUITE 202 MEQUON, WI 53092-3449	3b Administrator's EIN 39-6188024 3c Administrator's telephone number 262-241-1670
--	---

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	496
---	----------	-----

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	240
b Retired or separated participants receiving benefits.....	6b	104
c Other retired or separated participants entitled to future benefits.....	6c	158
d Subtotal. Add lines 6a , 6b , and 6c	6d	502
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	
f Total. Add lines 6d and 6e	6f	502
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	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
--	----------	--

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

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

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

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

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
---	--

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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 <u>BERLIN FOUNDRY CORPORATION RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BOARD OF TRUSTEES GREATER WISCONSIN EMPLOYER-UNION PENSION TRUST FUND</u>	D Employer Identification Number (EIN) <u>39-6188024</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>
2	Assets:
a	Market value 2a <u>6459978</u>
b	Actuarial value 2b <u>7105975</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>104</u> <u>3060747</u>
b	For terminated vested participants 3b <u>158</u> <u>1331643</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>187562</u>
(2)	Vested benefits 3c(2) <u>3821894</u>
(3)	Total active 3c(3) <u>240</u> <u>4009456</u>
d	Total 3d <u>502</u> <u>8401846</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>8.19</u> %
6	Target normal cost 6 <u>287436</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>09/24/2010</u>
Signature of actuary	Date
<u>DAVID N STROM, FSA, MAAA</u>	<u>08-02851</u>
Type or print name of actuary	Most recent enrollment number
<u>THE SEGAL COMPANY</u>	<u>312-984-8550</u>
Firm name	Telephone number (including area code)
<u>101 NORTH WACKER DRIVE</u> <u>CHICAGO, IL 60606-1724</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	830293	
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	510168	
9	Amount remaining (Item 7 minus item 8).....	320125	
10	Interest on item 9 using prior year's actual return of <u>-25.90</u> %	-82912	
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 <u>6.12</u> %		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.....		
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	237213	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	81.75 %
15	Adjusted funding target attainment percentage.....	15	81.75 %
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	89.45 %
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
07/14/2009	13180				
10/12/2009	72300				
01/11/2010	110481				
09/15/2010	81656				
			Totals ►	18(b)	277617
				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 253947
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	

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

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ 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) ☐ 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	
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	287436
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1028973	203589
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	491025
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	237213	
36 Additional cash requirement (item 34 minus item 35).....	36	253812
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	253947
38 Interest-adjusted excess contributions for current year (see instructions).....	38	135
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	

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	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 BERLIN FOUNDRY CORPORATION RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES GREATER WISCONSIN EMPLOYER-UNION PENSION TRUST FUND	D Employer Identification Number (EIN) 39-6188024

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

RUSSELL INVESTMENT GROUP

91-1117282

(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?
28	INVESTMENT MANAGER	38276	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE SEGAL GROUP, INC

13-1975125

(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	ACTUARY	38685	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PREVIANT GOLDBERG

39-1211596

(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	ATTORNEY	6400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2009</div> 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 <u>BERLIN FOUNDRY CORPORATION RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES GREATER WISCONSIN EMPLOYER-UNION PENSION TRUST FUND</u>	D Employer Identification Number (EIN) <u>39-6188024</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL CONCENTRATED EQUITY FUND</u>			
b Name of sponsor of entity listed in (a): <u>RUSSELL TRUST COMPANY</u>			
c EIN-PN <u>91-1117282-042</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>222875</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL EQUITY I FUND</u>			
b Name of sponsor of entity listed in (a): <u>RUSSELL TRUST COMPANY</u>			
c EIN-PN <u>91-1117282-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>967702</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL EQUITY II FUND</u>			
b Name of sponsor of entity listed in (a): <u>RUSSELL TRUST COMPANY</u>			
c EIN-PN <u>91-1117282-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>300085</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL GLOBAL REAL ESTATE SEC FUND</u>			
b Name of sponsor of entity listed in (a): <u>RUSSELL TRUST COMPANY</u>			
c EIN-PN <u>91-1117282-041</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>726695</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL INTERNATIONAL FUND</u>			
b Name of sponsor of entity listed in (a): <u>RUSSELL TRUST COMPANY</u>			
c EIN-PN <u>91-1117282-005</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>894432</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL LONG DURATION BOND FUND</u>			
b Name of sponsor of entity listed in (a): <u>RUSSELL TRUST COMPANY</u>			
c EIN-PN <u>26-6609096-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3677415</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 1000 INDEX FUND</u>			
b Name of sponsor of entity listed in (a): <u>RUSSELL TRUST COMPANY</u>			
c EIN-PN <u>91-1117282-033</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>296900</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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 BERLIN FOUNDRY CORPORATION RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES GREATER WISCONSIN EMPLOYER-UNION PENSION TRUST FUND	D Employer Identification Number (EIN) 39-6188024	

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	31966	34535
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		192136
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	12430	6332
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	6434257	7384530
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	778	847
f Total assets (add all amounts in lines 1a through 1e)	1f	6479431	7618380

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	19453	12195
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	19453	12195

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	6459978	7606185
---	-----------	---------	---------

Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	277617	
(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)		277617

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		

(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)		1403124
(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1680741

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	364864	
(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)		364864
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)	46461	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	38276	
(4) Other	2i(4)	84933	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		169670
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		534534

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1146207
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) ☐ Disclaimer (4) ☐ Adverse

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

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

(1) Name: FREYBERG HINKLE ET AL

(2) EIN: 39-1531945

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.		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)

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 <u>BERLIN FOUNDRY CORPORATION RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES GREATER WISCONSIN EMPLOYER-UNION PENSION TRUST FUND</u>	D Employer Identification Number (EIN) <u>39-6188024</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>39-6188024</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3 <u>0</u>

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

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

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

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

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

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

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

INDEPENDENT AUDITOR'S REPORT

**BERLIN FOUNDRY CORPORATION
RETIREMENT INCOME PLAN**

DECEMBER 31, 2009

TABLE OF CONTENTS

	<u>Page</u>
Independent Auditor's Report	1
Financial Statements	
Statements of Net Assets Available for Benefits	Exhibit I 2
Statements of Changes in Net Assets Available for Benefits	Exhibit II 3
Notes to Financial Statements	4 - 10
Additional Information	
Schedule of Assets Held at End of Year	Schedule 1 11
Schedule of Reportable Transactions	Schedule 2 12
Schedules of Administrative Expenses	Schedule 3 13
Historical Summary	Schedule 4 14

INDEPENDENT AUDITOR'S REPORT

Plan Administrator and Board of Trustees
The Greater Wisconsin Employer-Union
Pension Trust Fund

We have audited the statements of net assets available for benefits of the Berlin Foundry Corporation Retirement Income Plan (the Plan) as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the Berlin Foundry Corporation Retirement Income Plan as of December 31, 2009 and 2008, and the changes in its financial status for the years then ended in conformity with U.S. generally accepted accounting principles.

Our audits were performed for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules as detailed in the table of contents are presented for the purpose of additional analysis and are not a required part of the basic financial statements. These supplemental schedules are the responsibility of the Plan's management. The supplemental schedules have been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Brookfield, Wisconsin
June 25, 2010

*Freyberg Hinkle
Ashland Powers & Stowell, S.C.*

(1)

BERLIN FOUNDRY CORPORATION
RETIREMENT INCOME PLAN

Statements of Net Assets Available for Benefits
December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
ASSETS		
Investments, at fair value		
Russell Trust Company		
Commingled Trust Funds	\$ <u>7,384,530</u>	\$ <u>6,434,257</u>
Receivables		
Due from Greater Wisconsin Employer-		
Union Pension Trust Fund	\$ 6,332	\$ 12,430
Employer contributions	<u>192,136</u>	
Total receivables	\$ <u>198,468</u>	\$ <u>12,430</u>
Cash		
Checking account	\$ <u>34,535</u>	\$ <u>31,966</u>
Prepaid expenses	\$ <u>847</u>	\$ <u>778</u>
Total assets	\$ <u>7,618,380</u>	\$ <u>6,479,431</u>
LIABILITIES		
Accounts payable	\$ <u>12,195</u>	\$ <u>19,453</u>
Net assets available for benefits	\$ <u><u>7,606,185</u></u>	\$ <u><u>6,459,978</u></u>

The accompanying notes are an integral part of these financial statements.

BERLIN FOUNDRY CORPORATION
RETIREMENT INCOME PLAN

Statements of Changes in Net Assets
Available for Benefits
For the Years Ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Additions to net assets		
Investment earnings (loss)		
Russell Trust Company		
Commingled Trust Funds	\$ 1,403,124	\$ (2,294,829)
Glenwood Institutional Fund, Ltd.		64
	<u>\$ 1,403,124</u>	<u>\$ (2,294,765)</u>
Less investment expenses	<u>(38,276)</u>	<u>(46,524)</u>
Net investment income (loss)	\$ 1,364,848	\$ (2,341,289)
Employer contributions	<u>277,617</u>	
Total additions (reductions)	<u>\$ 1,642,465</u>	<u>\$ (2,341,289)</u>
Deductions from net assets		
Benefits paid to participants	\$ 364,864	\$ 365,773
Administrative expenses	<u>131,394</u>	<u>112,631</u>
Total deductions	<u>\$ 496,258</u>	<u>\$ 478,404</u>
Net increase (decrease) in net assets available for benefits	\$ 1,146,207	\$ (2,819,693)
Net assets available for benefits		
Beginning of year	<u>6,459,978</u>	<u>9,279,671</u>
End of year	<u><u>\$ 7,606,185</u></u>	<u><u>\$ 6,459,978</u></u>

The accompanying notes are an integral part of these financial statements.

BERLIN FOUNDRY CORPORATION
RETIREMENT INCOME PLAN

Notes to Financial Statements
December 31, 2009 and 2008

1. Description of the Plan

The following brief description of the Plan is provided for general information purposes only. Participants should refer to the Plan document for additional information.

General

The Plan is a defined benefit plan covering Grede Wisconsin Subsidiaries, LLC (Company) employees who are represented by the United Steelworkers of America AFL-CIO for collective bargaining purposes.

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

Administration

The Plan's assets available for pension benefits are held in a fund administered by the Greater Wisconsin Employer-Union Pension Trust Fund (Trustee). The Plan has an agreement with the Trustee to hold, invest, and distribute the Plan's assets under the provision of the Plan agreement. Additionally, the Trustee provides certain services relative to the administration of the Plan.

Pension benefits

The normal retirement benefit is attained at age 65, although the Plan permits an early retirement benefit at age 60 for those participants with twelve or more years of service. Any participant active July 1, 1989 or after will receive \$14.00 per month for each service unit earned after July 1, 1972, the effective date of the Plan (future accrual service units). Effective June 17, 1997, the benefit level increased to \$16.00 per month for each service unit, and effective October 1, 2002, the benefit level increased to \$18.00 per month for each service unit. In addition to the pension benefits for future accrual service units earned after the effective date of the Plan, participants receive pension benefits of \$1.00 per month for each year of service earned prior to the effective date of the Plan (past accrual service units).

If early retirement is taken, the amount of the monthly pension benefits is reduced by 5% for each year prior to the normal retirement age. Participants retiring after the normal retirement age receive increased benefits of 6%-10% for each year their actual retirement age follows the normal retirement age.

Disability benefits

Active participants with ten or more years of service are entitled to disability benefits if they become permanently and totally disabled. The monthly disability benefits are equal to the participant's accrued monthly pension benefits as of the date of disability. Disability payments are paid until normal retirement age at which time participants begin receiving normal pension benefits.

Death benefits

Survivor death benefits are payable to surviving spouses of participants who were vested prior to their death and had not met the age and service requirements for early retirement. Monthly surviving spouse benefits, payments of which are deferred to the participant's earliest retirement date, are equal to one-half of the participant's accrued monthly pension benefits as of the date of death under the one-half survivorship option.

BERLIN FOUNDRY CORPORATION
RETIREMENT INCOME PLAN

Notes to Financial Statements
December 31, 2009 and 2008

1. Description of the Plan (continued)

Vesting

Active participants become 100% vested after five years of service. Participants terminating with less than five years of service forfeit the rights to their accumulated pension benefits.

2. Summary of significant accounting policies

Basis of accounting

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting.

Use of estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Accordingly, actual results may differ from those estimates.

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for a discussion of fair value measurements.

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

Administrative expenses

In addition to administrative expenses incurred and paid for directly by the Plan, certain services and expenses are paid by the Trustee and allocated to the related pension funds based on number of participants.

Date of management's review

The Plan has evaluated the need for disclosures and/or adjustments resulting from subsequent events through June 25, 2010, the date which the financial statements were available to be issued. Based on this evaluation, no adjustments were required to the financial statements as of December 31, 2009.

3. Funding policy

The Plan's funding policy is that the Union and Company agree upon a multiplier and the Trustees set an amount to be contributed to the Plan by the Company periodically, which is at least as much as required by law.

BERLIN FOUNDRY CORPORATION
RETIREMENT INCOME PLAN

Notes to Financial Statements
December 31, 2009 and 2008

4. Retiree allocated contracts

Certain retired Company employees are covered under a prior pension plan, which in turn is covered by “allocated” contracts with an insurance company. The insurance company has retained and guaranteed these retiree payments.

5. Investments

The Plan’s investment earnings (losses), including interest, dividends, and gains and losses on investments bought and sold, as well as held during the year was \$1,403,124 and \$(2,294,765) for the years ended December 31, 2009 and 2008 and is summarized as follows:

	<u>2009</u>	<u>2008</u>
Russell Trust Company		
Commingled Trust Funds	\$ 1,403,124	\$ (2,294,829)
Glenwood Institutional Fund, Ltd.		64
	<u>\$ 1,403,124</u>	<u>\$ (2,294,765)</u>

Investments that represent 5% or more of the Plan’s net assets at December 31, 2009 and 2008 are as follows:

	<u>2009</u>		<u>2008</u>	
	<u>No. Shares</u>	<u>Fair Value</u>	<u>No. Shares</u>	<u>Fair Value</u>
Investments, at fair value				
Russell Trust Company				
Commingled Trust Funds				
Russell Equity I Fund	23,870	\$ 967,702	29,267	\$ 911,129
Russell Global Real Estate				
Securities Fund	54,516	726,695	67,026	654,177
Russell International Fund	21,589	894,433	20,623	641,184
Russell Large Cap Structured				
Equity Fund			52,666	390,256
Russell Long Duration Fixed				
Income Fund	261,552	3,677,415	182,643	2,286,688
Russell Multi-Manager Bond Fund			63,344	768,263

BERLIN FOUNDRY CORPORATION
RETIREMENT INCOME PLAN

Notes to Financial Statements
December 31, 2009 and 2008

6. Fair value measurements

U.S. generally accepted accounting principles, *Fair Value Measurements*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The following describes the three levels of fair value hierarchy:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
- Level 2 Inputs to the valuation methodology include:
- Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset 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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Russell Trust Company: Russell Trust Company is the trustee and investment manager of the Commingled Employee Benefits Funds which offers participation in forty-seven collective, common or commingled trust funds providing various investment objectives to ERISA qualified purchasers. Securities are valued on the basis of market valuations provided by independent pricing services when such prices are available and reliable. If market quotations are not readily available for a security or if subsequent events suggest that a market quotation is not reliable, fair value is determined, using procedures established by and under the general supervision of the trustee. The trustee may involve subjective judgments as to the fair value of securities.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values, and are not necessarily an indication of the risk associated with investing in those securities. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with those of 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.

BERLIN FOUNDRY CORPORATION
RETIREMENT INCOME PLAN

Notes to Financial Statements
December 31, 2009 and 2008

6. Fair value measurements (continued)

The following summarizes by level, within fair value hierarchy, the Plan's assets at fair value as of December 31, 2009:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Russell Trust Company				
Commingled Trust Funds	\$ <u> </u>	\$ <u>7,384,530</u>	\$ <u> </u>	\$ <u>7,384,530</u>

7. Actuarial present value of accumulated plan benefits

Accumulated plan benefits as of valuation dates, January 1, 2010 and 2009, using an interest rate assumption of 7.50% at 2010 and 2009 are as follows:

	<u>2010</u>	<u>2009</u>
Vested benefits		
Retired participants	\$ 3,157,516	\$ 2,984,895
Other participants	<u>5,420,301</u>	<u>5,205,984</u>
	\$ 8,577,817	\$ 8,190,879
Nonvested benefits	<u>82,848</u>	<u>117,249</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 8,660,665</u>	<u>\$ 8,308,128</u>

The above calculations were determined by the actuary for the Plan using the unit credit actuarial cost method. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The actuary is responsible for the computation of the necessary funding provisions of ERISA as they apply to the Plan.

BERLIN FOUNDRY CORPORATION
RETIREMENT INCOME PLAN

Notes to Financial Statements
December 31, 2009 and 2008

7. Actuarial present value of accumulated plan benefits (continued)

The actuarial present value of accumulated plan benefits changed during the years ended December 31, 2009 and 2008 as follows:

	<u>2009</u>	<u>2008</u>
Value at beginning of year	\$ 8,308,128	\$ 8,207,049
Increase (decrease) attributable to:		
Interest	608,287	640,714
Benefits accumulated and actuarial experience	109,114	36,570
Benefits paid	(364,864)	(365,773)
Change in actuarial assumption	<u>(210,432)</u>	<u>(210,432)</u>
Value at end of year	\$ <u>8,660,665</u>	\$ <u>8,308,128</u>

Additional pertinent actuarial information is contained in the actuarial report dated June 16, 2010, presenting the results of the actuarial valuations of the Plan as of January 1, 2010.

8. Tax status

The Internal Revenue Service issued its latest determination letter dated May 4, 2010, applicable to amendments adopted through November 6, 2009, which states that the Plan and related trust continue to qualify under the applicable sections of the Internal Revenue Code. The Trustees believe that the Plan continues to qualify and operate as designed.

9. Related-party transactions

Certain plan investments are shares of commingled trust funds managed by the Russell Investment Company Commingled Employee Benefit Funds Trust. Russell Trust Company is the investment manager as defined by the Plan, and therefore these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management services amounts to \$38,276 and \$45,660 for the years ended December 31, 2009 and 2008.

BERLIN FOUNDRY CORPORATION
RETIREMENT INCOME PLAN

Notes to Financial Statements
December 31, 2009 and 2008

10. Subsequent event and Plan termination

The Company notified the Pension Benefit Guaranty Corporation (PBGC) that the Company, through its parent corporation, filed Chapter 11 Bankruptcy on March 12, 2007. In April 2007 the Company's plan to recapitalize debt to equity was approved in federal court. In February 2010 the Company completed a business combination with Grede LLC to become Grede Wisconsin Subsidiaries LLC. There has been no decision made to terminate or merger the Plan.

In the event the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in order of priority determined in accordance with ERISA, applicable regulations thereunder and the Plan document.

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 pension. 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, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits, should the Plan be terminated at some future time, will depend on the sufficiency, at the time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at the time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

11. Risks and uncertainties

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

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

ADDITIONAL INFORMATION

BERLIN FOUNDRY CORPORATION
RETIREMENT INCOME PLAN

**Plan Sponsor: The Greater Wisconsin Employer -
Union Pension Trust Fund**
Plan Sponsor EIN: 39-6188024
Plan Number: 003

Schedule H, Line 4i - Schedule of Assets Held at End of Year
December 31, 2009

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investments Par Value, Interest Rate, Maturity Date, and Number of Shares	Cost	Current Value
	Russell Trust Company Commingled Trust Funds			
*	Russell 1000 Index Fund	28,276 shares	\$ 300,000	\$ 296,900
*	Russell Concentrated Equity Fund	21,575 shares	269,074	222,875
*	Russell Equity I Fund	23,870 shares	1,165,630	967,702
*	Russell Equity II Fund	5,921 shares	339,063	300,085
*	Russell Global Real Estate Securities Fund	54,516 shares	767,291	726,695
*	Russell International Fund	21,589 shares	967,994	894,433
*	Russell Long Duration Fixed Income Fund	261,552 shares	2,995,104	3,677,415
*	Russell World Equity Fund	34,660 shares	210,258	298,425
	Total investments		<u>\$ 7,014,414</u>	<u>\$ 7,384,530</u>

* Represents a party-in-interest

See accompanying notes and auditor's opinion.

**BERLIN FOUNDRY CORPORATION
RETIREMENT INCOME PLAN**

**Plan Sponsor: The Greater Wisconsin Employer -
Union Pension Trust Fund
Plan Sponsor EIN: 39-6188024
Plan Number: 003**

**Schedule H, Line 4j - Schedule of Reportable Transactions
For the Year Ended December 31, 2009**

The following series of transactions exceeded 5% of the fair value of Plan assets at January 1, 2009:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets, Interest Rate and Maturity In Case of a Loan	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Russell Trust Company	* Russell Long Duration Fixed Income Fund various purchases	\$ 942,635	\$	\$	\$	\$ 942,635	\$ 942,635	\$
	* Russell Global Real Estate Securities Fund various sales		416,171			563,812	416,171	(147,641)
	* Russell Multi Manager Bond Fund various sales		766,866			795,920	766,866	(29,054)
	* Russell Large Cap Equity Fund various sales		485,863			585,346	485,863	(99,483)

* This party represents a party-in-interest

See accompanying notes and auditor's opinion.

BERLIN FOUNDRY CORPORATION
RETIREMENT INCOME PLAN

Schedules of Administrative Expenses
For the Years Ended December 31, 2009 and 2008

	2009			2008
	Allocated	Direct	Total	
Salaries and wages	\$ 21,935	\$	\$ 21,935	\$ 19,441
Payroll taxes	1,718		1,718	1,522
Employee benefits	12,127		12,127	9,289
Actuarial expense		38,685	38,685	42,047
Legal fees and expenses		6,400	6,400	1,457
Auditing fees	1,095	1,376	2,471	3,069
Office rent	2,670		2,670	2,354
Office supplies	1,116	387	1,503	1,492
Equipment maintenance and rental	813		813	896
Computer expenses	899		899	1,349
Telephone	602		602	595
Insurance				
PBGC		32,863	32,863	21,516
Trustees fiduciary responsibility	5,454		5,454	4,543
Other	185		185	150
Meeting expenses	251		251	196
Travel expenses	291		291	247
Education and training expenses				756
Bank fees	1,266		1,266	969
Dues and subscriptions	166		166	112
Depreciation expense	1,078		1,078	631
Gain on disposals of office equipment	17		17	
Total administrative expenses	\$ <u>51,683</u>	\$ <u>79,711</u>	\$ <u>131,394</u>	\$ <u>112,631</u>

See accompanying notes and auditor's opinion.

BERLIN FOUNDRY CORPORATION
RETIREMENT INCOME PLAN

Historical Summary

	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>
Net assets available for pension benefits at beginning of year	\$ <u>6,459,978</u>	\$ <u>9,279,671</u>	\$ <u>9,260,032</u>	\$ <u>7,511,031</u>
Additions	\$ 1,642,465	\$ (2,341,289)	\$ 437,428	\$ 2,141,073
Deductions	<u>(496,258)</u>	<u>(478,404)</u>	<u>(417,789)</u>	<u>(392,072)</u>
Net increase (decrease) in net assets	\$ <u>1,146,207</u>	\$ <u>(2,819,693)</u>	\$ <u>19,639</u>	\$ <u>1,749,001</u>
Net assets available for pension benefits at end of year	\$ <u><u>7,606,185</u></u>	\$ <u><u>6,459,978</u></u>	\$ <u><u>9,279,671</u></u>	\$ <u><u>9,260,032</u></u>
Actuarial present value of accumulated pension benefits				
Vested benefits	\$ 8,577,817	\$ 8,190,879	\$ 8,009,179	\$ 7,402,018
Nonvested benefits	<u>82,848</u>	<u>117,249</u>	<u>197,870</u>	<u>149,024</u>
Total	\$ <u><u>8,660,665</u></u>	\$ <u><u>8,308,128</u></u>	\$ <u><u>8,207,049</u></u>	\$ <u><u>7,551,042</u></u>
Excess (deficit) of net assets available for pension benefits over accumulated pension benefits	\$ <u><u>(1,054,480)</u></u>	\$ <u><u>(1,848,150)</u></u>	\$ <u><u>1,072,622</u></u>	\$ <u><u>1,708,990</u></u>
Number of participants (audited)				
Active participants	159	240	234	229
Inactive participants eligible for future pension benefits	175	158	159	148
Participants receiving current pension benefits	111	104	103	100

See accompanying notes and auditor's opinion.

SUMMARY OF PLAN PROVISIONS – (2009 Schedule SB, Part V)

Berlin Foundry Corporation Retirement Income Plan, EIN: 39-6188024 / PN: 003

A. Summary of Plan Provisions

This subsection summarizes the major provisions of the plan as included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

PLAN STATUS: ONGOING	
Normal retirement:	
Age requirement:	65
Service requirement:	5 years of vesting service or 5 years of plan participation
Amount:	\$1 multiplied by credited past service plus \$18.00 multiplied by credited future service
Late retirement:	
Age requirement:	Retirement after Normal Retirement Date
Service requirement:	5 years of vesting service
Amount:	Greater of accrued benefit on normal retirement date actuarially increased to late retirement date or accrued benefit on late retirement date
Early retirement:	
Age requirement:	60
Service requirement:	12 years of benefit accrual service
Amount:	Regular pension accrued reduced by 5% for each year of age less than 65
Disability:	
Age requirement:	None
Service requirement:	10 years of vesting service
Amount:	Regular pension accrued payable from date of disability to normal retirement date or date of death, whichever is earlier. Upon reaching the normal retirement date, the benefit is converted to a regular pension. If the participant dies before reaching the normal retirement date, the pre-retirement death benefit will be payable to the surviving spouse, if any.

SUMMARY OF PLAN PROVISIONS – (2009 Schedule SB, Part V)

Berlin Foundry Corporation Retirement Income Plan, EIN: 39-6188024 / PN: 003

A. Summary of Plan Provisions *continued*

Vesting:																			
Age requirement:	None																		
Service requirement:	5 years of vesting service																		
Amount:	Regular or early pension accrued based on plan in effect when last active																		
Normal retirement:	Age 65																		
Pre-retirement death benefits:																			
Eligibility:	Qualified married participant vested in an accrued benefit																		
When paid:	The later of the participant's earliest retirement date or the date of death.																		
Amount:	50% of the benefit the employee would have received had he or she survived and retired on the day before the benefit commencement date and elected the 50% joint and survivor annuity.																		
Charge for coverage:	None																		
Post-retirement death benefits:																			
Joint and Survivor:	If married, pension benefits are paid in the form of a joint and 50% survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If rejected, or if not married, benefits are payable for the life of the employee with five years of payment guaranteed, or in any other available optional form elected by the employee in an actuarially equivalent amount.																		
Benefit credit:	Years of service earned according to the following table:																		
	<table><tr><th>Hours Worked</th><th>Years of Benefit Accrual Service</th></tr><tr><td>Less than 180</td><td>None</td></tr><tr><td>180 – 359</td><td>0.1</td></tr><tr><td>360 – 539</td><td>0.2</td></tr><tr><td>540 – 719</td><td>0.3</td></tr><tr><td>720 – 869</td><td>0.4</td></tr><tr><td>870 - 1,979</td><td>1.0</td></tr><tr><td>1,980 - 2,159</td><td>1.1</td></tr><tr><td>Continues in steps of 180</td><td>Continues in steps of 0.1</td></tr></table>	Hours Worked	Years of Benefit Accrual Service	Less than 180	None	180 – 359	0.1	360 – 539	0.2	540 – 719	0.3	720 – 869	0.4	870 - 1,979	1.0	1,980 - 2,159	1.1	Continues in steps of 180	Continues in steps of 0.1
Hours Worked	Years of Benefit Accrual Service																		
Less than 180	None																		
180 – 359	0.1																		
360 – 539	0.2																		
540 – 719	0.3																		
720 – 869	0.4																		
870 - 1,979	1.0																		
1,980 - 2,159	1.1																		
Continues in steps of 180	Continues in steps of 0.1																		

SUMMARY OF PLAN PROVISIONS – (2009 Schedule SB, Part V)

Berlin Foundry Corporation Retirement Income Plan, EIN: 39-6188024 / PN: 003

A. Summary of Plan Provisions *continued*

Participation:	
After completion of one hour of service during a calendar year	
Service:	
Credited Past Service:	Benefit Accrual Service earned before July 1, 1972
Credited Future Service:	Benefit Accrual Service earned after June 30, 1972
Vesting Service:	One year of vesting service for each credit year during the contribution period in which the employee works 180 hours
Forms of benefit:	
Optional forms:	Straight life annuity Life annuity with 60, 120 or 180 payments guaranteed 50%, 66 2/3%, 75% or 100% joint and survivor annuity

BERLIN FOUNDRY CORPORATION
RETIREMENT INCOME PLAN

**Plan Sponsor: The Greater Wisconsin Employer -
Union Pension Trust Fund**
Plan Sponsor EIN: 39-6188024
Plan Number: 003

Schedule H, Line 4i - Schedule of Assets Held at End of Year
December 31, 2009

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investments Par Value, Interest Rate, Maturity Date, and Number of Shares	Cost	Current Value
	Russell Trust Company Commingled Trust Funds			
*	Russell 1000 Index Fund	28,276 shares	\$ 300,000	\$ 296,900
*	Russell Concentrated Equity Fund	21,575 shares	269,074	222,875
*	Russell Equity I Fund	23,870 shares	1,165,630	967,702
*	Russell Equity II Fund	5,921 shares	339,063	300,085
*	Russell Global Real Estate Securities Fund	54,516 shares	767,291	726,695
*	Russell International Fund	21,589 shares	967,994	894,433
*	Russell Long Duration Fixed Income Fund	261,552 shares	2,995,104	3,677,415
*	Russell World Equity Fund	34,660 shares	210,258	298,425
	Total investments		<u>\$ 7,014,414</u>	<u>\$ 7,384,530</u>

* Represents a party-in-interest

See accompanying notes and auditor's opinion.

SCHEDULE OF ACTIVE PARTICIPANT DATA – (2009 Schedule SB, Line 26)

Berlin Foundry Corporation Retirement Income Plan, EIN: 39-6188024 / PN: 003

C. Participants in Active Service by Age and Years of Benefit Service

Age	Years of Service									
	Total	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over
Under 25	38	32	6	0	0	0	0	0	0	0
25-29	27	17	10	0	0	0	0	0	0	0
30-34	27	7	12	4	3	1	0	0	0	0
35-39	20	10	4	2	4	0	0	0	0	0
40-44	23	8	4	2	3	6	0	0	0	0
45-49	21	9	4	1	3	3	1	0	0	0
50-54	18	1	1	2	1	2	1	4	4	2
55-59	34	0	0	0	1	3	2	2	13	13
60-64	29	0	0	2	0	1	1	3	11	11
65-69	3	0	0	0	0	0	0	0	1	2
Total	240	84	41	13	15	16	5	9	29	28

STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS– (2009 Schedule SB, Part V)

Berlin Foundry Corporation Retirement Income Plan, EIN: 39-6188024 / PN: 003

B. Actuarial Assumptions and Methodologies (Funding)

Interest:	<p>The interest rates used for the 2009 plan year are the full spot yield curve in October 2008, which translates to an effective interest rate of 8.19%. (Prior year interest rates were the 24-month average of corporate bond yields ending in January 2008 without phase-in from the current liability rate. The rates were 5.31% for payments in the first 5 years, 5.92% for payments in years 6 – 20, and 6.43% for payments thereafter, which translates to an effective interest rate of 6.12%.)</p> <p>For purposes of calculating the vested funding target for PBGC variable premium, the rates are 6.72% for payments in the first 5 years, 7.12% for payments in years 6-20, and 6.36% for payments thereafter. (Prior year yield curve was 4.93% for payments in the first 5 years, 6.13% for payments in years 6 – 20, and 6.69% for payments thereafter.)</p>																														
Mortality rates:	RP2000 separate annuitant and non-annuitant tables with static projection to 2016 and 2024, respectively. This assumption is one of the choices allowed by the regulations. (Prior year mortality table assumption was similar to this year, except with one less year of projection.)																														
Termination rates:	<table><tr><th>Age</th><th>Male</th><th>Female</th></tr><tr><td>20</td><td>23.25%</td><td>23.25%</td></tr><tr><td>25</td><td>17.00</td><td>17.00</td></tr><tr><td>30</td><td>12.63</td><td>12.63</td></tr><tr><td>35</td><td>9.88</td><td>9.88</td></tr><tr><td>40</td><td>8.13</td><td>8.13</td></tr><tr><td>45</td><td>6.88</td><td>6.88</td></tr><tr><td>50</td><td>5.63</td><td>5.63</td></tr><tr><td>55</td><td>0.00</td><td>0.00</td></tr><tr><td>60</td><td>0.00</td><td>0.00</td></tr></table>	Age	Male	Female	20	23.25%	23.25%	25	17.00	17.00	30	12.63	12.63	35	9.88	9.88	40	8.13	8.13	45	6.88	6.88	50	5.63	5.63	55	0.00	0.00	60	0.00	0.00
Age	Male	Female																													
20	23.25%	23.25%																													
25	17.00	17.00																													
30	12.63	12.63																													
35	9.88	9.88																													
40	8.13	8.13																													
45	6.88	6.88																													
50	5.63	5.63																													
55	0.00	0.00																													
60	0.00	0.00																													

STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS– (2009 Schedule SB, Part V)

Berlin Foundry Corporation Retirement Income Plan, EIN: 39-6188024 / PN: 003

B. Actuarial Assumptions and Methodologies (Funding) *continued*

Disability rates:				
		Age	Male	Female
		20	0.08%	0.10%
		25	0.09	0.11
		30	0.10	0.14
		35	0.12	0.20
		40	0.17	0.27
		45	0.28	0.39
		50	0.51	0.61
		55	0.97	0.94
		60	1.48	1.20
Retirement Age:	Age 65			
Future benefit accruals:	Each employee is assumed to work 2,050 hours per future year			
Unknown data for participants:	Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.			
Percent married:	75%			
Age difference:	Females are 3 years younger than their spouses.			
Administrative expenses:	An expense assumption is required starting in 2009. Plan-related expenses of \$138,000 expected to be paid by the plan during the year were assumed in 2009.			

STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS– (2009 Schedule SB, Part V)

Berlin Foundry Corporation Retirement Income Plan, EIN: 39-6188024 / PN: 003

B. Actuarial Assumptions and Methodologies (Funding) *continued*

Asset method:	Assets are determined by averaging the market value as of the valuation date and the adjusted market values as of the preceding two years. The resulting value is limited to between 90% and 110% of market value of assets. WRERA provides that the averaging method is to be adjusted for expected earnings. The expected earnings are based on an assumed rate of return of 6.43%, not to exceed the applicable PPA third segment rate of 6.43% in 2008. The smoothing period was initialized on January 1, 2008. Note that automatic IRS approval for a change in asset valuation method applies for plan years beginning in 2009.
Funding method:	Funding method is unit credit actuarial cost method, as prescribed by law. The liability is measured on an accrual-to-date basis using mandated mortality tables and interest rates with no salary projection past the end of the year.

SCHEDULE OF AMORTIZATION BASES – (2009 Schedule SB, Line 32)

Berlin Foundry Corporation Retirement Income Plan, EIN: 39-6188024 / PN: 003

F. Shortfall Amortization Bases

Under PPA, the initial unfunded funding target (funding target minus actuarial value of assets net of carryover and prefunding balances) is amortized over seven years. In subsequent years, the unfunded funding target minus the outstanding balance of the prior shortfall bases established is set up as another base and amortized over a new seven-year period. If the unfunded funding target falls below zero (i.e., net assets exceed the funding target), all existing bases are eliminated and no base is established for the current year.

The Plan qualifies for transition relief in 2009 because it did not have a deficit reduction contribution in 2007. The transition percentages (94% in 2009, 96% in 2010 and 100% thereafter) of the funding target are used to determine whether a shortfall amortization base will have to be established. WRERA provides that these transition percentages apply in determining the amount of the shortfall amortization and also apply regardless whether a shortfall amortization base was established in any prior year.

Shortfall Exemption Test as of January 1, 2009

This chart shows whether the Plan is exempt from establishing a shortfall amortization base as of January 1, 2009.

1. Funding target (without at-risk assumptions)	\$8,401,846
2. Actuarial value of assets	7,105,975
3. Prefunding balance (applicable only if the prefunding balance will be used to offset the minimum required contribution or quarterly payments)	<u>0</u>
4. Net plan assets: (2) – (3)	7,105,975
5. Funded percentage: (4) ÷ (1)	84.58%
6. Was Plan subject to deficit reduction contribution in 2007?	No
7. Required transition percentage	94%
8. Exempt from new shortfall amortization base?	No

SCHEDULE OF AMORTIZATION BASES – (2009 Schedule SB, Line 32)

Berlin Foundry Corporation Retirement Income Plan, EIN: 39-6188024 / PN: 003

F. Shortfall Amortization Bases *continued*

Development of Shortfall Amortization as of January 1, 2009

This chart summarizes the development of the current year's shortfall amortization base and shortfall amortization installment.

1. Funding target (without at-risk assumptions)	\$8,401,846
2. Actuarial value of assets	7,105,975
3. Carryover balance and prefunding balance	<u>237,213</u>
4. Net plan assets: (2) – (3)	6,868,762
5. Transition percentage	94%
6. Funding shortfall: [(1) x (5)] – (4), not less than zero	\$1,028,973
7. Present value of outstanding shortfall amortization bases	<u>913,789</u>
8. Shortfall base to be established: (6) – (7)	115,184
9. Shortfall amortization factor for 7 years	5.6066
10. Shortfall amortization installment: (8) ÷ (9)	\$20,544

Schedule of Shortfall Amortization Bases as of January 1, 2009

This chart details the shortfall amortization bases established in current and prior years.

Year Established	Original Base	Present Value of Remaining Installments	Years Remaining	Shortfall Amortization Charge
2009	\$115,184	\$115,184	7	\$20,544
2008	1,094,393	913,789	6	183,045
Total		\$1,028,973		\$203,589

CHANGE IN METHOD – (2009 Schedule SB, Line 25)

Berlin Foundry Corporation Retirement Income Plan, EIN: 39-6188024 / PN: 003

Schedule SB, Line 25 – Change in Method

The actuarial value of assets was changed from market value of assets to a smoothed asset value as of December 31, 2008. Assets are determined by averaging the market value as of the valuation date and the adjusted market values as of the preceding two years. The resulting value is limited to between 90% to 110% of market value of assets. The expected earnings are based on an assumed rate of return of 6.43%, not to exceed the applicable PPA third segment rate of 6.43% in 2008. The smoothing period was initialized on January 1, 2008.

DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE – (2009 Schedule SB, Line 22)

Berlin Foundry Corporation Retirement Income Plan, EIN: 39-6188024 / PN: 003

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

The weighted average retirement age for each participant is calculated as the sum of the product of each potential retirement age times the retirement rate at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages, based on all the active participants included in the January 1, 2009 actuarial valuation.

**BERLIN FOUNDRY CORPORATION
RETIREMENT INCOME PLAN**

Plan Sponsor: The Greater Wisconsin Employer -
Union Pension Trust Fund
Plan Sponsor EIN: 39-6188024
Plan Number: 003

**Schedule H, Line 4j - Schedule of Reportable Transactions
For the Year Ended December 31, 2009**

The following series of transactions exceeded 5% of the fair value of Plan assets at January 1, 2009:

(a) Identity of Party Involved	(b) Description of Assets, Interest Rate and Maturity In Case of a Loan	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Russell Trust Company	* Russell Long Duration Fixed Income Fund various purchases	\$ 942,635	\$	\$	\$	\$ 942,635	416,171	(147,641)
	* Russell Global Real Estate Securities Fund various sales		416,171			563,812		
	* Russell Multi Manager Bond Fund various sales		766,866			795,920	766,866	(29,054)
	* Russell Large Cap Equity Fund various sales		485,863			585,346	485,863	(99,483)

* This party represents a party-in-interest

See accompanying notes and auditor's opinion.
(12)

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 BERLIN FOUNDRY CORPORATION RETIREMENT INCOME PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">B Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center;">003</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>	B Three-digit plan number (PN) ►	003		
B Three-digit plan number (PN) ►	003				
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE GREATER WISCONSIN EMPLOYER-UNION PENSION TRUST	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">D Employer Identification Number (EIN)</td> <td style="width: 40%; text-align: center;">39-6188024</td> </tr> </table>	D Employer Identification Number (EIN)	39-6188024		
D Employer Identification Number (EIN)	39-6188024				
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other					
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500					

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>			
2 Assets:			
a Market value	2a		6459978
b Actuarial value	2b		7105975
3 Funding target/participant count breakdown			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	104	3060747
b For terminated vested participants	3b	158	1331643
c For active participants:			
(1) Non-vested benefits	3c(1)		187562
(2) Vested benefits	3c(2)		3821894
(3) Total active	3c(3)	240	4009456
d Total	3d	502	8401846
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		8.19%
6 Target normal cost	6		287436

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	DAVID N. STROM <i>DNS</i> Signature of actuary	09/24/2010 Date
	DAVID N. STROM, FSA, MAAA Type or print name of actuary	0802851 Most recent enrollment number
	THE SEGAL COMPANY Firm name	312-984-8500 Telephone number (including area code)
	101 NORTH WACKER DRIVE SUITE 500 CHICAGO IL 60606-1724 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)	830293	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	510168	0
9 Amount remaining (Item 7 minus item 8)	320125	0
10 Interest on item 9 using prior year's actual return of <u>-25.90%</u>	-82912	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 <u>6.12%</u>		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	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	237213	0

Part III Funding percentages

14 Funding target attainment percentage	14	81.75 %
15 Adjusted funding target attainment percentage	15	81.75 %
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	89.45 %
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
07/14/2009	13180				
10/12/2009	72300				
01/11/2010	110481				
09/15/2010	81656				
Totals ▶			18(b)	277617	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	253947

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
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
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	287436
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1028973	203589
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	34	491025
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	237213	0
36 Additional cash requirement (item 34 minus item 35)	36	253812
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	253947
38 Interest-adjusted excess contributions for current year (see instructions)	38	135
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