

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☒		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan FILTRONA RICHMOND, INC. PENSION PLAN FOR HOURLY EMPLOYEES 2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) FILTRONA RICHMOND, INC. 1625 ASHTON PARK COLONIAL HEIGHTS, VA 23834-0000	1b Three-digit plan number (PN) ►	002	
	1c Effective date of plan	01/01/1969	
	2b Employer Identification Number (EIN)	54-0574583	
	2c Sponsor's telephone number	804-524-4983	
	2d Business code (see instructions)	326100	

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.	10/13/2010	CYNTHIA M. EDNEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2010	JOHN N. NASHETTE
	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")

FILTRONA RICHMOND, INC.

1625 ASHTON PARK
COLONIAL HEIGHTS, VA 23834-0000**3b** Administrator's EIN

54-0574583

3c Administrator's telephone number

804-524-4983

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**

425

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**

115

b Retired or separated participants receiving benefits.....**6b**

159

c Other retired or separated participants entitled to future benefits.....**6c**

137

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

411

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

9

f Total. Add lines **6d** and **6e**.....**6f**

420

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g****h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....**6h**

0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7****8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1B 1G 3H

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)

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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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 FILTRONA RICHMOND, INC. PENSION PLAN FOR HOURLY EMPLOYEES	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF FILTRONA RICHMOND, INC.	D Employer Identification Number (EIN) 54-0574583
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 01 Day 01 Year 2009	
2	Assets:	
a	Market value	2a 16410049
b	Actuarial value	2b 18051053
3	Funding target/participant count breakdown	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a 159 13809688
b	For terminated vested participants	3b 139 1912560
c	For active participants:	
(1)	Non-vested benefits	3c(1) 179760
(2)	Vested benefits	3c(2) 5268209
(3)	Total active	3c(3) 127 5447969
d	Total	3d 425 21170217
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 8.13 %
6	Target normal cost	6 377855

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	
CHRISTOPHER E. FLOHR	10/06/2010
Signature of actuary	Date
HEWITT ASSOCIATES LLC	08-06359
Type or print name of actuary	Most recent enrollment number
Firm name	571-226-2400
3130 FAIRVIEW PARK DRIVE, SUITE 300 FALLS CHURCH, VA 22042-4529	Telephone number (including area code)
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)	369	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	369	0
10	Interest on item 9 using prior year's actual return of <u>-17.55</u> %	-65	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		191199
b	Interest on (a) using prior year's effective rate of <u>6.12</u> %		11701
c	Total available at beginning of current plan year to add to prefunding balance		202900
d	Portion of (c) to be added to prefunding balance.....		202900
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).....	304	202900

Part III Funding percentages			
14	Funding target attainment percentage.....	14	84.30 %
15	Adjusted funding target attainment percentage.....	15	84.30 %
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	81.06 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2009	299000				
07/14/2009	299000				
10/13/2009	237000				
01/15/2010	51000				
09/07/2010	350000				
			Totals ►	18(b)	1236000
				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 1156116
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 2
22 Weighted average retirement age				22 63
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	377855
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	3322368	678290
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	1056145
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	304	59198
36 Additional cash requirement (item 34 minus item 35).....	36	996643
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	1156116
38 Interest-adjusted excess contributions for current year (see instructions).....	38	159473
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan FILTRONA RICHMOND, INC. PENSION PLAN FOR HOURLY EMPLOYEES		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 FILTRONA RICHMOND, INC.		D Employer Identification Number (EIN) 54-0574583

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

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

FIRST STATE TRUST COMPANY

13-3124172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	TRUSTEE	50186	Yes ☒ No ☐	Yes ☒ No ☐	20844	Yes ☐ No ☒

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

HEWITT & ASSOCIATES

36-2235791

(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	ACTUARIAL	43249	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KEITER STEPHENS

54-1631262

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	5473	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIAMS MULLENS

54-1246519

(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	LEGAL	6721	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN TANLEY SMITH BARNEY HLD LLC

26-4310632

(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?
26 50	INVESTMENT ADV	60935	Yes ☒ No ☐	Yes ☐ No ☒	0	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:

<div>SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>	<div>DFE/Participating Plan 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>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan FILTRONA RICHMOND, INC. PENSION PLAN FOR HOURLY EMPLOYEES		B Three-digit plan number (PN) ► 002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 FILTRONA RICHMOND, INC.		D Employer Identification Number (EIN) 54-0574583
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: CAPITAL PRESERVATION FUND		
b Name of sponsor of entity listed in (a): FIRST STATE TRUST COMPANY		
c EIN-PN 13-3124172-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2356650
a Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY INDEX FUND		
b Name of sponsor of entity listed in (a): FIRST STATE TRUST COMPANY		
c EIN-PN 13-3124172-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4479774
a Name of MTIA, CCT, PSA, or 103-12 IE: BOND INDEX FUND		
b Name of sponsor of entity listed in (a): FIRST STATE TRUST COMPANY		
c EIN-PN 13-3124172-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2539977
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL INDEX FUND		
b Name of sponsor of entity listed in (a): FIRST STATE TRUST COMPANY		
c EIN-PN 13-3124172-009	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1809207
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP INDEX FUND		
b Name of sponsor of entity listed in (a): FIRST STATE TRUST COMPANY		
c EIN-PN 13-3124172-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1253317
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP EQUITY INDEX		
b Name of sponsor of entity listed in (a): FIRST STATE TRUST COMPANY		
c EIN-PN 13-3124172-023	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1425351
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)
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule D (Form 5500) 2009 v.092308.1		

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 <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan <u>FILTRONA RICHMOND, INC. PENSION PLAN FOR HOURLY EMPLOYEES</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FILTRONA RICHMOND, INC.</u>	D Employer Identification Number (EIN) <u>54-0574583</u>	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	<u>269000</u>	<u>401000</u>
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	<u>805790</u>	
(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)	<u>15356764</u>	<u>18039173</u>
(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		
f Total assets (add all amounts in lines 1a through 1e)	1f	16431554	18440173

Liabilities

g Benefit claims payable	1g	20938	23907
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	20938	23907

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	16410616	18416266
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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)	1236000	
(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)		1236000

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	12322	
(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)		12322

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	2577572	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		2577572
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3825894

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1615600	
(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)		1615600
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)	204644	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		204644
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1820244

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2005650
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: KEITER, STEPHENS, HURST, GARY & SHREAVE

(2) EIN: 54-1631262

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		5000000
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.			

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

A Name of plan <u>FILTRONA RICHMOND, INC. PENSION PLAN FOR HOURLY EMPLOYEES</u>	B Three-digit plan number (PN) ► <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FILTRONA RICHMOND, INC.</u>	D Employer Identification Number (EIN) <u>54-0574583</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>13-3124172</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): _____

**FILTRONA RICHMOND, INC. PENSION PLAN
FOR HOURLY EMPLOYEES**

Financial Statements

December 31, 2009 and 2008

FILTRONA RICHMOND, INC. PENSION PLAN FOR HOURLY EMPLOYEES

Table of Contents

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REPORT OF INDEPENDENT ACCOUNTANTS

To the Plan Administrator
Filtrona Richmond, Inc. Pension Plan for Hourly Employees
Colonial Heights, Virginia

We were engaged to audit the financial statements and supplemental information of the Filtrona Richmond, Inc. Pension Plan for Hourly Employees (the "Plan") as of December 31, 2009 and 2008 and for the years then ended, as listed in the Table of Contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 11, which was certified by First State Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee of the Plan holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustee of the Plan as of December 31, 2009 and 2008 and for the years then ended, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Keiter, Stephens, Hunter, Gary & Sheeque, P.C.

October 11, 2010
Glen Allen, Virginia

FILTRONA RICHMOND, INC. PENSION PLAN FOR HOURLY EMPLOYEES

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

	<u>2009</u>	<u>2008</u>
<u>Assets</u>		
Investments, at fair value:	\$ 18,039,173	\$ 16,162,554
Contributions receivable:		
Employer	<u>401,000</u>	<u>269,000</u>
Total assets	18,440,173	16,431,554
<u>Liabilities and Net Assets Available for Benefits:</u>		
Accrued expenses	<u>23,907</u>	<u>20,938</u>
Net assets available for benefits	<u>\$ 18,416,266</u>	<u>\$ 16,410,616</u>

See accompanying notes to financial statements.

FILTRONA RICHMOND, INC. PENSION PLAN FOR HOURLY EMPLOYEES

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

	<u>2009</u>	<u>2008</u>
Additions (deductions) to net assets attributed to:		
Investment income (loss):		
Interest and dividends	\$ 12,322	\$ 285
Net appreciation (depreciation) in fair value of investments	<u>2,577,572</u>	<u>(3,756,299)</u>
Total investment income (loss)	2,589,894	(3,756,014)
Employer contributions	<u>1,236,000</u>	<u>1,432,000</u>
Total additions (deductions)	<u>3,825,894</u>	<u>(2,324,014)</u>
Deductions from net assets attributed to:		
Benefits paid to participants or beneficiaries	1,615,600	1,524,050
Administrative expenses	<u>204,644</u>	<u>226,991</u>
Total deductions	<u>1,820,244</u>	<u>1,751,041</u>
Net decrease	2,005,650	(4,075,055)
Net assets available for benefits:		
Beginning of year	<u>16,410,616</u>	<u>20,485,671</u>
End of year	<u>\$ 18,416,266</u>	<u>\$ 16,410,616</u>

See accompanying notes to financial statements.

FILTRONA RICHMOND, INC. PENSION PLAN FOR HOURLY EMPLOYEES

Notes to Financial Statements

1. Description of Plan:

The following description of the Filtrona Richmond, Inc. Pension Plan for Hourly Employees (the "Plan") provides only general information. Participants should refer to the Plan agreement or summary plan description for a more complete description of the Plan's provisions.

General: The Plan is a defined benefit pension plan covering those employees of Filtrona Richmond, Inc. (the "Company") who meet the eligibility requirements as stated in the Plan. Effective June 1, 2007 the Plan was closed to new entrants. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Pension Benefits: Hourly employees working under a union contract, with 5 or more years of service as defined by the Plan, are entitled to annual pension benefits beginning at normal retirement age (65), equal to the monthly benefit multiplier multiplied by the years of credited service. Credited service is the uninterrupted service from the most recent hire date to the day the employee leaves the employer. The Plan permits early retirement from ages 55 to 64 for employees who have completed 10 years of service. Participants can elect to receive their benefits in one of four options: a single, lump-sum distribution if the participant's accrued pension benefit is \$5,000 or less; annuity payments over the lifetime of the participant; annuity payments over the lifetime of the participant and one or more designated beneficiaries; annuity payments over a certain period not extending beyond the joint life and last survivor expectancy of the participant and one or more designated beneficiaries.

Death Benefits: If a participant dies prior to termination of employment but after completing five years of vesting service, the surviving spouse of the deceased participant shall be entitled to a death benefit in the form of survivor's pension benefit. If the participant dies prior to becoming eligible for an early retirement pension benefit, the amount of the survivor's pension benefit shall be equal to fifty percent of the participant's deferred vested retirement pension benefit as of the date of death, reduced for early retirement to the earliest retirement age and reduced for election of a joint and fifty percent of the contingent survivor option in favor of the spouse at the earliest retirement age.

Disability Benefits: If a participant becomes disabled prior to the normal retirement date but after completing five years of vesting service, the participant shall be entitled to a retirement pension benefit equal to seven-eighths of a normal retirement benefit based on credited years of service following the expiration of six months after disability arises. Disability benefits continue until the participant reaches age 65, at which point the participant would receive their normal retirement benefit.

FILTRONA RICHMOND, INC. PENSION PLAN FOR HOURLY EMPLOYEES

Notes to Financial Statements, Continued

2. Significant Accounting Policies:

The following are the significant accounting policies followed by the Plan:

Basis of Accounting: The financial statements of the Plan are prepared under the accrual basis of accounting.

Investment Valuation and Income Recognition: As further discussed in Note 7, the Plan records investments 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.

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.

Payment of Benefits: Benefits are recorded when paid.

Use of Estimates: The preparation of financial statements in conformity with generally accepted accounting principles ("GAAP") requires management to make estimates and assumptions that affect the reported amounts of Plan assets available for benefits and changes therein and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. Changes in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the accompanying financial statements.

Method of Funding: For 2009 and 2008, the actuarial cost method used in the valuation by the Plan's actuary is the Standard Unit Credit method of funding.

Subsequent Events: Management has evaluated subsequent events through October 11, 2010, the date the financial statements were available to be issued, and has determined there are no subsequent events to be reported in the accompanying financial statements.

3. Contributions:

The Company's funding policy is designed to fund the Plan's normal costs on a current basis and to fund, over a period not in excess of 30 years, the unfunded past service liability, such that all participants' benefits will be fully provided for by the time they retire. The Company's contributions of \$1,236,000 for 2009 and \$1,432,000 for 2008, meet the minimum funding requirements of ERISA.

FILTRONA RICHMOND, INC. PENSION PLAN FOR HOURLY EMPLOYEES

Notes to Financial Statements, Continued

4. Plan Termination:

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Annuity benefits for former participants or their beneficiaries who have been receiving for at least three years, or those participants eligible to retire for that three-year period who would have been receiving benefits if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is further limited to the lowest benefit that would be payable under the provisions in effect at any time during the five years preceding Plan termination.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (the "PBGC"), a U.S. governmental agency, up to the applicable limitations (discussed below).
- c. All other vested benefits (that is, vested benefits not insured by the PBGC).
- d. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan would be guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2009 and 2008, that ceiling, which is adjusted periodically, was \$4,500 and \$4,312 per month, respectively. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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

FILTRONA RICHMOND, INC. PENSION PLAN FOR HOURLY EMPLOYEES

Notes to Financial Statements, Continued

5. Actuarial Present Value of Accumulated Plan Benefits:

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. The accumulated plan benefits for participants are based on demographic assumptions and an assumed interest rate. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to participant service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from Hewitt Associates, LLC and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts of interest) and the probability of payment (by means of decrements such as for death, disability, termination, or retirement) between the valuation date and the expected date of payment. Projected years of service are used only to determine eligibility for a benefit in the future. Valuation results are based on the ultimate monthly benefit multiplier of \$49 per year of service.

Significant actuarial assumptions used in the valuations as of December 31, 2009 and 2008 were:

Assumed rate of return on investments: 7.80% compounded annually for 2009 and 7.75% for 2008.

Mortality: For 2009, the Static Mortality Table Blended for Annuitants and Non-Annuitants. For 2008, the Static Mortality Table Combined for Annuitants and Non-Annuitants.

Disability: For 2009, the Static Mortality Table Blended for Annuitants and Non-Annuitants. For 2008, the Static Mortality Table Combined for Annuitants and Non-Annuitants.

Retirement: Annual retirement rates are according to the following table:

<u>Age</u>	<u>Annual Retirement Rate</u>
55-57	2%
58	3%
59	4%
60-61	9%
62	25%
63-64	12%
65	100%

FILTRONA RICHMOND, INC. PENSION PLAN FOR HOURLY EMPLOYEES

Notes to Financial Statements, Continued

5. Actuarial Present Value of Accumulated Plan Benefits, Continued:

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. 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 accumulated Plan benefits information as of December 31, are as follows:

	<u>2009</u>	<u>2008</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 15,888,945	\$ 14,378,664
Other participants	<u>6,381,785</u>	<u>7,402,801</u>
	22,270,730	21,781,465
Nonvested benefits	<u>219,372</u>	<u>202,786</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 22,490,102</u></u>	<u><u>\$ 21,984,251</u></u>

The change in the actuarial present value of accumulated Plan benefits for 2009 and 2008 consists of the following:

	<u>2009</u>	<u>2008</u>
Actuarial present value of accumulated plan benefits at beginning of year	\$ 21,984,251	\$ 21,870,774
Increase (decrease) during the year attributable to:		
Change in assumptions	(75,109)	(536,603)
Interest due to the decrease in the discount period	1,642,343	1,584,189
Benefits paid	(1,615,600)	(1,524,050)
Other	<u>554,217</u>	<u>589,941</u>
Net increase	<u>505,851</u>	<u>113,477</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 22,490,102</u></u>	<u><u>\$ 21,984,251</u></u>

FILTRONA RICHMOND, INC. PENSION PLAN FOR HOURLY EMPLOYEES

Notes to Financial Statements, Continued

6. Investments:

Investments that represent 5% or more of the Plan's net assets at December 31 are as follows:

	2009	2008
Barclays TIPS Bond Fund	1,781,885	*
MSCI Emerging Markets Index Bond Index Fund	1,106,390	*
Capital Preservation Fund	2,539,977	1,962,900
Equity Index Fund	2,356,650	4,840,847
FSTC Mid-Cap Equity Index	4,479,774	4,981,277
International Index Fund	1,425,351	*
Small Cap Index Fund	1,809,207	2,400,272
	1,253,317	1,171,468

* Represents less than 5% of Plan assets at December 31.

The Plan's investments appreciated (depreciated) in fair value as follows:

	2009	2008
Mutual funds	\$ (49,277)	\$ 18,373
Common/collective trust funds	2,626,849	(3,774,672)
Net appreciation (depreciation) in fair value of investments	<u>\$ 2,577,572</u>	<u>\$ (3,756,299)</u>

7. Fair Value Measurements:

The Financial Accounting Standards Board (FASB) has issued guidance for measurement and disclosure of fair value and establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value as follows:

- 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 Quoted prices for similar instruments in active and inactive markets; and model driven valuations with significant inputs and drivers derived from observable active markets.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Valuation techniques used should maximize the use of observable inputs and minimize the use of unobservable inputs.

FILTRONA RICHMOND, INC. PENSION PLAN FOR HOURLY EMPLOYEES

Notes to Financial Statements, Continued

7. Fair Value Measurements, Continued:

The following is a description of the valuation methodologies used for investments carried or disclosed at fair value:

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

Common/collective trusts: Unit value calculated based on the net assets or observable NAV of the underlying pool of securities or investments.

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

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

	Assets at Fair Value		
	Level 1	Level 2	Total
Assets:			
Mutual funds:			
Fixed income funds	\$ 2,202,515	\$ -	\$ 2,202,515
Blend funds	1,106,390	-	1,106,390
Growth funds	865,992	-	865,992
Common/collective trust funds:			
Fixed income funds	-	4,896,626	4,896,626
Index funds	-	8,967,650	\$ 8,967,650
Total assets at fair value	<u>\$ 4,174,897</u>	<u>\$ 13,864,276</u>	<u>\$ 18,039,173</u>

FILTRONA RICHMOND, INC. PENSION PLAN FOR HOURLY EMPLOYEES

Notes to Financial Statements, Continued

7. Fair Value Measurements, Continued:

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2008:

	Assets at Fair Value		Total
	Level 1	Level 2	
Assets:			
Mutual funds			
Fixed income funds	\$ 805,790	\$ -	\$ 805,790
Common/collective trust funds			
Fixed income funds	-	6,803,747	\$ 6,803,747
Equity funds	-	8,553,017	\$ 8,553,017
Total assets at fair value	<u>\$ 805,790</u>	<u>\$ 15,356,764</u>	<u>\$ 16,162,554</u>

8. Related Party Transactions:

At December 31, 2009 and 2008, several Plan investments are shares of common collective trust funds or mutual funds managed by affiliates of First State Trust Company, the trustee of the Plan, and therefore are considered to be party-in-interest transactions for which statutory exemption exists under the Department of Labor Regulations. Fees paid by the Plan to the trustee amounted to \$93,524 for 2009 and \$103,380 for 2008.

9. Income Tax Status:

The Internal Revenue Service has determined and informed the Company by a letter dated August 19, 2002, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter; however, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

10. Risks and Uncertainties:

The Plan provides for investment in various investment securities. Investments are exposed to various risks such as interest rates, market and credit. Due to the level of risk associated with certain investment securities, and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks could materially affect participants' account balances and the amounts reported in the financial statements.

FILTRONA RICHMOND, INC. PENSION PLAN FOR HOURLY EMPLOYEES

Notes to Financial Statements, Continued

10. Risks and Uncertainties, Continued:

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 participant demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

11. Financial Information Certified by the Trustee:

Information regarding the following, as of and for the years ended December 31, 2009 and 2008, included in the Plan's financial statements and supplemental schedules, was prepared by First State Trust Company, the trustee of the Plan, which has certified that it is complete and accurate:

- Investments, at fair value
- Investment income (loss)
- Schedule of assets held for investment purposes
- Schedule of reportable transactions

SUPPLEMENTAL INFORMATION

FILTRONA RICHMOND, INC. PENSION PLAN FOR HOURLY EMPLOYEES
EIN: 54-0574583 Plan: 002

Schedule H, line 4i — Schedule of Assets (Held at End of Year)
December 31, 2009

(a)	(b) Identity of issuer, borrower, lessor or similar party.	(c) Description of investment including maturity date, rate of interest, collateral, <u>par or</u> <u>maturity value.</u>		
			(d) <u>Cost</u>	(e) <u>Current Value</u>
*	First State Trust Company - Money Market Fund	Mutual fund	\$ 360,280	\$ 360,280
*	First State Trust Company - Prime Obligation Fund	Mutual fund	60,350	60,350
	Barclays TIPS Bond Fund	Mutual fund	1,812,115	1,781,885
	MSCI Emerging Markets Index	Mutual fund	1,086,942	1,106,390
	SPDR Gold Trust Fund	Mutual fund	906,078	865,992
*	First State Trust Company - Bond Index Fund	Common/collective trust	2,191,745	2,539,977
*	First State Trust Company - Capital Preservation Fund	Common/collective trust	1,950,852	2,356,650
*	First State Trust Company - Equity Index Fund	Common/collective trust	4,114,035	4,479,774
*	First State Trust Company - FSTC Mid-Cap Equity Index	Common/collective trust	1,353,473	1,425,351
*	First State Trust Company - International Index Fund	Common/collective trust	1,716,717	1,809,207
*	First State Trust Company - Small Cap Index Fund	Common/collective trust	<u>1,155,850</u>	<u>1,253,317</u>
			<u>\$ 16,708,437</u>	<u>\$ 18,039,173</u>

* Indicates a party-in-interest to the Plan.

See report of independent accountants.

FILTRONA RICHMOND, INC. PENSION PLAN FOR HOURLY EMPLOYEES
EIN: 54-0574583 Plan: 002

Schedule H, line 4j — Schedule of Reportable Transactions
For the Year Ended December 31, 2009

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of securities	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
* First State Trust Company - Capital Preservation Fund	Common/collective trust shares	N/A	\$ 2,537,248	N/A	N/A	\$ 2,105,306	\$2,105,306	\$ 431,942
* First State Trust Company - Equity Index Fund	Common/collective trust shares	N/A	2,194,600	N/A	N/A	2,139,505	2,139,505	55,095
* First State Trust Company - FSTC Mid-Cap Equity Index	Common/collective trust shares	\$ 1,450,025	N/A	N/A	N/A	1,450,025	1,450,025	N/A
* First State Trust Company - Prime Obligation Fund	Money market shares	N/A	1,678,995	N/A	N/A	1,637,073	1,637,073	41,922

See report of independent accountants.

FILTRONA RICHMOND, INC. PENSION PLAN FOR HOURLY EMPLOYEES
EIN: 54-0574583 Plan: 002

Schedule H, line 4j — Schedule of Reportable Transactions, Continued
For the Year Ended December 31, 2009

	Identity of party involved	Description of securities	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
*	First State Trust Company - Barclays TIPS Bond Fund	Common/ collective trust shares	\$ 1,812,115	N/A	N/A	N/A	\$ 1,812,115	\$1,812,115	N/A
*	First State Trust Company - MSCI Emerging Markets Index	Common/ collective trust shares	1,086,942	N/A	N/A	N/A	1,086,942	1,086,942	N/A
*	First State Trust Company - Prime Obligation Fund	Money market shares	N/A	5,036,039	N/A	N/A	5,036,039	5,036,039	N/A
*	First State Trust Company - Prime Obligation Fund	Money market shares	\$ 5,092,289	N/A	N/A	N/A	\$ 5,092,289	\$5,092,289	N/A

See report of independent accountants.

FILTRONA RICHMOND, INC. PENSION PLAN FOR HOURLY EMPLOYEES
EIN: 54-0574583 Plan: 002

Schedule H, line 4j — Schedule of Reportable Transactions, Continued
For the Year Ended December 31, 2009

Identity of party involved	Description of securities	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
* First State Trust Company - SPDR Gold Trust Fund	Common/ collective trust shares	\$ 906,078	N/A	N/A	N/A	\$ 906,078	\$ 906,078	N/A

* Indicates a party-in-interest to the Plan.

See report of independent accountants.

FILTRONA RICHMOND, INC. PENSION PLAN FOR HOURLY EMPLOYEES
EIN: 54-0574583 Plan: 002

Schedule H, line 4i — Schedule of Assets (Held at End of Year)
December 31, 2009

(a)	(b) Identity of issuer, borrower, lessor or similar party.	(c) Description of investment including maturity date, rate of interest, collateral, <u>par or</u> <u>maturity value.</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
*	First State Trust Company - Money Market Fund	Mutual fund	\$ 360,280	\$ 360,280
*	First State Trust Company - Prime Obligation Fund	Mutual fund	60,350	60,350
	Barclays TIPS Bond Fund	Mutual fund	1,812,115	1,781,885
	MSCI Emerging Markets Index	Mutual fund	1,086,942	1,106,390
	SPDR Gold Trust Fund	Mutual fund	906,078	865,992
*	First State Trust Company - Bond Index Fund	Common/collective trust	2,191,745	2,539,977
*	First State Trust Company - Capital Preservation Fund	Common/collective trust	1,950,852	2,356,650
*	First State Trust Company - Equity Index Fund	Common/collective trust	4,114,035	4,479,774
*	First State Trust Company - FSTC Mid-Cap Equity Index	Common/collective trust	1,353,473	1,425,351
*	First State Trust Company - International Index Fund	Common/collective trust	1,716,717	1,809,207
*	First State Trust Company - Small Cap Index Fund	Common/collective trust	<u>1,155,850</u>	<u>1,253,317</u>
			<u>\$ 16,708,437</u>	<u>\$ 18,039,173</u>

* Indicates a party-in-interest to the Plan.

See report of independent accountants.

FILTRONA RICHMOND, INC. PENSION PLAN FOR HOURLY EMPLOYEES
EIN: 54-0574583 Plan: 002

Schedule H, line 4j — Schedule of Reportable Transactions
For the Year Ended December 31, 2009

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of securities	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
* First State Trust Company - Capital Preservation Fund	Common/collective trust shares	N/A	\$ 2,537,248	N/A	N/A	\$ 2,105,306	\$2,105,306	\$ 431,942
* First State Trust Company - Equity Index Fund	Common/collective trust shares	N/A	2,194,600	N/A	N/A	2,139,505	2,139,505	55,095
* First State Trust Company - FSTC Mid-Cap Equity Index	Common/collective trust shares	\$ 1,450,025	N/A	N/A	N/A	1,450,025	1,450,025	N/A
* First State Trust Company - Prime Obligation Fund	Money market shares	N/A	1,678,995	N/A	N/A	1,637,073	1,637,073	41,922

See report of independent accountants.

FILTRONA RICHMOND, INC. PENSION PLAN FOR HOURLY EMPLOYEES
EIN: 54-0574583 Plan: 002

Schedule H, line 4j — Schedule of Reportable Transactions, Continued
For the Year Ended December 31, 2009

Identity of party involved	Description of securities	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
* First State Trust Company - Barclays TIPS Bond Fund	Common/collective trust shares	\$ 1,812,115	N/A	N/A	N/A	\$ 1,812,115	\$ 1,812,115	N/A
* First State Trust Company - MSCI Emerging Markets Index	Common/collective trust shares	1,086,942	N/A	N/A	N/A	1,086,942	1,086,942	N/A
* First State Trust Company - Prime Market Obligation Fund	Money market shares	N/A	5,036,039	N/A	N/A	5,036,039	5,036,039	N/A
* First State Trust Company - Prime Market Obligation Fund	Money market shares	\$ 5,092,289	N/A	N/A	N/A	\$ 5,092,289	\$ 5,092,289	N/A

See report of independent accountants.

FILTRONA RICHMOND, INC. PENSION PLAN FOR HOURLY EMPLOYEES
EIN: 54-0574583 Plan: 002

Schedule H, line 4j — Schedule of Reportable Transactions, Continued
For the Year Ended December 31, 2009

Identity of party involved	Description of securities	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
First State Trust Company - SPDR Gold Trust Fund	Common/collective trust shares	\$ 906,078	N/A	N/A	N/A	\$ 906,078	\$ 906,078	N/A

*

* Indicates a party-in-interest to the Plan.

See report of independent accountants.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <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
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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 Filtrona Richmond, Inc. Pension Plan for Hourly EEs	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Filtrona Richmond, Inc.	D Employer Identification Number (EIN) 54-0574583	
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>1</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value	2a	16,410,049	
b Actuarial value	2b	18,051,053	
3 Funding target/participant count breakdown	(1) Number of participants		(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	159	13,809,688
b For terminated vested participants	3b	139	1,912,560
c For active participants:			
(1) Non-vested benefits	3c(1)		179,760
(2) Vested benefits	3c(2)		5,268,209
(3) Total active	3c(3)	127	5,447,969
d Total	3d	425	21,170,217
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	8.13 %	
6 Target normal cost	6	377,855	

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	<div style="text-align: center;"> Signature of actuary </div> <div style="text-align: center;"> <u>Christopher E. Flohr</u> Type or print name of actuary </div> <div style="text-align: center;"> <u>Hewitt Associates LLC</u> <small>Firm name</small> </div> <div style="text-align: center;"> <u>3130 Fairview Park Drive, Suite 300</u> Address of the firm </div> <div style="text-align: center;"> <u>Falls Church</u> Address of the firm </div>	<div style="text-align: center;"> <u>10/6/10</u> Date </div> <div style="text-align: center;"> <u>08-06359</u> Most recent enrollment number </div> <div style="text-align: center;"> <u>(571) 226-2400</u> Telephone number (including area code) </div>
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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)	369	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8)	369	0
10 Interest on item 9 using prior year's actual return of <u>(17.55)%</u>	(65)	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		191,199
b Interest on (a) using prior year's effective rate of <u>6.12 %</u>		11,701
c Total available at beginning of current plan year to add to prefunding balance		202,900
d Portion of (c) to be added to prefunding balance		202,900
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)	304	202,900

Part III Funding percentages

14 Funding target attainment percentage	14	84.30 %
15 Adjusted funding target attainment percentage	15	84.30 %
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	81.06 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2009	299,000				
07/14/2009	299,000				
10/13/2009	237,000				
01/15/2010	51,000				
09/07/2010	350,000				
Totals ▶			18(b)	1,236,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1,156,116

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 2
22 Weighted average retirement age				22 63
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	377,855
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	3,322,368	678,290
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	1,056,145
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	304	59,198
36 Additional cash requirement (item 34 minus item 35)	36	996,643
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	1,156,116
38 Interest-adjusted excess contributions for current year (see instructions)	38	159,473
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

Schedule SB Attachment (Form 5500)—2009 Plan Year
Pension Plan for Hourly Employees
EIN: 54-0574583 PN: 002

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2009.

Date	Amount	Interest Rate	Interest Adjusted Contribution
April 15, 2009	\$ 299,000	8.13%	\$ 292,414
July 14, 2009	299,000	8.13%	286,833
October 13, 2009	237,000	8.13%	222,968
January 15, 2010	51,000	8.13%	47,024
September 7, 2010	350,000	8.13%	306,877
Total Contribution	\$ 1,236,000		\$ 1,156,116

Schedule SB Attachment (Form 5500)—2009 Plan Year
Pension Plan for Hourly Employees
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Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
55.5	2.00%	1.0000	1.11
56.5	2.00%	0.9800	1.11
57.5	2.00%	0.9604	1.10
58.5	3.00%	0.9412	1.65
59.5	4.00%	0.9130	2.17
60.5	9.00%	0.8764	4.77
61.5	9.00%	0.7976	4.41
62.5	25.00%	0.7258	11.34
63.5	12.00%	0.5443	4.15
64.5	12.00%	0.4790	3.71
65	100.00%	0.4215	27.40
Weighted Average			62.92

Schedule SB Attachment (Form 5500)—2009 Plan Year
Pension Plan for Hourly Employees
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Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates	Based on the full Yield Curve with a two month lookback (October 2008 yield curve), with sample rates as follows:
Yield Curve	Duration 0.5 - 5.45%. Duration 5.5 - 8.25%. Duration 10.5 - 8.87%. Duration 15.5 - 8.65%. Duration 20.5 - 8.11%. Duration 25.5 - 7.71%. Duration 30.5 - 7.46%.
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	Age 65.
Mortality Rates	
Healthy	2009 Static Mortality Table Blended for Annuitants and Non-Annuitants Per §1.430(h)(3)-1(e).
Disabled	2009 Static Mortality Table Blended for Annuitants and Non-Annuitants Per §1.430(h)(3)-1(e).
Withdrawal Rates	See Table 2.
Disability Rates	None.
Surviving Spouse Benefit	It is assumed that 80% of males and 50% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$195,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>

Schedule SB Attachment (Form 5500)—2009 Plan Year
Pension Plan for Hourly Employees
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Trust Expenses Included in Target Normal Cost

Prior year administrative expenses rounded to the nearest \$1,000 (\$130,000 for 2009).

Expected Return on Assets

2007 Plan Year

6.09%.

2008 Plan Year

6.43%.

Actuarial Method

Standard Unit Credit Cost Method.

Valuation Date

January 1, 2009.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Pension Plan for Hourly Employees
EIN: 54-0574583 PN: 002

Table 1
Retirement Rates

Age	Rate
55	2.00%
56	2.00%
57	2.00%
58	3.00%
59	4.00%
60	9.00%
61	9.00%
62	25.00%
63	12.00%
64	12.00%
65+	100.00%

Schedule SB Attachment (Form 5500)—2009 Plan Year
Pension Plan for Hourly Employees
EIN: 54-0574583 PN: 002

Table 2
Withdrawal Rates

Age	Rate	Age	Rate
15	0.00%	45	1.00%
16	7.50%	46	0.80%
17	7.25%	47	0.60%
18	7.00%	48	0.40%
19	6.75%	49	0.20%
20	6.50%	50+	0.00%
21	6.25%		
22	6.00%		
23	5.75%		
24	5.50%		
25	5.25%		
26	5.00%		
27	4.75%		
28	4.50%		
29	4.25%		
30	4.00%		
31	3.80%		
32	3.60%		
33	3.40%		
34	3.20%		
35	3.00%		
36	2.80%		
37	2.60%		
38	2.40%		
39	2.20%		
40	2.00%		
41	1.80%		
42	1.60%		
43	1.40%		
44	1.20%		

Schedule SB Attachment (Form 5500)—2009 Plan Year
Pension Plan for Hourly Employees
EIN: 54-0574583 PN: 002

Schedule SB, line 25—Change in Funding Method

The funding valuation reflects the following changes:

- A change in the asset valuation method from the 3-month (4-point) average value method to the 2-year (3-point) smoothed value method as of January 1, 2009.
- A change in the interest rate assumption from segment rates of 5.31%, 5.92%, and 6.43% to the full Yield Curve with a two month lookback (October 2008 yield curve).
- An addition to the Target Normal Cost of assumed expenses payable from the trust, as required by WRERA.

These changes have automatic approval under final regulations, Notice 2009-22 or other IRS guidance.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Pension Plan for Hourly Employees
EIN: 54-0574583 PN: 002

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2009
Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29			2	1						
30-34			6	5						
35-39		2	6	9	4					
40-44		1	6	5	3					
45-49		3	7	4	3	4	1			
50-54		3	6	1	2	1		6		
55-59			2	2	2	1	1	5	9	
60-64			1		3	1	1	1	6	
65-69									1	
70+										

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Schedule SB Attachment (Form 5500)—2009 Plan Year
Pension Plan for Hourly Employees
EIN: 54-0574583 PN: 002

Schedule SB, line 32—Schedule of Amortization Bases

Type Of Base	Present Value of Installments	Valuation Date Established	Remaining Years in Amortization Period	Amortization Amount
Shortfall	\$4,054,690	January 1, 2008	6	\$808,240
Shortfall	(\$732,322)	January 1, 2009	7	(\$129,950)

Schedule SB Attachment (Form 5500)—2009 Plan Year
Pension Plan for Hourly Employees
EIN: 54-0574583 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

Effective Date January 13, 1969 as amended and restated effective January 1, 2009.

Eligibility Covered employees (those covered under collective bargaining agreements between Local 321-T or Local 10, and AFC Company) are eligible immediately. The Plan was closed to new participants as of June 1, 2007.

Normal Retirement

Eligibility Age 65.

Monthly Benefit Monthly Unit shown below times Credited Service.

Date of Termination	Unit of Monthly Income
Later than:	
12/31/1989	\$21
12/31/1990	\$23
12/31/1991	\$25
12/31/1992	\$27
12/31/1993	\$28
12/31/1994	\$29
12/31/1995	\$31
12/31/1996	\$32
12/31/1997	\$33
12/31/1998	\$37
12/31/1999	\$38
12/31/2000	\$39
12/31/2001	\$44
12/31/2004	\$49

Postponed Retirement

Eligibility After age 65.

Monthly Benefit Greater of Actuarial Equivalent of Normal Retirement Benefit or benefit based on Credited Service as of date of termination.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Pension Plan for Hourly Employees
EIN: 54-0574583 PN: 002

Early Retirement

Eligibility Age 55 with 10 years of Vesting Service.

Benefit Normal Retirement Benefit reduced in accordance with following table:

Age	Reduction Factor	Age	Reduction Factor
64	.97	59	.80
63	.94	58	.75
62	.91	57	.70
61	.88	56	.65
60	.85	55	.60

Disability Retirement

Eligibility 5 years of Vesting Service and total inability to perform work, which entitles the employee to a disability benefit under the Social Security Act.

Benefit 7/8ths of the benefit calculated under the Normal Retirement formula. Benefit ceases upon the earlier of Normal or Early Retirement or death. Normal or Early Retirement Benefits are then payable.

Vested Benefits

Eligibility Five years of Vesting Service.

Benefit Normal Retirement Benefit based on Credited Service as of date of termination. Benefit is payable at age 65. Employees with 10 or more years of Vesting Service may commence their benefits at age 55 or later with an Early Retirement Reduction Factor applied.

Preretirement Surviving Spouse Benefit

Eligibility Five years of Vesting Service, or eligible for retirement.

Benefit Fifty percent of the benefit that the participant would have received had he terminated employment on the date of his death and retired with a Joint and 50% Survivor option on his Earliest Retirement Date.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Pension Plan for Hourly Employees
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Credited Service

Service is measured from date of employment. For periods prior to January 1, 1976 service is credited based on the old plan in effect on that date. After December 31, 1975, service is credited each year according to the following table:

Hours	Years of Credited Service
Under 520	0.00
520-959	0.25
960-1,399	0.50
1,400-1,839	0.75
1,840 and above	1.00

Vesting Service

Full year credited for each year in which at least 1,000 hours worked. One fourth of a year credited for years in which at least 520, but less than 1,000 hours worked.

Normal Form of Pension

Married participants

Actuarially reduced Joint and 50% Survivor Annuity.

Other participants

Life Annuity.

Optional Forms of Pension

Life Annuity, Joint and 50% Survivor Annuity, Joint and 66-2/3% Survivor Annuity, and Ten Year Certain and Life Annuity.

Payment of Small Amounts

Non-elective lump sum payment if the Actuarial Equivalent single sum of the benefit does not exceed \$5,000.

Actuarial Equivalent

For other than lump sum calculations: 1983 Group Annuity Mortality table (50% female) with 7.5% interest.

For lump sum calculations: IRC Section 417(e) mortality table for 2009 and interest based on 3 segment yield curve.

Plan Year

Calendar year.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Pension Plan for Hourly Employees
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Changes in Plan Provisions for the January 1, 2009 Valuation

The January 1, 2009 valuation reflects the following plan change:

- An increase in the annual maximum benefit limit from \$185,000 in 2008 to \$195,000 in 2009.

Changes in Plan Provisions for the January 1, 2008 Valuation

The January 1, 2008 valuation reflected the following plan change:

- An increase in the annual maximum benefit limit from \$180,000 in 2007 to \$185,000 in 2008.

Changes in Plan Provisions for the January 1, 2007 Valuation

The January 1, 2007 valuation reflected the following plan change:

- An increase in the annual maximum benefit limit from \$175,000 in 2006 to \$180,000 in 2007.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

The target liability was calculated using the full yield curve based on corporate bonds rates for October. As such, "2" was entered on line 21b as the applicable lookback month.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Pension Plan for Hourly Employees
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