

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	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 <u>01/01/2009</u> and ending <u>12/31/2009</u>	
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 <u>ENGINEERED AIR SYSTEMS, INC. HOURLY RATED EMPLOYEES PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>11/01/1976</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>11/01/1976</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>11/01/1976</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>DRS SUSTAINMENT SYSTEMS, INC.</u> <u>5 SYLVAN WAY</u> <u>PARSIPPANY, NJ 07054</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>43-1275001</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>973-898-1500</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>332900</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>43-1275001</u>	2c Sponsor's telephone number <u>973-898-1500</u>	2d Business code (see instructions) <u>332900</u>	
2b Employer Identification Number (EIN) <u>43-1275001</u>					
2c Sponsor's telephone number <u>973-898-1500</u>					
2d Business code (see instructions) <u>332900</u>					

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	MATTHEW TOGLIA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") MATTHEW TOGLIA 5 SYLAN WAY PARSIPPANY, NJ 07054	3b Administrator's EIN 43-1275001 3c Administrator's telephone number 973-898-1500
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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
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5 Total number of participants at the beginning of the plan year	5	205
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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	0
b Retired or separated participants receiving benefits.....	6b	105
c Other retired or separated participants entitled to future benefits.....	6c	74
d Subtotal. Add lines 6a , 6b , and 6c	6d	179
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	23
f Total. Add lines 6d and 6e	6f	202
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	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1B 1G

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
 (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information – Small Plan)
 (3) ☐ **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☒ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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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 <u>ENGINEERED AIR SYSTEMS, INC. HOURLY RATED EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>DRS SUSTAINMENT SYSTEMS, INC.</u>	D Employer Identification Number (EIN) <u>43-1275001</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>
2	Assets:
a	Market value 2a <u>4132622</u>
b	Actuarial value 2b <u>4545884</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>127</u> <u>3946088</u>
b	For terminated vested participants 3b <u>78</u> <u>1172891</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>0</u>
(2)	Vested benefits 3c(2) <u>0</u>
(3)	Total active 3c(3) <u>0</u>
d	Total 3d <u>205</u> <u>5118979</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>8.28</u> %
6	Target normal cost 6 <u>44000</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>10/11/2010</u>
Signature of actuary	Date
<u>PAUL F. POLCHERT</u>	<u>08-02704</u>
Type or print name of actuary	Most recent enrollment number
<u>AON CONSULTING, INC.</u>	<u>201-460-6699</u>
Firm name	Telephone number (including area code)
<u>301 ROUTE 17 NORTH, FOURTH FLOOR</u> <u>RUTHERFORD, NJ 07070</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	808279	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).....	808279	0
10	Interest on item 9 using prior year's actual return of <u>-34.47</u> %	-278614	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.21</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	79000	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	450665	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	80.00 %
15	Adjusted funding target attainment percentage.....	15	80.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	105.71 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 0
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	

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

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 3
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	
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	44000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	716621	127629
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	171629
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	171629	171629
36 Additional cash requirement (item 34 minus item 35).....	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	0
38 Interest-adjusted excess contributions for current year (see instructions).....	38	
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

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

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

<div>A Name of plan</div> <div>ENGINEERED AIR SYSTEMS, INC. HOURLY RATED EMPLOYEES PENSION PLAN</div>	<div>B Three-digit plan number (PN)</div> <div>▶ 001</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>DRS SUSTAINMENT SYSTEMS, INC.</div>	<div>D Employer Identification Number (EIN)</div> <div>43-1275001</div>

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

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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)

AON CONSULTING, INC.

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	46700	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RUBINBROWN LLC

43-0765316

(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	11600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DIVERSIFIED INVESTMENT ADVISORS

13-3689044

(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?
12 15 28 50 59 62 63 64	RECORDKEEPER	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

NATIONAL FINANCIAL SERVICES

04-3523567

(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?
33	SECURITIES BROKER	0	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 ☐

(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
DIVERSIFIED INVESTMENT ADVISORS	12 15 28 50 59 62 63 64	0

(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.
GE 3001 SUMMER STREET STAMFORD, CT 06904	FUND REVENUE SHARING SEE ATTACHMENT TO LINE 2H

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICE	33	0

(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.
GE 3001 SUMMER STREET STAMFORD, CT 06904	FUND REVENUE SHARING SEE ATTACHMENT TO LINE 2H

(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 ENGINEERED AIR SYSTEMS, INC. HOURLY RATED EMPLOYEES PENSION PLAN		B Three-digit plan number (PN) ► 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 DRS SUSTAINMENT SYSTEMS, INC.		D Employer Identification Number (EIN) 43-1275001
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: CORE BOND FUND		
b Name of sponsor of entity listed in (a): DIVERSIFIED INVESTMENT ADVISORS		
c EIN-PN 13-3689044-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 468750
a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD BOND		
b Name of sponsor of entity listed in (a): DIVERSIFIED INVESTMENT ADVISORS		
c EIN-PN 13-3689044-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 77603
a Name of MTIA, CCT, PSA, or 103-12 IE: MONEY MARKET FUND		
b Name of sponsor of entity listed in (a): DIVERSIFIED INVESTMENT ADVISORS		
c EIN-PN 13-3689044-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: GROWTH FUND		
b Name of sponsor of entity listed in (a): DIVERSIFIED INVESTMENT ADVISORS		
c EIN-PN 13-3689044-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE GROWTH FUND		
b Name of sponsor of entity listed in (a): DIVERSIFIED INVESTMENT ADVISORS		
c EIN-PN 13-3689044-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 394858
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE VALUE FUND		
b Name of sponsor of entity listed in (a): DIVERSIFIED INVESTMENT ADVISORS		
c EIN-PN 13-3689044-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 270742
a Name of MTIA, CCT, PSA, or 103-12 IE: MID GROWTH FUND		
b Name of sponsor of entity listed in (a): DIVERSIFIED INVESTMENT ADVISORS		
c EIN-PN 13-3689044-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 258127
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		

a Name of MTIA, CCT, PSA, or 103-12 IE: MID VALUE FUND**b** Name of sponsor of entity listed in (a): DIVERSIFIED INVESTMENT ADVISORS

c EIN-PN 13-3689044-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 172532
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a Name of MTIA, CCT, PSA, or 103-12 IE: REAL ESTATE FUND**b** Name of sponsor of entity listed in (a): DIVERSIFIED INVESTMENT ADVISORS

c EIN-PN 13-3689044-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 345128
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan ENGINEERED AIR SYSTEMS, INC. HOURLY RATED EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 DRS SUSTAINMENT SYSTEMS, INC.	D Employer Identification Number (EIN) 43-1275001	

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)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)	0	94235
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	273091	254269
(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)	2018715	1987740
(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)	1845216	2225385
(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	4137022	4561629

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	4400	17300
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	4400	17300

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4132622	4544329
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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)	0	
(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)		0

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0

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

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

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

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		440144
(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)		494076
c Other income.....	2c		75413
d Total income. Add all income amounts in column (b) and enter total.....	2d		1009633

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	510873	
(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)		510873
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)	71200	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	15853	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		87053
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		597926

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		411707
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: RUBINBROWN LLP

(2) EIN: 43-0765316

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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>ENGINEERED AIR SYSTEMS, INC. HOURLY RATED EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DRS SUSTAINMENT SYSTEMS, INC.</u>	D Employer Identification Number (EIN) <u>43-1275001</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.....	<u>1</u>	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	<u>3</u>	<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	<u>6a</u>		
b Enter the amount contributed by the employer to the plan for this plan year	<u>6b</u>		
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).....	<u>6c</u>		
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
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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): _____

ENGINEERED AIR SYSTEMS, INC.
HOURLY RATED EMPLOYEES
PENSION PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2009

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Independent Auditors' Report

Pension Committee
Engineered Air Systems, Inc.
Hourly Rated Employees Pension Plan

We were engaged to audit the financial statements and supplemental schedules of Engineered Air Systems, Inc. Hourly Rated Employees Pension Plan (the Plan) as of December 31, 2009 and 2008, and for the years then ended, as listed in the accompanying index. 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 3, which was certified by State Street Bank and Trust, the Trustee of the Plan, except for comparing the information with the related information included in the 2009 and 2008 financial statements. We have been informed by the Plan Administrator that State Street Bank and Trust held Plan investment assets and executed investment transactions as of and for the years ended December 31, 2009 and 2008. The Plan Administrator has obtained certifications from the Trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

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

RubinBrown LLP

St. Louis, Missouri
October 4, 2010

ENGINEERED AIR SYSTEMS, INC.
HOURLY RATED EMPLOYEES PENSION PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2009	2008
Assets		
Investments - At Fair Value (Note 3)		
Common collective trust	\$ 1,987,740	\$ 2,018,715
Mutual funds	2,225,385	1,845,216
Partnerships/joint ventures	254,269	273,091
Total Investments	4,467,394	4,137,022
 Receivables		
Due from broker	94,235	—
 Total Assets	4,561,629	4,137,022
 Liabilities		
Accrued expenses	17,300	4,400
 Net Assets Available For Benefits	\$ 4,544,329	\$ 4,132,622

**ENGINEERED AIR SYSTEMS, INC.
HOURLY RATED EMPLOYEES PENSION PLAN**

**STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS**

	For The Years Ended December 31,	
	2009	2008
Deductions From Net Assets Attributed To:		
Benefits paid directly to participants	\$ 510,873	\$ 491,655
Administrative expenses	87,053	38,697
Total Deductions	597,926	530,352
Investment Income (Loss)		
Net appreciation (depreciation) of investments (Note 3)	974,604	(2,255,001)
Dividend income	35,029	62,204
Total Investment Income (Loss)	1,009,633	(2,192,797)
Net Increase (Decrease) In Net Assets Prior To Transfers	411,707	(2,723,149)
Transfers (Note 8)		
Transfers out	—	(67,432)
Transfers in	—	9,222
Total Transfers	—	(58,210)
Net Increase (Decrease) In Net Assets	411,707	(2,781,359)
Net Assets Available For Benefits - Beginning Of Year	4,132,622	6,913,981
Net Assets Available For Benefits - End Of Year	\$ 4,544,329	\$ 4,132,622

**ENGINEERED AIR SYSTEMS, INC.
HOURLY RATED EMPLOYEES PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 And 2008

1. Description Of Plan

The following description of the Engineered Air Systems, Inc. Hourly Rated Employees Pension Plan (the Plan) provides only general information. Participants should refer to the Plan Documents for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Effective January 31, 2006, DRS Technologies, Inc. acquired Engineered Support Systems, Inc. and assumed the Plan. On October 22, 2008, DRS Technologies, Inc. was acquired by Finmeccanica of which it became a wholly owned subsidiary. The acquisition had no impact on the operations of the Plan.

The Plan is a noncontributory defined benefit plan covering all union hourly employees of the Company who have 1,000 credited service hours and are age 21 or older. The Plan provides for retirement, death and disability benefits. The Plan also covers former employees of a manufacturing facility which closed in April 2003. The employees were members of the collective bargaining unit represented by Lodge 1012, International Brotherhood of Boilermakers, Iron-Ship Builders, Blacksmiths, Forgers and Helpers, AFL-CIO.

The Plan is sponsored by DRS Technologies, Inc. (the Company and Plan Administrator).

Participant Vesting

Plan benefits become fully vested after five years of credited service under the Plan. All Plan participants became 100% vested in their accrued benefit when the facility closed in April 2003.

Pension Benefits

Participants are eligible for monthly benefit payments upon reaching the normal retirement age of 65. Monthly benefit payments are determined by multiplying years of pension-credited service by the rate in effect when the employee is terminated.

ENGINEERED AIR SYSTEMS, INC.
HOURLY RATED EMPLOYEES PENSION PLAN

Notes To Financial Statements (*Continued*)

Participants may elect, after attaining age 60 with 10 years of pension-credited service, to begin receiving benefits provided under the terms of the Plan. The Plan also contains provisions for postponed retirement, death, disability and automatic survivor benefits.

Death And Disability Benefits

If a participant dies after becoming vested, the participant's surviving spouse is entitled to a survivor life annuity equal to the annuity which would have been payable to the surviving spouse under an Automatic Survivor Benefit, commencing on the date the participant would have become eligible for a retirement benefit had the participant lived.

Active participants who became totally disabled after completion of 15 years of pension-credited service receive monthly disability benefits. Disability benefits are paid until the participant ceases to be disabled, as defined by the Plan, dies, or reaches age 65, whichever occurs first.

Contributions

Contributions from the Company are accrued based upon amounts required to be funded under provisions of ERISA or, if greater, amounts actually contributed for the year. No voluntary employee contributions are permitted. The Plan is in compliance with applicable ERISA minimum funding requirements for the Plan years ended December 31, 2009 and 2008.

2. Summary Of Significant Accounting Policies

Accounting Reclassification

Certain 2008 figures have been reclassified, where appropriate, to conform to the financial statement presentation used in 2009.

Basis Of Accounting

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

ENGINEERED AIR SYSTEMS, INC.
HOURLY RATED EMPLOYEES PENSION PLAN

Notes To Financial Statements (*Continued*)

Estimates And Assumptions

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America require the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosures of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements and the reported amounts of additions to and deductions from net assets during the reporting period. Actual results could differ from those estimates.

Payment Of Benefits

Benefit payments to participants are recorded when paid.

Valuation Of Investments And Income Recognition

Investments are recorded at fair value at December 31. See Note 4 for fair value measurement discussion.

The Plan recognizes income when earned and purchases and sales of investments are recorded on a trade-date basis.

Plan Administration

Pension-related expenses are paid directly from Plan assets.

Actuarial Present Value Of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, which are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants with vested rights or their beneficiaries, (b) beneficiaries of vested participants who have died and (c) present employees or their beneficiary based on service rendered to the valuation date. Benefits to be provided via annuity contracts are excluded from Plan assets and accumulated plan benefits.

ENGINEERED AIR SYSTEMS, INC.
HOURLY RATED EMPLOYEES PENSION PLAN

Notes To Financial Statements (*Continued*)

The actuarial value of accumulated plan benefits was certified by the Plan's consulting actuaries. The amount is the result of applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of January 1, 2009 are as follows:

Interest Rate	7.25%
Discount Rate	8.28%, changed from prior year 6.21%
Mortality	RP-2000 IRS PPA Non-Annuitant (pre-retirement) and Annuitant (post-retirement) tables, changed from prior year use of RP-2000 Mortality Tables
Retirement Age	60-65

The foregoing assumptions are based on the presumption that the Plan will continue. Actual results may differ from assumptions used. Furthermore, were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

A summary of the actuarial present value of accumulated plan benefits as of January 1, 2009 is as follows:

Vested Benefits:	
Participants currently receiving payments	\$ 4,156,062
Other participants	<u>1,284,343</u>
Total Actuarial Present Value Of Accumulated Plan Benefits	<u><u>\$ 5,440,405</u></u>

ENGINEERED AIR SYSTEMS, INC.
HOURLY RATED EMPLOYEES PENSION PLAN

Notes To Financial Statements (*Continued*)

The changes in the actuarial present value of accumulated plan benefits during the valuation year ended January 1, 2009 are as follows:

Actuarial Present Value Of Accumulated Plan Benefits - Beginning Of Year	<u>\$ 5,603,140</u>
Increase (Decrease) During The Period Attributable To:	
Benefits accumulated and actuarial experience	(235,645)
Benefits paid	(491,655)
Change in actuarial assumptions	162,433
Increase for interest due to decrease in discount period	<u>402,132</u>
Net Change	<u>(162,735)</u>
Actuarial Present Value Of Accumulated Plan Benefits - End Of Year	<u><u>\$ 5,440,405</u></u>

3. Investments

Plan investments are held by State Street Bank and Trust (the Trustee) which has entered into a trust agreement with the Plan Administrator. Diversified Investment Advisors is the servicing agent for the Trustee. The Plan Administrator received certifications from the Trustee as of and for the years ended December 31, 2009 and 2008.

Financial information related to the Plan's investments and investment earnings is included in the accompanying financial statements and is based on information that has been certified as complete and accurate by the Trustee.

ENGINEERED AIR SYSTEMS, INC.
HOURLY RATED EMPLOYEES PENSION PLAN

Notes To Financial Statements (*Continued*)

The investment information has not been audited by the Plan's independent auditors. The individual investments that represent 5% or more of the Plan's net assets at December 31, 2009 and 2008 are as follows:

	December 31,	
	2009	2008
Investments At Fair Value		
Common Collective Trust		
Diversified Investments		
Core Bond Fund	\$ 468,750	\$ 841,442
Large Value Fund	270,742	232,446
Growth Fund	— *	279,233
Mid Cap Growth Fund	258,127	— *
Large Growth Fund	394,858	— *
Real Estate Fund	345,128	280,815
Mutual Funds		
GE Institutional Investments		
U.S. Equity Investment	410,849	310,507
S&P 500 Index Investment	403,734	317,864
Small Cap Equity	285,031	218,292
International Equity Investment	1,125,771	884,003

* Investment did not represent 5% or more of assets at the end of the respective Plan year.

	For The Years Ended December 31,	
	2009	2008
Net Appreciation (Depreciation) Of Investments:		
Common collective trust	\$ 440,144	\$ (915,530)
Mutual funds	459,047	(1,265,463)
Net Appreciation (Depreciation) Of Investments	\$ 899,191	\$ (2,180,993)

The Plan's investment in Palisade Capital Management LLC partnership/joint venture interests has been audited by the Plan's independent auditors and is summarized below:

	December 31,	
	2009	2008
Net Assets Available For Benefits		
Investments At Fair Value:		
Partnership/joint venture interests	\$ 254,269 **	\$ 273,091 **
Net Appreciation (Depreciation) Of Investments:		
Partnership/joint venture	\$ 75,413	\$ (74,008)

** Investment represents 5% or more of assets at the end of the respective Plan year.

ENGINEERED AIR SYSTEMS, INC.
HOURLY RATED EMPLOYEES PENSION PLAN

Notes To Financial Statements (*Continued*)

4. Fair Value Measurements

The Plan follows accounting standards relating to fair value measurements, which establish a framework for measuring fair value. This framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

- | | |
|---------|---|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. |
| Level 2 | Inputs to the valuation methodology include: <ul style="list-style-type: none">• Quoted prices for similar assets or liabilities in active markets;• Quoted prices for identical or similar assets or liabilities in inactive markets;• Inputs other than quoted prices that are observable for the asset or liability;• Inputs that are derived principally from or corroborated by observable market data by correlation or other means. |

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

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

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

ENGINEERED AIR SYSTEMS, INC.
HOURLY RATED EMPLOYEES PENSION PLAN

Notes To Financial Statements (*Continued*)

Following is a description of the valuation methodologies used for assets measured at fair value:

Common Collective Trust

Stated at fair value as determined by the issuer of the common collective trust fund based on the fair market value of the underlying investments.

Mutual Funds

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

Partnership/Joint Venture

Valued at the closing price of underlying investments reported on the active market on which the individual securities are traded.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as follows:

	December 31, 2009			
	Level 1	Level 2	Level 3	Total
Common collective trust	\$ —	\$ 1,987,740	\$ —	\$ 1,987,740
Mutual funds	2,225,385	—	—	2,225,385
Partnerships/joint ventures	—	254,269	—	254,269
Total assets at fair value	\$ 2,225,385	\$ 254,269	\$ —	\$ 4,467,394

	December 31, 2008			
	Level 1	Level 2	Level 3	Total
Common collective trust	\$ —	\$ 2,018,715	\$ —	\$ 2,018,715
Mutual funds	1,845,216	—	—	1,845,216
Partnerships/joint ventures	—	273,091	—	273,091
Total assets at fair value	\$ 1,845,216	\$ 2,291,806	\$ —	\$ 4,137,022

There have been no changes in the methodologies used at December 31, 2009 or 2008.

ENGINEERED AIR SYSTEMS, INC.
HOURLY RATED EMPLOYEES PENSION PLAN

Notes To Financial Statements (*Continued*)

5. Plan Termination

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) Benefits derived from participant contributions that were not mandatory.
- (b) Benefits derived from mandatory participant contributions.
- (c) The minimum benefits payable under the Plan to participants who began receiving benefits at least three years before Plan termination, based on Plan provisions in effect at any time during the five years prior to termination.
- (d) The minimum benefits payable under the Plan which would have been received by participants or their beneficiaries at least three years before the Plan termination if the participant had retired more than three years before the Plan termination and if benefits had commenced (normal retirement benefits under the Plan) at that time, based on Plan provisions in effect at any time during the five years prior to termination.
- (e) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).
- (f) All other nonforfeitable benefits.
- (g) All other benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2009, that ceiling (which is adjusted periodically) was the lesser of \$4,500 per month, or one-twelfth of the participant's average annual gross income during the highest-paid consecutive calendar years of active participation under the Plan. The 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 other than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

ENGINEERED AIR SYSTEMS, INC.
HOURLY RATED EMPLOYEES PENSION PLAN

Notes To Financial Statements (*Continued*)

Benefit improvements attributable to a plan amendment may not be fully guaranteed even though total benefit entitlements fall below the aforementioned ceilings. After one year, the PBGC guarantees 20% of any benefit improvements that result in benefits below the ceiling, with an additional 20% guaranteed each following year. If the amount of the benefit increase below the ceiling is less than \$100, \$20 of the increase (rather than 20%) becomes guaranteed by the PBGC each year. As a result, only the primary ceiling is applicable five years following the effective date of an amendment. 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 those benefits and may also depend on the financial condition of the Plan Sponsor and on the level of benefits guaranteed by the PBGC. Also, the PBGC will not guarantee benefits accrued under a plan that has become disqualified under the applicable sections of the Internal Revenue Code (the Code).

While the Company has not expressed any intent to terminate the Plan, it is free to do so at any time, subject to the provisions set forth in ERISA and the Code. Should the Plan be terminated at some future time, all participants shall become 100% vested in benefits earned as of the termination date.

If the termination is the result of the bankruptcy or near bankruptcy of the Company and the Plan's assets are not adequate to pay benefits vested prior to the termination, the PBGC will take over the Plan and will pay those benefits, which it guarantees. In this case, some participants may receive a smaller benefit than if the Plan had continued. Whether a particular participant's accumulated benefits will be paid depends on both the priority of those benefits (as described in the Plan Document) and the level of benefits guaranteed by the PBGC at that time.

If the Plan is terminated for any reason other than bankruptcy or near bankruptcy of the Company and the Plan has insufficient assets, the Company will be required to pay to the Plan an amount which, together with Plan assets, will satisfy all benefits accumulated to the date of Plan termination.

ENGINEERED AIR SYSTEMS, INC.
HOURLY RATED EMPLOYEES PENSION PLAN

Notes To Financial Statements (*Continued*)

6. Income Tax Status

As of September 19, 2002, the Plan received a favorable determination letter from the Internal Revenue Service, which indicated the Plan qualifies under Section 401(a) and the trust is exempt from federal income taxes under the provisions of Section 501(a) of the Code. The Plan has been amended since receiving the letter. However, the Plan Administrator and the Plan's tax advisor believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

7. Transactions With Parties-In-Interest

Certain Plan investments during the years ended December 31, 2009 and 2008 were held by Diversified Investment Advisors, G. E. Asset Management Corporation and Palisade Capital Management LLC for which the Plan was charged normal and customary fees. These transactions qualify as party-in-interest transactions, and are allowable under ERISA regulations.

8. Transfers

During the year ended December 31, 2008, the Plan Sponsor determined that \$67,432 in benefit payments were made from other DRS pension plans in error and should have been paid from the Plan. In addition, \$9,222 in expenses were paid in error from the Plan for other DRS pension plans. The errors were corrected by transferring funds to and from the other DRS pension plans during 2008.

9. Risks And Uncertainties

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

ENGINEERED AIR SYSTEMS, INC.
HOURLY RATED EMPLOYEES PENSION PLAN

Notes To Financial Statements (*Continued*)

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

10. Subsequent Events

Management has evaluated subsequent events through October 4, 2010, the date which the financial statements were available for issue.

On January 1, 2010 all of the assets of the Plan merged into the DRS Consolidated Retirement Plan.

Supplemental Schedules

ENGINEERED AIR SYSTEMS, INC.
HOURLY RATED EMPLOYEES PENSION PLAN

EIN: 43-1252405 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2009

Identity Of Issuer	Cost	Current Value
Common Collective Trust		
Diversified Investments*		
Core Bond Fund	\$ 415,546	\$ 468,750
High Yield Bond Fund	49,401	77,603
Large Growth Fund	380,870	394,858
Large Value Fund	232,446	270,742
Mid Growth Fund	205,260	258,127
Mid Value Fund	129,884	172,532
Real Estate Fund	266,271	345,128
Total Common Collective Trust	1,679,678	1,987,740
Mutual Funds		
GE Institutional Funds*		
International Equity	904,963	1,125,771
S&P 500 Index	325,591	403,734
Small Cap Equity	219,322	285,031
U.S. Equity	315,471	410,849
Total Mutual Funds	1,765,347	2,225,385
Partnership/Joint Venture Interests		
Palisade Investment		
Strategic Fund (Cayman) Ltd. - Class A*	193,173	254,269
Totals	\$ 3,638,198	\$ 4,467,394

* Represents a party in interest allowable under ERISA regulations

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4i.

**ENGINEERED AIR SYSTEMS, INC.
HOURLY RATED EMPLOYEES PENSION PLAN**

**EIN: 43-1252405 PLAN NUMBER: 001
SCHEDULE OF REPORTABLE TRANSACTIONS
December 31, 2009**

(a) Identity Of Party Involved	(b) Description Of Asset	(c) Number Of Purchase Transactions	(d) Purchase Price	(e) Number Of Sales Transactions	(f) Selling Price	(g) Lease Rental	(h) Expenses Incurred With Transaction	(i) Cost Of Asset	(j) Current Value Of Asset On Transaction Date	(k) Net Gain
Single Transaction In Excess										
Of 5% Of Plan Net Assets										
Diversified Investment Advisors	DVFD LG GRWTH	1	\$ 380,870	—	\$ —	\$ —	\$ —	\$ —	\$ 380,870	\$ —
Diversified Investment Advisors	DVFD GROWTH	—	—	1	380,870	—	—	279,233	380,870	101,637
Series Of Transactions In Excess										
Of 5% Of Plan Net Assets										
Diversified Investment Advisors	DVFD CORE BD	2	410	—	—	—	—	—	410	—
Diversified Investment Advisors	DVFD CORE BD	—	—	22	457,796	—	—	426,306	457,796	31,490

* Represents a party-in-interest investment allowable under ERISA regulations.

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4j.

Schedule SB, Line 25 – Change in Method

**Engineered Air Systems, Inc. Hourly Rated Employees Pension Plan
EIN/PN: 43-1275001 / 001**

The following changes in actuarial methods have been made since the prior valuation:

1. The actuarial value of assets is determined using a smoothing method. Last year market value of assets was used.

Schedule SB, Line 32 – Schedule of Amortization Bases
Engineered Air Systems, Inc. Hourly Rated Employees Pension Plan
EIN/PN: 43-1275001 / 001

The table below lists the Funding Target Shortfall amortization bases included in the calculation of the Plan's Minimum Required Contribution as of January 1, 2009.

Date Established	Period Remaining	Current Year Present Value Factor ¹	Balance		Annual Payment
			Original	Remaining	
01/01/2008	6	4.998889	\$0	\$0	\$0
01/01/2009	7	5.614894	\$716,621	\$716,621	\$127,629
Total				\$716,621	\$127,629

¹ Calculated using the segment interest rates for the current Plan Year.

Attachment to 2009 Schedule H, Line 4 (i)

Schedule of Assets (Held at End of Year)

Engineered Air Systems, Inc. Hourly Rated Employees Pension Plan

EIN: 43-1275001/PN: 001



DRS Sustainment Systems, Inc.
PLAN NO. CT73015 03

Asset Summary

Statement Period
January 1, 2009 - December 31, 2009

Asset Category	Beginning Balance		Net Transactions	Investment Gain/Loss	Ending Balance	
	Dollars	% of Total			Dollars	% of Total
Bond	\$1,005,393.23	24.30%	-\$571,292.96	\$112,252.98	\$546,353.25	12.00%
Dvld Core Bd	\$841,441.91	20.30%	-\$457,386.64	\$84,694.92	\$468,750.19	10.30%
Dvld High Yield Bd	\$49,401.38	1.20%	\$0.00	\$28,201.68	\$77,603.06	1.70%
GE Inst Income	\$114,549.94	2.80%	-\$113,906.32	-\$643.62	\$0.00	0.00%
Short Term	\$233.47	0.00%	-\$233.49	\$0.02	\$0.00	0.00%
Dvld Mny Mkt	\$233.47	0.00%	-\$233.49	\$0.02	\$0.00	0.00%
US Common Stock	\$1,693,486.98	40.90%	\$0.00	\$502,384.91	\$2,195,871.89	48.10%
Dvld Growth	\$279,233.10	6.70%	-\$380,869.75	\$101,636.65	\$0.00	0.00%
Dvld Lg Grwth	\$0.00	0.00%	\$380,869.75	\$13,987.90	\$394,857.65	8.70%
Dvld Lg Val	\$232,446.19	5.60%	\$0.00	\$38,295.48	\$270,741.67	5.90%
Dvld Mid Grwth	\$205,259.99	5.00%	\$0.00	\$52,866.52	\$258,126.51	5.70%
Dvld Mid Val	\$129,884.43	3.10%	\$0.00	\$42,647.78	\$172,532.21	3.80%
GE Inst S&P 500	\$317,864.29	7.70%	\$0.00	\$85,869.37	\$403,733.66	8.80%
GE Inst SmCap Eq	\$218,292.29	5.30%	\$0.00	\$66,739.11	\$285,031.40	6.20%
GE Inst US Eqty	\$310,506.69	7.50%	\$0.00	\$100,342.10	\$410,848.79	9.00%
International	\$884,002.53	21.40%	\$0.00	\$241,769.79	\$1,125,772.32	24.70%
GE Inst Intl Eqty	\$884,002.53	21.40%	\$0.00	\$241,769.79	\$1,125,772.32	24.70%
Alternatives	\$553,905.69	13.40%	-\$13,500.00	\$153,225.58	\$693,631.27	15.20%
Dvld REstate	\$280,814.90	6.80%	-\$13,500.00	\$77,812.68	\$345,127.58	7.70%
Palisade Cayman	\$193,173.20	4.70%	\$0.00	\$61,095.40	\$254,268.60	5.60%
Palisade Micro-Cap	\$79,917.59	1.90%	\$0.00	\$14,317.50	\$94,235.09	2.10%
Total Assets	\$4,137,021.90	100.00%	-\$585,026.45	\$1,009,633.28	\$4,561,628.73	100.00%

Attachment to 2009 Schedule H, Line 4 (j)

Schedule of Reportable Transactions

Engineered Air Systems, Inc. Hourly Rated Employees Pension Plan

EIN: 43-1275001/ PN: 001

DRS SUSTAINMENT SYSTEMS, INC. - CT73015 03
Summary of single 5% transactions
Year ending December 31, 2009

Total Plan Assets
as of December 31, 2008

4,137,021.90

206,851.10

Identity of party	FUND ID	Description of Asset	Purchase Price	Selling Price	Lease Rental	Transaction Expenses	Cost of Asset	Current value of asset on transaction date	Net gain or loss	Number of Transactions
DIA	CT1U	DVFD LG GRWTH	\$ 380,869.75	\$ -	\$ -	\$ -	\$ -	\$ 380,869.75	\$ -	1
DIA	C31A	DVFD GRWTH	\$ -	\$ 380,869.75	\$ -	\$ -	\$ 279,233.09	\$ 380,869.75	\$ 101,636.66	1

Year ending December 31, 2009

Total Plan Assets
as of December 31, 2008

\$4,137,021.90

206,851.10

Identity of party	FUND ID	Description of Asset	Purchase Price	Selling Price	Lease Rental	Transaction Expenses	Cost of Asset	Current value of asset on	Net gain or loss	Number of Transactions
Diversified Investment Advisors	CT1U	DVFD LG GRWTH	\$380,869.75 \$ -	\$ - \$ -	\$ - \$ -	\$ - \$ -	\$ - \$ -	\$380,869.75 \$ -	- -	1 0
Diversified Investment Advisors	CT5A	DVFD CORE BD	\$409.51 \$ -	\$ - \$457,796.15	\$ - \$ -	\$ - \$ -	\$ - \$426,305.88	\$409.51 \$457,796.15	- 31,490.27	2 22
Diversified Investment Advisors	C31A	DVFD GROWTH	\$ - \$ -	\$ - \$380,869.75	\$ - \$ -	\$ - \$ -	\$ - \$279,233.09	\$ - \$380,869.75	- 101,636.66	0 1
Total of Purchases:										3
Total of Sales:										23

SCHEDULE SB, LINE 22 - DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE-SALARIED

**Engineered Air Systems, Inc. Hourly Rated Employees Pension Plan
EIN/PN: 42-1537952/001**

Retirement Age	Retirement Rate	Absolute Rate	Expected Retirement Age
65	100.0%	100.0000%	65.0000

Weighted Average Retirement Age:	65.000
Rounded for Schedule SB item 22:	65

Schedule SB, Part V – Summary of Plan Provisions

Engineered Air Systems, Inc. Hourly Rated Employees Pension Plan EIN/PN: 43-1275001 / 001

The following summary describes principal plan provisions assumed in calculating the cost of your pension plan.

General Information

Original Effective Date:	November 1, 1976
Effective Date of Last Amendment:	January 1, 2006
Plan Year:	January 1st to December 31st
Employer Fiscal Year	January 1st to December 31st
Employer ID Number:	43-1252405
Plan Administrator's ID Number:	43-1252405
Plan Number:	001
Plan Administrator:	DRS Technologies, Inc.
Plan Trustee:	Diversified Investment Advisors

Eligibility

All employees covered by a collective bargaining agreement of the Company, shall be eligible to participate in the Plan on the January 1st or July 1st coincident with or next following attainment of age 21 and completion of one year of service (1,000 hours).

Summary of Plan Provisions

Service

Service after January 1, 1976 was determined based on the following table:

Hours During Calendar Year	Credited Service	Eligibility Service
Under 85	0 year	0 year
85 - 254	0.1 year	0.1 year
255 - 424	0.2 year	0.2 year
425 - 594	0.3 year	0.3 year
595 - 764	0.4 year	0.4 year
765 - 934	0.5 year	0.5 year
935 - 999	0.6 year	0.6 year
1000 - 1104	0.6 year	1.0 year
1105 - 1274	0.7 year	1.0 year
1275 - 1444	0.8 year	1.0 year
1445 - 1614	0.9 year	1.0 year
1615 or more	1.0 year	1.0 year

Normal Retirement Date

Normal Retirement Date is the later of the last day of the month of attainment of age 65 and 5 Years of Eligibility Service.

Early Retirement

Attainment of age 60 and completion of 10 Years of Credited Service.

Disability Retirement

Completion of 10 years of Credited Service and entitled to Social Security disability benefit.

Summary of Plan Provisions

Normal Retirement Benefit

The amount of annual Normal Retirement benefit is \$31 (effective May 1, 2002) times Credited Service.

Delayed Retirement

Accrued benefit determined under the same formula for Normal Retirement.

Early Retirement Benefit

Accrued benefit payable at normal retirement date and determined under the same formula as for normal retirement, reduced $\frac{1}{2}\%$ for each month the benefit commencement date precedes the Normal Retirement Date.

Disability Retirement Benefit

Accrued benefit determined under the same formula as of Normal Retirement.

Death Benefit

The participant may elect a monthly survivor benefit payable to his spouse upon his death after attaining eligibility for a vested benefit. The benefit payable is 50% of the participant's reduced 50% joint and survivor pension based upon Credited Service to date of death and beginning at the time when the participant would have reached his early retirement date. The participant's pension is reduced by $\frac{1}{2}$ of 1% for each year during which the option is in effect.

A lump sum death benefit equal to \$3,000 is payable if the retired participant dies within the calendar month after the month during which his group term life insurance coverage terminates. If death occurs after this period, the benefit is reduced 2% each month to a minimum death benefit of \$1,000. If death occurs while the Company's group term life insurance is still in effect, there is no plan benefit.

Normal Form of Payment

The Normal Form of Payment is an annuity paid in monthly installments for life.

Summary of Plan Provisions

Optional Methods of Settlement

50%, 75% or 100% Joint & Survivor Annuity.

Amendment or Termination of Plan

The Employer reserves the right to amend or terminate the Plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the Employer fails to meet the minimum funding standards or is unable to pay benefits when due.

If the Plan is terminated, the Plan assets will be distributed among the Plan participants based upon a priority allocation procedure, and the Employer shall be liable for any unfunded vested benefits to the extent required by law.

Parties to the Plan

The following Companies are parties to the Plan:

This is a single Plan covering the employees of these Companies subject to the eligibility rules outlined above. Trust Fund assets are available to pay plan benefits for participants employed by any one of these Companies.

Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

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

Cost Method

Traditional Unit Credit

Asset Method

The actuarial value of assets is determined by averaging the gain/(loss) in excess of the expected asset gain/(loss) over 24 months. The assumed expected rate of return on plan assets to determine the expected asset gains is 7.25%, but not to exceed the third segment rate as of the prior plan year. The resulting average cannot be more than 110% or less than 90% of the Market Value of Assets.

Date of Calculations

The Valuation Date is January 1, 2009.

Employees Included in the Calculations

All active employees who have met the Plan's eligibility requirements as of the valuation date are included in the calculations. Former employees or their survivors who are receiving or entitled to receive an immediate or deferred benefit under the provisions of the Plan are also included.

Source of Data

Data is as of the valuation date and is supplied to us by the Employer.

We rely on the Employer to inform us of any former participants who have been rehired and lost prior service because of the length of their break in service. These employees may have participation requirements different from other new employees.

Financial information was supplied to us by Diversified Investment Advisors, as of the end of the prior year.

Although we believe these to be accurate and complete, the data and financial information have not been audited by us.

Statement of Actuarial Assumptions/Methods

Interest and Other Rate Assumptions

Below is a summary of interest and inflation rates used for the January 1, 2009 valuation.

Interest Rates		Assumption
(1)	Funding	
	(a) Target Liabilities	Full Yield Curve for the Month of October preceding the Valuation Date
	(b) Effective Interest Rate this Year	8.28%
(2)	FAS 35	7.25%
Other Rates		Assumption
(1)	Social Security Wage Bases	N/A
(2)	CPI for Social Security	N/A
(3)	Future Salaries	
	(c) Funding Target	N/A
	(d) FAS 35	N/A
(4)	Cost of Living Adjustment	N/A

Statement of Actuarial Assumptions/Methods

Decrement Assumptions

Below is a summary of decrements used in this valuation.

Mortality Decrements		Description
(1)	Funding Target	
	Actives & Inactives	RP-2000 IRS PPA Non-Annuitant (pre retirement) & Annuitant (post retirement); both tables projected to the valuation date
(2)	FAS 35	
	Actives & Inactives	RP-2000 IRS PPA Non-Annuitant (pre retirement) & Annuitant (post retirement); both tables projected to the valuation date

Retirement Decrement		Disability Decrement		Termination Decrement	
Age	Rates	Age	Rates	Age	Rates
Age 65 for all deferred vested participants		None Assumed		None Assumed	

The weighted average retirement age is 65. Sample Retirement, Disability, and Termination rates are shown in the tables above.

Marital Demographics

For the purpose of valuing pre-retirement death benefits, 80% of all participants are assumed to be married and husbands are assumed to be 4 years older than their spouses.

Expenses

The target normal cost is loaded by \$44,000 for expenses.

Statement of Actuarial Assumptions/Methods

Form of Benefit Payment

All benefits are assumed to be paid out as life annuity.

Changes in Valuation Assumptions

The following changes in actuarial assumptions or methods have been made since the prior valuation:

1. Interest rates mandated by the Pension Protection Act are based on rates published two months before the valuation date (October rates). Last year rates published as of the valuation date were used (December).
2. The actuarial value of assets is determined using a smoothing method. Last year market value of assets was used.
3. The target normal cost is loaded by \$44,000 for expenses. Last year no load for expenses was used.
4. The FAS 35 mortality assumption for valuing annual payments was changed from the RP-2000 Combined Healthy Male and Female Tables without projection to the RP-2000 IRS PPA Non-Annuitant (pre retirement) and Annuitant (post retirement) tables projected to the valuation date.

Schedule C, Line 2(h) Formula Descriptions

ENGINEERED AIR SYSTEMS, INC. HOURLY RATED EMPLOYEES PENSION PLAN

EIN No.: 43-1252405, Plan No. 001

Plan Year Ending: 12/31/2009

Indirect Compensation in the form of revenue sharing was paid to the following Service Providers:

Diversified Investment Advisors (13-3689044)

National Financial Services (04-3523567)

Mid Atlantic Capital Corporation (25-1409618)

Revenue amounts are shown in annualized basis points of plan assets invested in applicable fund

Fund Family	Fund Name	Start Date	End Date	Revenue to Diversified Investment Advisors	Revenue to National Financial Services	Revenue to Mid Atlantic Capital Corporation
GE	GE INST US EQTY	1/1/2009	12/31/2009	14.505	0.495	
GE	GE INST INCOME	1/1/2009	12/31/2009	9.670	0.330	
GE	GE INST SMCAP EQ	1/1/2009	12/31/2009	9.670	0.330	
GE	GE INST INTL EQTY	1/1/2009	12/31/2009	14.505	0.495	

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2009**This Form is Open to Public
Inspection**For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.**A** Name of plan**B** Three-digit
plan number (PN) ▶

001

ENGINEERED AIR SYSTEMS, INC. HOURLY RATED EMPLOYEES PENSION PLAN

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

DRS Sustainment Systems, Inc.

D Employer Identification Number (EIN)

43-1275001

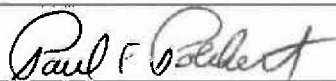
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F** Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500**Part I Basic Information****1** Enter the valuation date: Month 1 Day 1 Year 2009**2** Assets:**a** Market value..... **2a** 4,132,622**b** Actuarial value..... **2b** 4,545,884**3** Funding target/participant count breakdown

(1) Number of participants

(2) Funding Target

a For retired participants and beneficiaries receiving payment..... **3a** 127 3,946,088**b** For terminated vested participants..... **3b** 78 1,172,891**c** For active participants:(1) Non-vested benefits..... **3c(1)** 0(2) Vested benefits..... **3c(2)** 0(3) Total active..... **3c(3)** 0**d** Total..... **3d** 205 5,118,979**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** 8.28 %**6** Target normal cost..... **6** 44,000**Statement by Enrolled Actuary**

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

**SIGN
HERE**

Signature of actuary

10/11/2010

Date

PAUL F. POLCHERT

Type or print name of actuary

08-02704

Most recent enrollment number

AON CONSULTING, INC.

(201) 460-6699

Telephone number (including area code)

301 ROUTE 17 NORTH, FOURTH FLOOR

RUTHERFORD

NJ 07070

Address of the firm

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

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	808,279	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)	808,279	0
10 Interest on item 9 using prior year's actual return of <u>(34.47)%</u>	(278,614)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>6.21 %</u>		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	79,000	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	450,665	0

Part III Funding percentages

14 Funding target attainment percentage	14	80.00 %
15 Adjusted funding target attainment percentage	15	80.00 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	105.71 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c) 0

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

21 Discount rate:			
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %
			☒ N/A, full yield curve used
b Applicable month (enter code)			21b 3
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	
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	44,000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	716,621	127,629
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	171,629
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	171,629	
36 Additional cash requirement (item 34 minus item 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	0
38 Interest-adjusted excess contributions for current year (see instructions)	38	
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