

<div>Form 5500-SF</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>Short Form Annual Return/Report of Small Employee Benefit Plan</div> <div>This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</div>		<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>	
<div>Part IAnnual Report Identification Information</div> <div>For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009</div> <div><div>A This return/report is for:</div><div>☒ single-employer plan</div><div>☐ multiple-employer plan (not multiemployer)</div><div>☐ one-participant plan</div><div>B This return/report is for:</div><div>☐ first return/report</div><div>☐ final return/report</div><div>☐ an amended return/report</div><div>☐ short plan year return/report (less than 12 months)</div><div>C Check box if filing under:</div><div>☒ Form 5558</div><div>☐ automatic extension</div><div>☐ DFVC program</div><div>☐ special extension (enter description)</div></div>					
<div>Part II Basic Plan Information—enter all requested information</div> <div><div>1a Name of plan</div><div>MOEN OF PENNSYLVANIA,INC. HOURLY EMPLOYEES PENSION PLAN</div><div>1b Three-digit plan number (PN) ▶</div><div>011</div><div>1c Effective date of plan</div><div>01/01/1975</div><div>2a Plan sponsor's name and address (employer, if for single-employer plan)</div><div>MOEN INCORPORATED</div><div>25300 AL MOEN DRIVE</div><div>NORTH OLMSTED, OH 44070-8022</div><div>2b Employer Identification Number (EIN)</div><div>36-0548230</div><div>2c Plan sponsor's telephone number</div><div>440-962-2000</div><div>2d Business code (see instructions)</div><div>332510</div><div>3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")</div><div>MOEN INCORPORATED</div><div>25300 AL MOEN DRIVE</div><div>NORTH OLMSTED, OH 44070-8022</div><div>3b Administrator's EIN</div><div>36-0548230</div><div>3c Administrator's telephone number</div><div>440-962-2000</div><div>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. Sponsor's name</div><div>4b EIN</div><div>4c PN</div><div>5a Total number of participants at the beginning of the plan year</div><div>64</div><div>5b Total number of participants at the end of the plan year</div><div>61</div><div>5c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)</div><div>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</div><div>☒ Yes</div><div>☐ No</div><div>6b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)</div><div>☒ Yes</div><div>☐ No</div><div>If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</div></div>					
<div>Part III Financial Information</div> <div><div>7 Plan Assets and Liabilities</div><div><div>a Total plan assets</div><div>7a10870751269403</div><div>b Total plan liabilities</div><div>7b111041464</div><div>c Net plan assets (subtract line 7b from line 7a)</div><div>7c10759711267939</div></div></div> <div><div>8 Income, Expenses, and Transfers for this Plan Year</div><div><div>a Contributions received or receivable from:</div><div>(1) Employers8a(1)116235</div><div>(2) Participants8a(2)</div><div>(3) Others (including rollovers)8a(3)</div><div>b Other income (loss)8b219597</div><div>c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c335832</div><div>d Benefits paid (including direct rollovers and insurance premiums to provide benefits)8d59776</div><div>e Certain deemed and/or corrective distributions (see instructions)8e</div><div>f Administrative service providers (salaries, fees, commissions)8f84088</div><div>g Other expenses8g</div><div>h Total expenses (add lines 8d, 8e, 8f, and 8g)8h143864</div><div>i Net income (loss) (subtract line 8h from line 8c)8i191968</div><div>j Transfers to (from) the plan (see instructions)8j</div></div></div>					

Part IV Plan Characteristics**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1B 1G 3H

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

	Yes	No	Amount
10 During the plan year:			
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c Was the plan covered by a fidelity bond?	X		40000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)		X	
f Has the plan failed to provide any benefit when due under the plan?		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))..... ☒ Yes ☐ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year.....	12b	
c Enter the amount contributed by the employer to the plan for this plan year.....	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	

e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a** _____

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	10/14/2010	LAUREN TASHMA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	LAUREN TASHMA
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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>MOEN OF PENNSYLVANIA,INC. HOURLY EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>011</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MOEN INCORPORATED</u>	D Employer Identification Number (EIN) <u>36-0548230</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>1087484</u>
b Actuarial value	2b <u>1196232</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>19</u> <u>455229</u>
b For terminated vested participants	3b <u>19</u> <u>137848</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>16466</u>
(2) Vested benefits	3c(2) <u>471934</u>
(3) Total active	3c(3) <u>26</u> <u>488400</u>
d Total	3d <u>64</u> <u>1081477</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>8.17</u> %
6 Target normal cost	6 <u>84663</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>10/06/2010</u>
Signature of actuary	Date
<u>MARK J. FRIEDMAN</u>	<u>08-05924</u>
Type or print name of actuary	Most recent enrollment number
<u>HEWITT ASSOCIATES LLC</u>	<u>847-295-5000</u>
Firm name	Telephone number (including area code)
<u>100 HALF DAY ROAD</u> <u>LINCOLNSHIRE, IL 60069</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)	356003	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	16870	0
9	Amount remaining (Item 7 minus item 8).....	339133	0
10	Interest on item 9 using prior year's actual return of <u>-25.21</u> %	-85495	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		132907
b	Interest on (a) using prior year's effective rate of <u>6.14</u> %		2872
c	Total available at beginning of current plan year to add to prefunding balance		135779
d	Portion of (c) to be added to prefunding balance.....		77412
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	253638	77412

Part III Funding percentages			
14	Funding target attainment percentage.....	14	80.00 %
15	Adjusted funding target attainment percentage.....	15	110.61 %
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	97.07 %
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
02/03/2010	116235				
			Totals ►	18(b)	116235
				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 106696
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
0	0	0
		(4) 4th
		0

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	84663
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	84663
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	24496	0
36 Additional cash requirement (item 34 minus item 35).....	36	60167
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	106696
38 Interest-adjusted excess contributions for current year (see instructions).....	38	46529
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE SB (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>Pennsylvania Hourly Employees Pension Plan</u>	B Three-digit plan number (PN) ▶ <u>011</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>Moen Incorporated</u>	D Employer Identification Number (EIN) <u>36-0548230</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>1</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value.....	2a	1,087,484	
b Actuarial value.....	2b	1,196,232	
3 Funding target/participant count breakdown			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	19	455,229
b For terminated vested participants	3b	19	137,848
c For active participants:			
(1) Non-vested benefits.....	3c(1)		16,466
(2) Vested benefits.....	3c(2)		471,934
(3) Total active	3c(3)	26	488,400
d Total.....	3d	64	1,081,477
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	8.17 %	
6 Target normal cost.....	6	84,663	

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>Mark J. Friedman</u> <i>MF</i> Signature of actuary	<u>10/06/2010</u> Date
	<u>Mark J. Friedman</u> Type or print name of actuary	<u>08-05924</u> Most recent enrollment number
	<u>Hewitt Associates LLC</u> Firm name	<u>(847) 295-5000</u> Telephone number (including area code)
	<u>100 Half Day Road</u> Address of the firm	
	<u>Lincolnshire IL 60069</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)	356,003	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	16,870	0
9 Amount remaining (Item 7 minus item 8)	339,133	0
10 Interest on item 9 using prior year's actual return of <u>(25.21)%</u>	(85,495)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		132,907
b Interest on (a) using prior year's effective rate of <u>6.14 %</u>		2,872
c Total available at beginning of current plan year to add to prefunding balance		135,779
d Portion of (c) to be added to prefunding balance		77,412
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (Item 9 + item 10 + item 11d - item 12)	253,638	77,412

Part III Funding percentages

14 Funding target attainment percentage	14	80.00 %
15 Adjusted funding target attainment percentage	15	110.61 %
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	97.07 %
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
02/03/2010	116,235				
Totals ►			18(b)	116,235	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	106,696

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	84,663
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	84,663
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	24,496	0
36 Additional cash requirement (item 34 minus item 35)	36	60,167
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	106,696
38 Interest-adjusted excess contributions for current year (see instructions)	38	46,529
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

Schedule SB Attachment (Form 5500)—2009 Plan Year
Pennsylvania Hourly Employees Pension Plan
EIN: 36-0548230 PN: 011

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2009

Date	Amount	Interest Rate	Interest Adjusted Contribution
February 3, 2010	\$ <u>116,235</u>	8.17%	\$ <u>106,696</u>
Total Contribution	\$ 116,235		\$ 106,696

Schedule SB Attachment (Form 5500)—2009 Plan Year
Pennsylvania Hourly Employees Pension Plan
EIN: 36-0548230 PN: 011

Schedule SB, line 22—Description of Weighted Average Retirement Age

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

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
55.5	0.00%	1.0000	0.00
56.5	0.00%	1.0000	0.00
57.5	20.00%	1.0000	11.50
58.5	5.00%	0.8000	2.34
59.5	5.00%	0.7600	2.26
60.5	10.00%	0.7220	4.37
61.5	5.00%	0.6498	2.00
62.5	20.00%	0.6173	7.72
63.5	10.00%	0.4938	3.14
64.5	10.00%	0.4445	2.87
65	100.00%	0.4000	26.00
Weighted Average			62.20

Schedule SB Attachment (Form 5500)—2009 Plan Year
Pennsylvania Hourly Employees Pension Plan
EIN: 36-0548230 PN: 011

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

Interest Rates	Based on the full Yield Curve with a two month lookback (October 2008 yield curve), with sample rates as follows:
Yield Curve	Duration 0.5 - 5.45% Duration 5.5 - 8.25% Duration 10.5 - 8.87% Duration 15.5 - 8.65% Duration 20.5 - 8.11% Duration 25.5 - 7.71% Duration 30.5 - 7.46%
Optional Payment Form Election Percentage	100% elect the normal form of payment of a life annuity.
Optional Payment Form Conversion Interest Rate	N/A.
Optional Payment Form Conversion Mortality	N/A.
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	Age 57 for participants with at least 10 years of service. Age 65 for participants with less than 10 years of service.
Mortality Rates	
Healthy and Disabled	2009 Static Mortality Table for Annuitants and Non-Annuitants Per §1.430(h)(3)-1(e).
Withdrawal Rates	See Table 2.
Disability Rates	See Table 3.
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$195,000.

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Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Trust Expenses Included in Target Normal Cost

\$65,467. The expenses included in the target normal cost reflect the prior year's administrative and investment expenses.

Expected Return on Assets

2007 Plan Year

6.09%.

2008 Plan Year

6.43%.

Actuarial Method

Standard Unit Credit Cost Method.

Valuation Date

January 1, 2009.

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Table 1
Retirement Rates

Age	Rate
55	0.00%
56	0.00%
57	20.00%
58	5.00%
59	5.00%
60	10.00%
61	5.00%
62	20.00%
63	10.00%
64	10.00%
65+	100.00%

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Table 2—Page 1 of 2
Termination Rates

Age	Years of Service					
	0	1	2	3	4	5+
18	14.40%	14.40%	14.40%	14.40%	14.40%	14.40%
19	14.40%	14.40%	14.40%	14.40%	14.40%	14.40%
20	14.40%	14.40%	14.40%	14.40%	14.40%	14.40%
21	14.40%	14.40%	14.40%	14.40%	14.40%	14.40%
22	13.50%	13.50%	13.50%	13.50%	13.50%	13.50%
23	12.90%	12.90%	12.90%	12.90%	12.90%	12.90%
24	12.00%	12.00%	12.00%	12.00%	12.00%	12.00%
25	11.40%	11.40%	11.40%	11.40%	11.40%	11.40%
26	10.80%	10.80%	10.80%	10.80%	10.80%	10.80%
27	9.90%	9.90%	9.90%	9.90%	9.90%	9.90%
28	9.30%	9.30%	9.30%	9.30%	9.30%	9.30%
29	8.70%	8.70%	8.70%	8.70%	8.70%	8.70%
30	8.70%	8.40%	8.40%	8.40%	8.40%	8.40%
31	8.70%	8.40%	7.80%	7.80%	7.80%	7.80%
32	8.70%	8.40%	7.80%	7.50%	7.20%	7.20%
33	8.70%	8.40%	7.80%	7.50%	7.20%	6.60%
34	8.70%	8.40%	7.80%	7.50%	7.20%	6.30%
35	8.70%	8.40%	7.80%	7.50%	7.20%	5.70%
36	8.70%	8.40%	7.80%	7.50%	7.20%	5.40%
37	8.70%	8.40%	7.80%	7.50%	7.20%	5.10%
38	8.70%	8.40%	7.80%	7.50%	7.20%	4.80%
39	8.70%	8.40%	7.80%	7.50%	7.20%	4.50%
40	8.70%	8.40%	7.80%	7.50%	7.20%	4.20%
41	8.70%	8.40%	7.80%	7.50%	7.20%	3.90%
42	8.70%	8.40%	7.80%	7.50%	7.20%	3.60%
43	8.70%	8.40%	7.80%	7.50%	7.20%	3.60%
44	8.70%	8.40%	7.80%	7.50%	7.20%	3.30%
45	8.70%	8.40%	7.80%	7.50%	7.20%	3.30%
46	8.70%	8.40%	7.80%	7.50%	7.20%	3.00%
47	8.70%	8.40%	7.80%	7.50%	7.20%	3.00%

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Termination Rates

Age	Years of Service					
	0	1	2	3	4	5+
48	8.70%	8.40%	7.80%	7.50%	7.20%	3.00%
49	8.70%	8.40%	7.80%	7.50%	7.20%	3.00%
50	8.70%	8.40%	7.80%	7.50%	7.20%	3.00%
51	8.70%	8.40%	7.80%	7.50%	7.20%	3.00%
52	8.70%	8.40%	7.80%	7.50%	7.20%	3.00%
53	8.70%	8.40%	7.80%	7.50%	7.20%	3.00%
54	8.70%	8.40%	7.80%	7.50%	7.20%	3.00%
55	8.70%	8.40%	7.80%	7.50%	7.20%	3.00%
56	8.70%	8.40%	7.80%	7.50%	7.20%	3.00%
57+	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

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Table 3
Disability Rates

Age	Male	Female	Age	Male	Female
15	0.030%	0.030%	45	0.192%	0.192%
16	0.030%	0.030%	46	0.216%	0.216%
17	0.030%	0.030%	47	0.246%	0.246%
18	0.030%	0.030%	48	0.282%	0.282%
19	0.030%	0.030%	49	0.312%	0.312%
20	0.030%	0.030%	50	0.358%	0.358%
21	0.030%	0.030%	51	0.410%	0.410%
22	0.030%	0.030%	52	0.472%	0.472%
23	0.030%	0.030%	53	0.534%	0.534%
24	0.030%	0.030%	54	0.602%	0.602%
25	0.030%	0.030%	55	0.670%	0.670%
26	0.030%	0.030%	56	0.738%	0.738%
27	0.030%	0.030%	57	0.812%	0.812%
28	0.034%	0.034%	58	0.890%	0.890%
29	0.034%	0.034%	59	0.970%	0.970%
30	0.034%	0.034%	60	1.050%	1.050%
31	0.038%	0.038%	61	1.140%	1.140%
32	0.038%	0.038%	62	1.232%	1.232%
33	0.042%	0.042%	63	1.326%	1.326%
34	0.042%	0.042%	64	1.420%	1.420%
35	0.052%	0.052%	65+	0.000%	0.000%
36	0.056%	0.056%			
37	0.066%	0.066%			
38	0.076%	0.076%			
39	0.090%	0.090%			
40	0.100%	0.100%			
41	0.114%	0.114%			
42	0.128%	0.128%			
43	0.148%	0.148%			
44	0.172%	0.172%			

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Schedule SB, Part V—Summary of Plan Provisions

Effective Date Initially effective January 1, 1984. Restated as of January 1, 1999. Amended through March 28, 2005.

Eligibility for Participation Any employee, regardless of age, who is covered under the bargaining agreement will enter the plan after completion one hour of service.

Normal Retirement Eligibility Age 65 and five years as a plan participant.

Benefit Monthly benefit for each year of credited service calculated according to the benefit schedule as follows:

Monthly Benefit Multiplier	Effective Date
\$9.25	04/01/1994
\$9.50	04/01/1995
\$10.00	04/01/1996
\$10.50	04/01/1997
\$11.00	04/01/1998
\$12.00	04/01/1999
\$13.00	04/01/2000
\$14.00	04/01/2001
\$14.75	04/01/2003
\$15.50	04/01/2004
\$16.25	04/01/2005
\$17.00	04/01/2006
\$17.25	04/01/2008

Early Retirement Eligibility Age 57 and 10 years of vesting service.

Benefit Accrued normal retirement benefit reduced by 5/8% for each month the participant is less than 62 years of age, payable at early retirement date.

Disability Retirement Eligibility Totally and permanently disabled, with at least 10 years of vesting service prior to age 65.

Benefit Accrued normal retirement benefit, payable at date of disability.

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Terminated Vested Benefit

Eligibility

Five years of vesting service.

Benefit

Accrued normal retirement benefit. For commencement prior to Normal Retirement Date, benefit is reduced 5/8% for each month commencement precedes Normal Retirement Date.

Preretirement Surviving Spouse Benefit

Eligibility

Active or deferred vested participants with five years of vesting service who have been married for at least one year.

Benefit

50% of the accrued normal retirement benefit payable at the date the participant would have been age 57 and completed 10 years of vesting service (or age at death if later), reduced 5/8% for each month the participant was less than 62 years of age.

Normal Form of Payment

For unmarried participants: life annuity. For married participants: the actuarial equivalent qualified joint and survivor annuity.

Optional Forms of Payment

50%, 75%, or 100% Joint and Survivor Annuity. Actuarial equivalence for this purpose is based on a 6.00% interest rate and the RP-2000 Combined Healthy Mortality Table, blended 50% male and 50% female with no age setbacks.

Voluntary Lump Sum Cash-out (\$1,001-\$5,000).

Definitions

Credited Service

One full year for each calendar year in which the employee completed at least 1,800 hours of service. Credited service is granted to the nearest one twelfth (1/12) if the employee worked less than 1,800 hours in any calendar year.

Vesting Service

One full year for each calendar year in which the employee completed at least 1,000 hours of service. Vesting service is granted to the nearest one twelfth (1/12) if the employee worked less than 1,000 but more than 500 hours in any calendar year.

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Changes in Plan Provisions since the Prior Year

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

- An increase in the annual maximum benefit limit under IRC Section 415 from \$185,000 in 2008 to \$195,000 in 2009.

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

- The target liability was calculated using the full yield curve based on corporate bonds rates for October. As such, "2" was entered on line 21b as the applicable lookback month.
- The excess contributions reported on Line 11 differ from the excess contributions reported on Line 38 of the 2008 Schedule SB. The amount on Line 11 reflects the calculation of excess contributions according to the final Section 430 regulations released October 7, 2009.

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Schedule SB, line 25—Change in Funding Method

The funding valuation reflects the following method changes:

- A change in the asset valuation method from a three-month average value method to a two-year smoothed value method.
- A change in the interest rate basis from segment rates to the full yield curve with a two month lookback (October 2008 full yield curve).
- An addition to the Target Normal Cost of assumed expenses payable from the trust, as required by WRERA.

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

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

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

N-26