

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ 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 PRECISION COMPONENTS INTERNATIONAL, INC. DEFINED BENEFIT PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 03/01/1995
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) PRECISION COMPONENTS INTERNATIONAL 8801 MACON ROAD COLUMBUS, GA 31908	2b Employer Identification Number (EIN) 58-2148113 2c Sponsor's telephone number 706-568-5450 2d Business code (see instructions) 336410

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.	10/14/2010	RICKEY GIBSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	RICKEY GIBSON
	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")

PRECISION COMPONENTS INTERNATIONAL

8801 MACON ROAD
COLUMBUS, GA 31908**3b** Administrator's EIN

58-2148113

3c Administrator's telephone number

706-568-5450

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:**a** Sponsor's name**4b** EIN**4c** PN**5** Total number of participants at the beginning of the plan year**5**

605

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**

220

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

105

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

266

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

591

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

14

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

605

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

0

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

1A 1G

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**9a** Plan funding arrangement (check all that apply)(1) ☒

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☐

Trust

(4) ☐

General assets of the sponsor

9b Plan benefit arrangement (check all that apply)(1) ☒

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☐

Trust

(4) ☐

General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)**a Pension Schedules**(1) ☒**R** (Retirement Plan Information)(2) ☐**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary(3) ☒**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary**b General Schedules**(1) ☒**H** (Financial Information)(2) ☐**I** (Financial Information – Small Plan)(3) ☒**A** (Insurance Information)(4) ☒**C** (Service Provider Information)(5) ☒**D** (DFE/Participating Plan Information)(6) ☐**G** (Financial Transaction Schedules)

<div>SCHEDULE A (Form 5500) <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>	<div>Insurance 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>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</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 PRECISION COMPONENTS INTERNATIONAL, INC. DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. PRECISION COMPONENTS INTERNATIONAL	D Employer Identification Number (EIN) 58-2148113	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
--------	---	--

1 Coverage Information:

(a) Name of insurance carrier
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	SA 12793	605	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	21170291

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY

b Balance at the end of the previous year	7b	0
--	-----------	---

c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)		
	7c(4)		
	7c(5)		

(6) Total additions	7c(6)	0
---------------------------	--------------	---

d Total of balance and additions (add b and c(6)).	7d	0
---	-----------	---

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)		

(5) Total deductions	7e(5)	0
----------------------------	--------------	---

f Balance at the end of the current year (subtract e(5) from d)	7f	0
---	-----------	---

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
--	--	---

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>PRECISION COMPONENTS INTERNATIONAL, INC. DEFINED BENEFIT 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>PRECISION COMPONENTS INTERNATIONAL</u>	D Employer Identification Number (EIN) <u>58-2148113</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>16552924</u>
b	Actuarial value 2b <u>18208216</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>104</u> <u>6011581</u>
b	For terminated vested participants 3b <u>273</u> <u>4910713</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>0</u>
(2)	Vested benefits 3c(2) <u>10237685</u>
(3)	Total active 3c(3) <u>228</u> <u>10237685</u>
d	Total 3d <u>605</u> <u>21159979</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>7.99 %</u>
6	Target normal cost 6 <u>509519</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>10/12/2010</u>
Signature of actuary	Date
<u>RICHARD A. ERICKSON</u>	<u>08-05483</u>
Type or print name of actuary	Most recent enrollment number
<u>MASSMUTUAL LIFE INSURANCE CO.</u>	<u>413-744-3601</u>
Firm name	Telephone number (including area code)
<u>1295 STATE STREET</u> <u>SPRINGFIELD, MA 01111-0001</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)	58971	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	5566	0
9	Amount remaining (Item 7 minus item 8).....	53405	0
10	Interest on item 9 using prior year's actual return of <u>-28.28</u> %	-15103	
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 _____%		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		
12	Reduction in balances due to elections or deemed elections.....		
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	38302	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	85.86 %
15	Adjusted funding target attainment percentage.....	15	85.86 %
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	85.31 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2009	313666				
07/15/2009	313666				
10/15/2009	313666				
03/25/2010	328000				
			Totals ►	18(b)	1268998
				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 1201655
20 Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b	If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:		

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

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b
22 Weighted average retirement age				22 60
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	509519
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	2990063	604949
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	1114468
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	38301	0
36 Additional cash requirement (item 34 minus item 35).....	36	1076167
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	1201655
38 Interest-adjusted excess contributions for current year (see instructions).....	38	125488
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan PRECISION COMPONENTS INTERNATIONAL, INC. DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PRECISION COMPONENTS INTERNATIONAL	D Employer Identification Number (EIN) 58-2148113	

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ENNIS KNUPP

36-3109431

(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?
27	INDEPENDENT INVESTMENT AD	69304	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

(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?
52 63 72	CONTRACT ADMINISTRATOR	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

ENNIS KNUPP AND ASSOCIATES

36-3109431

(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?
27	INVESTMENT ADVISORY	39923	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RICHARD DENZIK & ASSOCIATES

03-0429754

(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	INDEPENDENT AUDITOR	19000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	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.
SELECT INDEXED EQTY NORTHRN TRUST 04-3410047	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	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.
SELECT OVERSEAS MFS/HARRIS/ALLBER 04-3557000	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	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.
SELECT FUNDAMENTAL VAL WELLINGTON 04-3584138	BASIS POINTS * PLAN ASSETS

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	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.
SELECT STRATEGIC BOND WESTERN 26-0099965	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 72	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.
TOTAL RETURN PIMCO 33-0239892	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 72	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.
GROWTH AMERICA AMERICAN 52-0792143	BASIS POINTS * PLAN ASSETS

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 72	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.
EUROPACIFIC GROWTH AMERICAN 95-6810128	BASIS POINTS * PLAN ASSETS

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan PRECISION COMPONENTS INTERNATIONAL, INC. DEFINED BENEFIT PENSION PLAN		B Three-digit plan number (PN) ► 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 PRECISION COMPONENTS INTERNATIONAL		D Employer Identification Number (EIN) 58-2148113

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: SIA-YX			
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE			
c EIN-PN 04-1590850-150	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5268313	
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-HW			
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE			
c EIN-PN 04-1590850-419	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2706064	
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-QE			
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE			
c EIN-PN 04-1590850-346	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7347472	
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-LK			
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE			
c EIN-PN 04-1590850-173	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2678180	
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-VB			
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE			
c EIN-PN 04-1590850-276	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3170261	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

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

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

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

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A Name of plan PRECISION COMPONENTS INTERNATIONAL, INC. DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 PRECISION COMPONENTS INTERNATIONAL	D Employer Identification Number (EIN) 58-2148113

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)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	15811116	21170291
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(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	15811116	21170291

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	15811116	21170291
---	-----------	----------	----------

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)	1695390	
(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)		1695390

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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		4456172
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		6151562

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	661041	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	62042	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		723083
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)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	69304	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		69304
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		792387

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5359175
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: RICHARD J DENZIK, CPA, P.C.

(2) EIN: 03-0429754

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.		X	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

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

A Name of plan <u>PRECISION COMPONENTS INTERNATIONAL, INC. DEFINED BENEFIT 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>PRECISION COMPONENTS INTERNATIONAL</u>	D Employer Identification Number (EIN) <u>58-2148113</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-1590850</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3 <u>0</u>

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

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

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

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

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

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

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Audited Financial Statements

**PRECISION COMPONENTS INTERNATIONAL, INC.
DEFINED BENEFIT PENSION PLAN**

December 31, 2009

Independent Auditor's Report.	1
Statements of Net Assets.	2
Statements of Changes in Net Assets	3
Notes to Financial Statements.	4
Schedule of Assets Held for Investment.	10
Schedule of Transactions or Series of Transactions in Excess of 5% of the Current Value of Plan Assets.	11

RICHARD J. DENZIK, CPA , P.C.

Certified Public Accountant

706-660-0504 Ext 111
FAX 706-660-0507

800 Brookstone Centre Parkway
Post Office Box 9151
Columbus, Georgia 31908-9151

INDEPENDENT AUDITOR'S REPORT

Administrative Committee of Precision Components
International Inc. Defined Benefit Pension Plan
Columbus, Georgia

I was engaged to audit the statements of net assets available for plan benefits of Precision Components International, Inc. Defined Benefit Plan as of December 31, 2009 and 2008, the related statements of changes in net assets available for plan benefits for the years then ended, and the schedules of assets held for investment and of transactions or series of transactions in excess of 5% of the current value of plan assets as of or for the years ended December 31, 2009 and 2008. These financial statements and 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 me not to perform, and I did not perform, any auditing procedures with respect to the information summarized in Note E, which was certified by MassMutual, the trustees of the Plan, except for comparing the information with the related information included in the accompanying financial statements and schedules. I have been informed by the plan administrator that the trustee hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that I did not audit, I am unable to, and do not, express an opinion on the accompanying financial statements and schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the trustee, have been audited by me in accordance with auditing standards generally accepted in the United States of America and, in my opinion, is 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.



Columbus, Georgia
September 30, 2010

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

**PRECISION COMPONENTS INTERNATIONAL, INC.
DEFINED BENEFIT PENSION PLAN**

	December 31,	
	2009	2008
ASSETS		
Employer contribution receivable	\$ 328,000	\$ 754,392
Investments at fair value--Note E		
Equity funds	13,822,819	9,726,763
Bond funds	<u>7,347,472</u>	<u>6,084,353</u>
	\$ <u>21,498,291</u>	\$ <u>16,565,508</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS	\$ <u>21,498,291</u>	\$ <u>16,565,508</u>

See notes to financial statements

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

PRECISION COMPONENTS INTERNATIONAL, INC. DEFINED BENEFIT PENSION PLAN

	Year Ended December 31, 2009	2008
Additions--Note E		
Employer contribution	\$ 1,268,998	\$ 1,320,631
Realized gains	\$ 17,869	\$ 0
TOTAL ADDITIONS	1,286,867	1,320,631
Deductions--Note E		
Benefit payments	723,083	634,179
Administrative expenses	69,304	0
TOTAL DEDUCTIONS	792,387	634,179
	494,480	686,452
Unrealized appreciation (depreciation) in aggregate current value of investments—Note F	4,438,303	(6,263,256)
NET ADDITIONS (DEDUCTIONS)	4,932,783	(5,576,804)
Net assets available for plan benefits at the beginning of the year	16,565,508	22,142,312
NET ASSETS AVAILABLE FOR PLAN BENEFITS AT THE END OF THE YEAR	\$ 21,498,291	\$ 16,565,508

See notes to financial statements

NOTES TO FINANCIAL STATEMENTS

PRECISION COMPONENTS INTERNATIONAL, INC. DEFINED BENEFIT PENSION PLAN

NOTE A--SIGNIFICANT ACCOUNTING POLICIES

Accounting Records: The accounting records of the Plan are maintained on the accrual basis.

Investments: Investments are maintained and managed by Mass Mutual. Investments are recorded at fair value. The current value of the investments as reflected in the accompanying financial statements have been determined by Mass Mutual for assets held by them.

The changes in the difference between current value and the cost of investments at the beginning of the year and the end of the year, as adjusted for sales during the year of investments held at the beginning of the year, is reflected in the statement of changes in net assets available for plan benefits as unrealized appreciation or depreciation in the aggregate current value of investments.

The realized gain or loss on investments is the difference between the proceeds received and the current value as of the end of the preceding year.

Use of Estimates: The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure 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 revenues and expenses during the reporting period. Actual results could differ from those estimates.

Concentration of Credit Risk: Financial instruments that potentially subject the Plan to significant concentrations of credit risk consist principally of short-term investments.

The custodian maintains cash equivalents and certain other financial instruments with various financial institutions. The custodian's policy is designed to limit exposure at any one institution. The custodian performs periodic evaluations of the relative credit standing of those financial institutions which are considered in the Plan's investment strategy.

Payment of Benefits: Benefits are recorded when paid.

Actuarial Present Value of Accumulated Plan Benefits: Accumulated plan benefits are those future periodic payments, including lump sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The accumulated plan benefits for active employees are based on credited service through the valuation date. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

NOTES TO FINANCIAL STATEMENTS

PRECISION COMPONENTS INTERNATIONAL, INC. DEFINED BENEFIT PENSION PLAN-CONTINUED

NOTE A—SIGNIFICANT ACCOUNTING POLICIES-Continued

The actuarial present value of accumulated plan benefits were determined by actuaries from Mass Mutual and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations for December 31, 2009 and 2008 were (a) salary increase rate of 3% , (b) discount rate for obligations of 7.99% and 6.12% and (c) investment returns of 8%, (d) current liability interest rate of 7.99% and 6.12% respectively.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

NOTE B--DESCRIPTION OF THE PLAN

Formation: Effective March 1, 1995, Precision Components International, Inc. (PCI) was spun off from United Technologies Corporation (UTC). Precision Components International, Inc. assumed sponsorship of a qualified retirement plan to provide benefits to those employees previously covered under the United Technologies Corporation Retirement Plan.

The actuarially determined assets of the employees spun off to PCI were determined as of March 1, 1995. These assets were held in the trust of UTC's retirement plan as of December 31, 1995. They were transferred to PCI's Plan during 1996 along with accrued earnings.

General: Precision Components International, Inc. Defined Benefit Pension Plan is a defined benefit plan which covers all employees of the Company other than those covered by a collective bargaining agreement unless otherwise agreed to by the Company.

Benefits: A participant who retires at his normal retirement age (65) shall be entitled to receive a retirement benefit payable monthly during his lifetime based on years of service and final average earnings as defined in the Plan.

The Plan permits early retirement at ages 55 - 64 with 10 years of service. Benefits are reduced by a percentage for each year of retirement before normal retirement age. If employees terminate before rendering 5 years of service, they forfeit the right to receive their accumulated plan benefits.

If an active employee dies at age 55 or older, with 5 years of service, the eligible spouse, if any, shall receive monthly payments in the form of joint and survivor annuity as computed under the Plan. Active employees who become totally disabled before age 65 and have completed 10 years of service shall be entitled to monthly benefits equal to the normal retirement benefits they have accumulated as of the time they become disabled.

Plan Expenses: Certain administrative expenses of the Plan are paid by the Sponsor.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

NOTE B--DESCRIPTION OF THE PLAN - Continued

Contributions to the Plan: The Company has agreed to contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan participants. The contributions for 2009 and 2008 met or exceeded the minimum funding requirements of ERISA.

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

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

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

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan 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 and 2008 that ceiling, which is adjusted periodically, were \$4,500 and \$4,313 per month, respectively. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

NOTE B--DESCRIPTION OF THE PLAN - Continued

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

NOTE C--INCOME TAX STATUS

The Internal Revenue Service has ruled that the Plan qualified as an exempt organization under the Internal Revenue Code and is, therefore, not subject to tax under the present income tax laws.

NOTE D--ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are summarized as follows:

	January 1,	
	2009	2008
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 6,171,713	\$ 5,742,130
Other participants	15,507,913	14,485,117
	21,679,626	20,227,247
Nonvested benefits	0	0
Total actuarial present value of accumulated plan benefits	<u>\$21,679,626</u>	<u>\$20,227,247</u>

Decrease in accumulated plan benefits is due primarily to accumulation of additional benefits for participants' additional year of service of \$2,086,524, decrease due to disbursements of \$587,523 and decrease due to other changes of \$46,622.

NOTE E – INFORMATION FURNISHED BY TRUSTEE

	December 31, 2009		December 31, 2008	
	Cost	Current Value	Cost	Current Value
ASSETS:				
Bond funds	\$ 6,312,194	\$ 7,347,472	\$ 6,101,820	\$ 6,084,353
Equity funds	<u>13,706,888</u>	<u>13,822,819</u>	<u>13,306,828</u>	<u>9,726,763</u>
NET ASSETS	<u>\$20,019,082</u>	<u>\$21,170,291</u>	<u>\$19,408,648</u>	<u>\$15,811,116</u>

**NOTE F—NET UNREALIZED APPRECIATION (DEPRECIATION) IN AGGREGATE
CURRENT VALUE OF INVESTMENTS**

Equity funds	\$ 3,367,688
Bond funds	<u>1,070,615</u>
	\$ <u>4,438,303</u>

NOTES TO FINANCIAL STATEMENTS – CONTINUED

NOTE G—INVESTMENTS

The following presents the fair value of investments, investments that represent 5% or more of the Plan's net assets are shown separately:

	December 31	
	2009	2008
Fundamental Value fund	\$ 2,678,180	\$ 1,937,808
Indexed Equity fund	5,268,313	3,659,160
Growth Equity fund	2,706,064	1,839,461
Strategic Bond fund	7,347,472	6,084,353
Euro Pacific fund	3,170,262	2,290,334

NOTE H—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 such changes could materially affect the amounts reported in the statement of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employment 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.

NOTE I—RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for plan benefits per the financial statements at December 31, 2009 and 2008 to the Form 5500:

	December 31	
	2009	2008
Net assets available per financial statements	\$ 21,498,291	\$ 16,565,508
Less employer contribution receivables	328,000	754,392
Net assets available per Form 5500	<u>\$ 21,170,291</u>	<u>\$ 15,811,116</u>

NOTES TO FINANCIAL STATEMENTS – CONTINUED

NOTE I—RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500- CONTINUED

The following is a reconciliation of employer contributions per the financial statements for the year ended December 31, 2009 to the Form 5500:

Employer contributions per financial statements	\$ 1,268,998
Net change in employer contributions receivable	<u>426,392</u>
Employer contributions per Form 5500	<u>\$ 1,695,390</u>

ASSETS HELD FOR INVESTMENT**PRECISION COMPONENTS INTERNATIONAL, INC.
DEFINED BENEFIT PENSION PLAN****December 31, 2009**

<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Cost</u>	<u>Current Value</u>
BOND FUNDS			
Strategic Bond Fund	Investment Fund-MassMutual	6,312,194	7,347,472
EQUITY FUNDS			
Fundamental Value Fund	Investment Fund-Mass Mutual	2,286,784	2,678,180
Indexed Equity Fund	Investment Fund-Mass Mutual	5,089,605	5,268,313
Growth Equity Fund	Investment Fund-Mass Mutual	2,956,969	2,706,064
Euro Pacific Fund	Investment Fund-Mass Mutual	3,373,530	3,170,262

**SCHEDULE OF TRANSACTIONS OR SERIES OF TRANSACTIONS IN EXCESS
OF 5% OF THE CURRENT VALUE OF PLAN ASSETS**

**PRECISION COMPONENTS INTERNATIONAL, INC.
DEFINED BENEFIT PENSION PLAN**

Year Ended December 31, 2009

<u>Identity of Party Involved</u>	<u>Description of Assets</u>	<u>(A) Purchase Price</u>
<u>Category (i) - A single transaction in excess of 5% of plan assets</u>		

<u>Selling Price</u>	<u>Expenses Incurred with Transaction</u>	<u>Cost of Asset</u>	<u>Current Value of Asset</u>	<u>Net Gain (Loss)</u>
--------------------------	---	--------------------------	---------------------------------------	----------------------------

**SCHEDULE OF TRANSACTIONS OR SERIES OF TRANSACTIONS IN EXCESS
OF 5% OF THE CURRENT VALUE OF PLAN ASSETS**

**PRECISION COMPONENTS INTERNATIONAL, INC.
DEFINED BENEFIT PENSION PLAN**

Year Ended December 31, 2009

<u>Identity of Party Involved</u>	<u>Description of Assets</u>	<u>(A) Purchase Price</u>
<u>Category (iii) - A series of transactions in excess of 5% of plan assets</u>		
Mass Mutual	Select Indexed Fund	\$ 1,247,098(13)
Mass Mutual	Select Indexed Fund	
Mass Mutual	Strategic Bond Fund	\$ 1,146,079(12)
Mass Mutual	Strategic Bond Fund	

There were no category(i), (ii), or (iv) reportable transactions during 2009

(A) Purchase price equals current value at date of acquisition

() The number in parenthesis indicates the number of individual transactions included in the series.

<u>Selling Price</u>	<u>Expenses Incurred with Transaction</u>	<u>Cost of Asset</u>	<u>Current Value of Asset</u>	<u>Net Gain (Loss)</u>
	\$ 0	\$ 1,247,098	\$ 1,247,098	
\$ 802,770(27)	0	802,770	802,770	\$ 0
	0	1,146,079	1,146,079	
953,574(6)	0	935,705	935,705	17,869

**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

Precision Components International, Inc. DB Pension Plan

**B Three-digit
plan number (PN)**

001

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

Precision Components International

D Employer Identification Number (EIN)

58-2148113

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	16,552,924
b Actuarial value.....	2b	18,208,216

3 Funding target/participant count breakdown

(1) Number of participants

(2) Funding Target

a For retired participants and beneficiaries receiving payment	3a	104	6,011,581
b For terminated vested participants	3b	273	4,910,713
c For active participants:			
(1) Non-vested benefits.....	3c(1)		0
(2) Vested benefits.....	3c(2)		10,237,685
(3) Total active	3c(3)	228	10,237,685
d Total.....	3d	605	21,159,979

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** 7.99 %**6** Target normal cost..... **6** 509,519**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

Date

Richard A. Erickson

08-05483

Type or print name of actuary

Most recent enrollment number

MassMutual Life Insurance Co.

(413) 744-3601

Firm name

Telephone number (including area code)

1295 State Street

Springfield

MA 01111-0001

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)	58,971	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	5,566	0
9 Amount remaining (Item 7 minus item 8).....	53,405	0
10 Interest on item 9 using prior year's actual return of <u>(28.28)%</u>	(15,103)	
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 _____ %		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance.....		
12 Reduction in balances due to elections or deemed elections.....		
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	38,302	0

Part III Funding percentages

14 Funding target attainment percentage.....	14	85.86 %
15 Adjusted funding target attainment percentage.....	15	85.86 %
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	85.31 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2009	313,666				
07/15/2009	313,666				
10/15/2009	313,666				
03/25/2010	328,000				
Totals ▶			18(b)	1,268,998	18(c) 0

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

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	1,201,655

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b
22 Weighted average retirement age				22 60
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	509,519
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	2,990,063	604,949
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	1,114,468
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	38,301	0
36 Additional cash requirement (item 34 minus item 35).....	36	1,076,167
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c).....	37	1,201,655
38 Interest-adjusted excess contributions for current year (see instructions).....	38	125,488
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, Line 19 - Discounted Employer Contributions

Plan Anniversary: January 1, 2009

Plan Effective Rate: 7.99%

Date	Amount Paid in Cash	For Plan Year	Value as of January 1, 2009
04/15/09	313,666	2009	306,871
07/15/09	313,666	2009	301,046
10/15/09	313,666	2009	295,269
03/25/10	328,000	2009	298,469
Total	\$ 1,268,998		\$ 1,201,655

Schedule SB, Line 22 - Discription of Weighted Average Retirement Age

Assumed Retirement Age

All active participants are assumed to retire at age 60.

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

Many of the factors affecting the funding cost and liability cost of the Plan are variables which cannot be predicted with certainty. The following actuarial assumptions have either been mandated by statute and regulation or selected to reasonably anticipate future experience with respect to these variables.

Funding Target and Liability for Maximum Tax Deductible Contribution

Interest:	IRS October Full Yield Curve
Preretirement Mortality:	IRC Sec 430 2009 Static Non-Annuitant Tables
Postretirement Mortality:	IRC Sec 430 2009 Static Annuitant Tables
Assumed Retirement:	60
Termination:	Tabular (see rates on next page)
Incidence of Disability:	None
Salary Scale:	3.00%
Marriage:	It is assumed that 100% of participants over age 54 are married and 80% of participants younger than 54 are married and that a male is 3
Expenses:	Administrative expenses are expected to be paid from plan funds.
Optional Forms:	Liabilities include no load to account for the value of optional annuity forms.

Termination (sample rates)

<u>Age</u>	<u>Rate</u>
20	12.90%
25	9.90%
30	7.80%
35	6.75%
40	4.73%
45	3.90%
50	2.93%
55	1.65%
60	0.00%

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

Actuarial Cost Method

The Target Normal Cost is equal to the present value as of the valuation date of the increase in the accrued benefit arising from the service and salary increase in the current plan year plus plan expenses expected to be paid from plan assets. The Funding Target as of the valuation date is the present value of the accrued benefit as of the valuation date.

Asset Valuation Method

The Actuarial Value of Assets is determined using a 3-year averaging method described in IRS Notice 2009-22. See the following page for development.

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

Development of Actuarial Value of Assets

1. January 1, 2007 Adjusted Market Value of Assets as of January 1, 2009

a. Market Value of Assets as of 1/1/2007 including prior year accrued contributions:	\$ 19,711,836
b. Contributions made through 1/1/2009 not included in assets above:	3,274,998
c. Benefit payments and expenses paid through 1/1/2009 not included in assets above:	1,276,598
d. Expected return:	<u>2,491,011</u>
e. 1/1/2007 Adjusted Market Value of Assets as of 1/1/2009:	
(a) + (b) + (c) + (d)	\$ 24,201,247

2. January 1, 2008 Adjusted Market Value of Assets as of January 1, 2009

a. Market Value of Assets as of 1/1/2008 including prior year accrued contributions:	\$ 22,142,312
b. Contributions made through 1/1/2009 not included in assets above:	1,308,047
c. Benefit payments and expenses paid through 1/1/2009 not included in assets above:	634,179
d. Expected return:	<u>1,283,875</u>
e. 1/1/2008 Adjusted Market Value of Assets as of 1/1/2009:	
(a) + (b) + (c) + (d)	\$ 24,100,055

3. January 1, 2009 Average Adjusted Market Value of Assets

a. 1/1/2007 Adjusted Market Value of Assets as of 1/1/2009:	\$ 24,201,247
b. 1/1/2008 Adjusted Market Value of Assets as of 1/1/2009:	\$ 24,100,055
c. January 1, 2009 Market Value of Assets (including discounted receivables):	<u>\$ 16,552,924</u>
d. Average Adjusted Market Value of Assets: [(a)+(b)+(c)] / 3	\$ 21,618,075

4. 90% of 1/1/2009 Market Value of Assets \$ 14,897,632

5. 110% of 1/1/2009 Market Value of Assets \$ 18,208,216

6. 1/1/2009 Actuarial Value of Assets: (4) < (3)(d) < (5) \$ 18,208,216

Schedule SB, Part V - Summary of Plan Provisions

The provisions shown here are only summaries. In the interest of space and simplicity, many of them have been abbreviated, simplified, or paraphrased. In matters of Plan interpretation or application, the actual Plan Document should be consulted.

Plan: Precision Components International, Inc. Defined Benefit Pension Plan

Employer Identification Number/Plan Number: 58-2148113/001

Effective Date: March 1, 1995

Plan Year: January 1 through December 31

Employer: Precision Components International, Inc.

Eligible Employee: Any person who is employed by the Employer on a salaried or hourly basis, with exclusions as noted in the Plan Document.

Participation: Any full-time employee will be eligible for participation on the earlier of: (i) the January 1 coincident with or next following the date on which the Eligible Employee attains age 21; and (ii) the July 1 coincident with or next following the date on which the Eligible Employee attains age 20 1/2 and completes 6 months of Credited Service.

Any part-time employee will be eligible for participation on the earlier of the January 1 and July 1 coincident with or next following the date on which the Eligible Employee attains age 21 and completes 1 Year of Eligibility Service. A Year of Eligibility Service is any year beginning on employment date in which the employee completes 1000 Hours of Eligibility Service. An Hour of Eligibility Service is each hour for which an Employee is paid or entitled to payment. Please refer to the Plan Document for more details.

No Employee hired or rehired on or after January 1, 2005 shall become an Eligible Employee or Participant in the Plan unless the rehired individual is an Eligible Employee as of the date of a layoff initiated by the Employer and was recalled within two years of such layoff.

Continuous Service: The period of an Employee's employment with the Employer, as determined by the Employer from its personnel records. Any Salaried Employee who qualifies to receive a disability benefit under the Social Security Act and terminates employment because of such disability, will continue to accrue Continuous Service if the Participant had completed 10 years of Continuous Service on his disability onset date. Please refer to the Plan Document for more details.

Credited Service: Continuous Service credited for periods of employment as an Eligible Employee. Any Salaried Employee who qualifies to receive a disability benefit under the Social Security Act and terminates employment because of such disability, will continue to accrue Credited Service if the Participant had completed 10 years of Continuous Service on his disability onset date. Please refer to the Plan Document for more details.

Normal Retirement Date: The first day of the calendar month next following a Participant's 65th birthday.

Schedule SB, Part V - Summary of Plan Provisions

Early Retirement Date: The first day of any calendar month next following the Participant's 55th birthday and the completion of ten years of Continuous Service or after attaining the "Rule of 65". The employee must make such election at least ninety days before such Early Retirement Date.

Rule of 65: A Participant whose Severance Date occurs on or after age 50 (but prior to age 55) where the sum of age and Continuous Service equals or exceeds 65, may elect Early Retirement as of the first day of any month following the Participant's 55th birthday.

Annual Earnings: Total compensation from the Employer in any Plan Year when the Employee was a Participant, including overtime, bonuses and other compensation. Please refer to the Plan Document for more details.

Final Average Earnings: The average of an Employee's greatest five consecutive Annual Earnings in the most recent ten Plan Years including the Plan Year in which the Participant's Severance Date occurs.

Normal Retirement Benefit: *For Salaried Employees:* the greatest of (1), (2), and (3):

(1) is $1/12^{\text{th}}$ of (A) minus (B) where:

(A) is the sum of 1.5% of Final Average Earnings times Credited Service prior to January 1, 1978; plus 2% of Final Average Earnings times Credited Service after December 31, 1977 and prior to January 1, 2005 to a maximum of 20 years; plus 1% of Final Average Earnings times Credited Service after December 31, 1977 and prior to January 1, 2005 that exceeds 20 years; plus 1% Final Average Earnings times Credited Service after December 31, 2004.

(B) is the lesser of 1.5% times years of Credited Service, to a maximum of 50%, times the Social Security Amount, and 50% times the Aerospace Social Security Amount times Credited Service, divided by Continuous Service as an Employee in the Aerospace Group prior to January 1 1991, and years of Continuous Service on and after January 1, 1991.

(2) is $1/12^{\text{th}}$ of (C) minus (D) where:

(C) is the sum of the December 31, 1977 Plan Benefit Percentage times the Participant's Final Average Earnings, provided that such December 31, 1977 Plan Benefit Percentage shall be considered zero for any Employee who has no Credited Service prior to January 1, 1978; plus 2% of the Participant's Final Average Earnings times the Participant's Credited Service after December 31, 1977 and prior to January 1, 2005 to a maximum of 20 years; plus 1% of Final Average Earnings times Credited Service after December 31, 1977 and prior to January 1, 2005 that exceeds 20 years; plus 1% Final Average Earnings times Credited Service after December 31, 2004.

(D) is the lesser of 1.5% times years of Credited Service after December 31, 1977, to a maximum of 50%, times the Social Security Amount, and 50% times the Aerospace Social Security Amount times Credited Service after December 31, 1977, divided by Continuous Service as an Employee in the Aerospace Group prior to January 1 1991, and years of Continuous Service on and after January 1, 1991.

Schedule SB, Part V - Summary of Plan Provisions

(3) is $1/12^{\text{th}}$ of the product of the Participant's Credited Service and the applicable Dollar Amount from the table below:

Final Average Earnings	Dollar Amount
Less than \$18,000	\$23.00
\$18,000 to \$18,999	\$23.50
\$19,000 to \$19,999	\$24.00
\$20,000 to \$20,999	\$24.50
\$21,000 to \$21,999	\$25.00
\$22,000 to \$22,999	\$25.50
\$23,000 to \$23,999	\$26.00
\$24,000 to \$24,999	\$26.50
\$25,000 to \$25,999	\$27.00
\$26,000 to \$26,999	\$27.50
\$27,000 to \$27,999	\$28.00
\$28,000 to \$28,999	\$28.50
\$29,000 to \$29,999	\$29.00
\$30,000 and over	\$30.00

Hourly Participants: A Participant's monthly Accrued Benefit is equal to (1) plus (2)

(1) is $1/12^{\text{th}}$ of the product of the Participant's Credited Service from January 1, 1993 through June 30, 2001 and the applicable Dollar Amount from the table below:

Final Average Earnings	Dollar Amount
Less than \$22,000	\$18.00
\$22,000 to \$22,999	\$19.00
\$23,000 to \$23,999	\$20.00
\$24,000 to \$24,999	\$21.00
\$25,000 to \$25,999	\$22.00
\$26,000 to \$26,999	\$23.00
\$27,000 to \$27,999	\$24.00
\$28,000 to \$28,999	\$25.00
\$29,000 and over	\$26.00

Schedule SB, Part V - Summary of Plan Provisions

(2) is $1/12^{\text{th}}$ of the product of the Participant's Credited Service from July 1, 2001 and thereafter and the applicable Dollar Amount from the table below:

Final Average Earnings	Dollar Amount
Less than \$22,000	\$18.00
\$22,000 to \$22,999	\$19.00
\$23,000 to \$23,999	\$20.00
\$24,000 to \$24,999	\$21.00
\$25,000 to \$25,999	\$22.00
\$26,000 to \$26,999	\$23.00
\$27,000 to \$27,999	\$24.00
\$28,000 to \$28,999	\$25.00
\$29,000 to \$29,999	\$26.00
\$30,000 to \$30,999	\$27.00
\$31,000 to \$31,999	\$28.00
\$32,000 to \$32,999	\$29.00
\$33,000 and over	\$30.00

Social Security Amount: The estimated annual primary insurance amount which the Participant is entitled to receive commencing on the first day of the month next following the Participant's 65th birthday under the Social Security Act. Please refer to the Plan Document for more details.

Aerospace Social Security Amount: With regard to any Participant with Credited Service prior to January 1, 1991 under the Prior Plan as a member of the Aerospace Group, the estimated annual primary insurance amount which the Participant is entitled to receive commencing on the first day of the month next following the Participant's 65th birthday under the Social Security Act. Please refer to the Plan Document for more details.

Prior Plan: With respect to Salaried Employees who were Participants in the Prior Plan prior to March 1, 1995, the United Technologies Corporation Employee Retirement Plan. With respect to Hourly Employees who were Participants in the Prior Plan prior to March 1, 1995, the United Technologies Corporation Employee Retirement Plan – Plan A. With respect to any other Eligible Employee who was a Participant in a defined benefit plan sponsored by United Technologies Corporation, or its affiliates, such other plan.

Vested Retirement Benefit: After completing five years of Continuous Service, each employee is entitled to 100% of his/her Accrued Benefit. This benefit is payable at the Employee's Normal Retirement Date.

Any Participant who has a Vested Retirement Benefit, but is not entitled to an Early Retirement Benefit, may elect to receive his benefit as of the first day of any month following the Participant's 55th birthday. The benefit will be reduced by 5/12% for each month by which the Annuity Commencement Date precedes the Normal Retirement Date for Salaried Employees. For Hourly Employees the reduction is 1/2% for each month. Please refer to the Plan Document for more details.

Early Retirement Benefit: The Participant's Accrued Benefit reduced by .2% for each month by which the Annuity Commencement Date precedes the date on which the Participant will reach age 62. There is no reduction in the Accrued Benefit if the Participant has attained age 62 with 10 years of Continuous Service.

Schedule SB, Part V - Summary of Plan Provisions

Normal Form: A Life Annuity.

Optional Annuity Forms: 50%, 66 2/3%, and 100% Joint and Contingent Annuity; Life Annuity with 60 or 120 payments guaranteed.

Disability Benefit for Hourly Employees: Any Participant who is classified as an Hourly Employee and who qualifies to receive a disability benefit under the Social Security Act and terminates employment because of such disability, shall be entitled to receive his Accrued Benefit commencing on the first day of the month following the later of his termination date and 52 weeks from his disability onset date.

Death Benefits

Pre-retirement: For death during the period when a Participant is eligible for a vested benefit and eligible to retire, a benefit payable to the surviving spouse or contingent annuitant equal to 100% of the amount which would have been payable to the Employee under an actuarially equivalent Joint & Survivor Annuity, commencing as of the first day of the month following the date of the Participant's death.

If the Participant is not eligible to retire but has completed 10 years of Credited Service, the benefit payable to the surviving spouse is equal to 100% of the amount which would have been payable to the Employee under an actuarially equivalent Joint & Survivor Annuity, commencing not later than the month in which the Participant would have been entitled to receipt of a Vested Retirement Benefit.

If the Participant is not eligible to retire and has not completed 10 years of Credited Service, the benefit payable to the surviving spouse is equal to 50% of the amount which would have been payable to the Employee under an actuarially equivalent Joint & Survivor Annuity, commencing not later than the month in which the Participant would have been entitled to receipt of a Vested Retirement Benefit.

Post-Retirement: None except as provided by the annuity form elected.

Note: Your Pension Plan Document should be consulted for the actual definitions of the Plan Provisions

Schedule SB, Line 25 - Change in Method

Summary of Changes to Funding Methods

The method to determine the value of assets used in the development of the 2009 IRS minimum funding requirement was changed from market value to the IRS 3-year asset averaging method as described in IRS Notice 2009-22.

The method to determine the Target Normal Cost was changed for Plan Years beginning after 2008. The Target Normal Cost will now include estimated plan expenses expected to be made from plan assets.

The interest rate assumption for valuing the Funding Target was changed from the IRS December 2007 Full Yield Curve in 2008, as elected from the IRS yield curve options by the Plan Sponsor to the IRS October 2008 Full Yield Curve in 2009.

Schedule SB, line 26 - Schedule of Active Participant Data

Attained Age	YEARS OF CREDITED SERVICE											
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 and up		
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		0		0		0		0		0	
25 to 29	0		0		0		0		0		0	
30 to 34	0		0		0		0		0		0	
35 to 39	0		0		0	4	4	0	0		0	
40 to 44	0		0		1	5	5	15	0		0	
45 to 49	0		0		1	1	17	45 55716	12		0	
50 to 54	0		0		0	4	9	42 52161	8		0	
55 to 59	0		0		0	1	10	22 48901	7		0	
60 to 64	0		0		0	0	1	7	3		0	
65 to 69	0		0		0	0	2	2	0		0	
70 & up	0		0		0	0	0	0	0		0	

Schedule SB, Line 32, Schedule of Amortization Bases

<u>Effective Date</u>	<u>Base Type</u>	<u>Initial Amount</u>	<u>Outstanding Balance</u>	<u>Years Remaining</u>	<u>Installments</u>
01/01/08	Shortfall	3,869,274	3,226,399	6	647,165
01/01/09	Shortfall	(236,336)	(236,336)	7	(42,215)
Total		3,632,938	2,990,063		604,950

Schedule H, line 4i - Schedule of Assets (Held At End Of Year): 12/31/09**Plan Sponsor: SA 012793-01**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, borrower, lessor or similar party	Description of investment including maturity date, interest rate, collateral, par or maturity value	Cost	Current Value
*	MassMutual	(Growth America)	2,956,969	2,706,064
*	MassMutual	(Select Fundamental Val)	2,286,784	2,678,180
*	MassMutual	(Select Strategic Bond)	6,312,194	7,347,472
*	MassMutual	(EuroPacific Growth)	3,373,530	3,170,261
*	MassMutual	(Select Indexed Eqty)	5,089,605	5,268,313

Schedule H, line 4j - Schedule of Reportable Transactions: 12/31/09

Plan Sponsor: SA 012793-01

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase Price	Selling Price	Lease Rental	Expense incurred with trans	Cost of asset	Current Value of asset on transaction date	Net gain or loss
MassMutual	(Select Strategic Bond)	0	953,574	N/A	0	935,705	953,574	17,869
MassMutual	(Select Indexed Eqty)	822,976	0	N/A	0	822,976	822,976	0

* This schedule was completed considering assets held under a MassMutual group annuity contract only

A Name of Plan	B Three-digit plan Number 001
Precision Components International, Inc. Plan	
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number
Precision Components International,	582148113

Schedule C Formula Description and/or EIC Statement Description

Service Provider Name	Service Provider EIN	Service Provider Address	Formula / EIC Statement
Massachusetts Mutual Life Insurance Company	041590850		Allianz Global Investors received estimated Other Fees of 18 basis points * plan assets with respect to Total Return (PIMCO) (SIA-WZ).
Massachusetts Mutual Life Insurance Company	041590850		American Funds received estimated Other Fees of 18 basis points * plan assets with respect to EuroPacific Growth (American) (SIA-VB).
Massachusetts Mutual Life Insurance Company	041590850		American Funds received estimated Other Fees of 21 basis points * plan assets with respect to Growth America (American) (SIA-HW).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the EuroPacific Growth (American) separate account (SIA-VB).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Growth America (American) separate account (SIA-HW).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Total Return (PIMCO) separate account (SIA-WZ).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for float revenue received by MassMutual.
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the EuroPacific Growth (American) separate account (SIA-VB).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Growth America (American) separate account (SIA-HW).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Select Fundamental Val (Wellington) separate account (SIA-LK).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Select Indexed Eqty (Northern Trust) separate account (SIA-YX).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Select Overseas (MFS/Harris/Alliber) separate account (SIA-LH).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Select Strategic Bond (Western) separate account (SIA-QE).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Total Return (PIMCO) separate account (SIA-WZ).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Administrative Fees of 14 basis points * plan assets with respect to the mutual fund underlying the Select Overseas (MFS/Harris/Alliber) separate

Copyright © 2010 Massachusetts Mutual Life Insurance Company, Springfield, MA 01111. All rights reserved. MassMutual Financial Group is the fleet name for Massachusetts Mutual Life Insurance Company (MassMutual) [of which Retirement Services is a division] and its affiliated companies and sales representatives. Schedule C Formula Description and/or EIC Statement Description for the period of: 01/01/2009 - 12/31/2009

Massachusetts Mutual Life Insurance Company	041590850
Massachusetts Mutual Life Insurance Company	041590850
Massachusetts Mutual Life Insurance Company	041590850
Massachusetts Mutual Life Insurance Company	041590850
Massachusetts Mutual Life Insurance Company	041590850
Massachusetts Mutual Life Insurance Company	041590850

account (SIA-LH).
MassMutual received estimated Administrative Fees of 25 basis points * plan assets with respect to the mutual fund underlying the Select Strategic Bond (Western) separate account (SIA-OE).
MassMutual received estimated Administrative Fees of 31 basis points * plan assets with respect to the mutual fund underlying the Select Fundamental Val (Wellington) separate account (SIA-LK).
MassMutual received estimated Administrative Fees of 33 basis points * plan assets with respect to the mutual fund underlying the Select Indexed Equity (Northern Trust) separate account (SIA-YX).
MassMutual received estimated Sub TA Fees of 10 basis points * plan assets with respect to the mutual fund underlying the EuroPacific Growth (American) separate account (SIA-VB).
MassMutual received estimated Sub TA Fees of 10 basis points * plan assets with respect to the mutual fund underlying the Growth America (American) separate account (SIA-HW).
MassMutual received estimated Sub TA Fees of 15 basis points * plan assets with respect to the mutual fund underlying the Total Return (PIMCO) separate account (SIA-WZ).