

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 <u>01/01/2009</u> and ending <u>12/31/2009</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>ALTRONIC, INC. EMPLOYEES PENSION PLAN</u>	1b Three-digit plan number (PN) ► <u>001</u> 1c Effective date of plan <u>01/01/1970</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>ALTRONIC, INC.</u> <u>712 TRUMBULL AVE.</u> <u>GIRARD, OH 44420</u>	2b Employer Identification Number (EIN) <u>34-0827901</u> 2c Sponsor's telephone number <u>330-545-9768</u> 2d Business code (see instructions) <u>335900</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/13/2010</u>	<u>SEAN KENREICH</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") ALTRONIC, INC. 712 TRUMBULL AVE. GIRARD, OH 44420	3b Administrator's EIN 34-0827901 3c Administrator's telephone number 330-545-9768
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	174
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	140
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	48
d Subtotal. Add lines 6a , 6b , and 6c	6d	188
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	188
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

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

1A 1G 1I 3H

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

Round off amounts to nearest dollar.

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

A Name of plan ALTRONIC, INC. EMPLOYEES 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 ALTRONIC, INC.		D Employer Identification Number (EIN) 34-0827901	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month 01 Day 01 Year 2009			
2 Assets:			
a Market value		2a	8896840
b Actuarial value		2b	8896840
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment		3a	0
b For terminated vested participants		3b	13
c For active participants:			
(1) Non-vested benefits		3c(1)	81044
(2) Vested benefits		3c(2)	6760114
(3) Total active		3c(3)	161
d Total		3d	174
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	6.45 %
6 Target normal cost		6	0

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 JAMES F. GERBIC, JR., FCA, MAAA Type or print name of actuary CHARLES SCHWAB & CO., INC. Firm name 4150 KINROSS LAKES PARKWAY RICHFIELD, OH 44286-5050 Address of the firm	10/08/2010 Date 08-05983 Most recent enrollment number 330-908-4540 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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)	994908	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	703059	0
9	Amount remaining (Item 7 minus item 8).....	291849	0
10	Interest on item 9 using prior year's actual return of <u>-14.13</u> %	-41238	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.01</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	250611	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	118.50 %
15	Adjusted funding target attainment percentage.....	15	121.93 %
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	110.62 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

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

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	0
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of Quarter of this plan year		
(1) 1st	(2) 2nd	(4) 4th
0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 5.32 %	2nd segment: 6.45 %	3rd segment: 6.69 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	0
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	0
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
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 ALTRONIC, INC. EMPLOYEES PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ALTRONIC, INC.		D Employer Identification Number (EIN) 34-0827901

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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(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)

EXCALIBUR MANAGEMENT CORP

04-3125731

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	48971	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan <u>ALTRONIC, INC. EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ALTRONIC, INC.</u>	D Employer Identification Number (EIN) <u>34-0827901</u>	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	<u>5165760</u>	<u>6078</u>
(2) U.S. Government securities.....	1c(2)	<u>3731080</u>	<u>7897364</u>
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	<u>0</u>	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	<u>0</u>	<u>637455</u>
(B) Common	1c(4)(B)	<u>0</u>	<u>89190</u>
(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)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	8896840	8630087

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	8896840	8630087
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2340	
(B) U.S. Government securities	2b(1)(B)	25230	
(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)		27570
(2) Dividends: (A) Preferred stock	2b(2)(A)	20493	
(B) Common stock	2b(2)(B)	6419	
(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)		26912
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	177895	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	162735	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		15160

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	23010	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		23010
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		92652

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	305588	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		305588
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)	4846	
(3) Investment advisory and management fees	2i(3)	48971	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		53817
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		359405

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-266753
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: WILLIAM BARTH & ASSOCIATES, INC.

(2) EIN: 20-3926686

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.).....			
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: 0

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

A Name of plan <u>ALTRONIC, INC. EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ALTRONIC, INC.</u>	D Employer Identification Number (EIN) <u>34-0827901</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	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>34-1699208</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>5</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

ALTRONIC, INC. EMPLOYEES' PENSION PLAN (001)

December 31, 2009 and 2008

AUDITED FINANCIAL STATEMENTS

ALTRONIC, INC. EMPLOYEES' PENSION PLAN (001)

December 31, 2009 and 2008

CONTENTS

AUDITED FINANCIAL STATEMENTS:

<i>Report of Independent Auditors</i>	<i>1</i>
<i>Statements of Net Assets Available for Plan Benefits.....</i>	<i>2</i>
<i>Statements of Changes in Net Assets Available for Plan Benefits.....</i>	<i>3</i>
<i>Notes to Financial Statements</i>	<i>4-6</i>

SUPPLEMENTAL SCHEDULES:

<i>Assets Held for Investment at December 31, 2009</i>	<i>7</i>
<i>Reportable Transactions for the Year Ended December 31, 2009.....</i>	<i>8</i>



Wm G. Barth & Associates, Inc.

Established
1976

A CERTIFIED PUBLIC
ACCOUNTING FIRM

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TELEPHONE (330) 746-7434 • FAX (330) 746-4401
Web Site www.wmbarthcpas.com

September 20, 2010

REPORT OF INDEPENDENT AUDITORS

Pension Plan Committee
Altronic, Inc.
Girard, Ohio

We were engaged to audit the financial statements of Altronic, Inc.'s Employees' Pension Plan (001) as of December 31, 2009 and 2008, and for the years then ended, and the supplemental schedules as of and for the year ended December 31, 2009 as listed in the accompanying contents page. These financial statements and supplemental schedules are the responsibility of the plan's management.

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

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

Wm G. Barth & Associates, Inc.
A Certified Public Accounting Firm

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

ALTRONIC, INC. EMPLOYEES' PENSION PLAN (001)

		DECEMBER 31	
		2009	2008
<u>ASSETS</u>			
Cash		\$ 6,078	\$ 5,165,760
Employer contribution receivable		-	-
	TOTAL CASH AND RECEIVABLES	\$ 6,078	\$ 5,165,760
Investments at fair value:			
United States government securities		\$ 7,897,364	\$ 3,731,080
Common stocks		89,190	-
Preferred stocks		637,455	-
	TOTAL INVESTMENTS	\$ 8,624,009	\$ 3,731,080
	TOTAL ASSETS	\$ 8,630,087	\$ 8,896,840
<u>LIABILITIES</u>			
Federal income tax withheld		-	-
	NET ASSETS AVAILABLE FOR PLAN BENEFITS AT END OF YEAR	\$ 8,630,087	\$ 8,896,840

See accompanying notes to financial statements

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

ALTRONIC, INC. EMPLOYEES' PENSION PLAN (001)

	YEAR ENDED DECEMBER 31	
	2009	2008
<u>ADDITIONS</u>		
Employer contributions	\$ -	\$ 3,045,000
Investment income-(loss):		
Net appreciation-(depreciation) in fair value of investments	\$ 23,010	\$ (208,287)
Earnings from investments	44,382	244,438
Realized gain-(loss) on sale of investments	25,260	(1,029,289)
	\$ 92,652	\$ (993,138)
(Less) investment expenses	(53,817)	(44,240)
NET INVESTMENT INCOME-(LOSS)	\$ 38,835	\$ (1,037,378)
TOTAL ADDITIONS	\$ 38,835	\$ 2,007,622
 <u>DEDUCTIONS</u>		
Benefits paid directly to participants	305,588	654,036
NET (DEDUCTIONS)-ADDITIONS DURING YEAR	\$ (266,753)	\$ 1,353,586
 <u>BALANCE AT BEGINNING OF YEAR</u>		
Net assets available for plan benefits	8,896,840	7,543,254
NET ASSETS AVAILABLE FOR PLAN BENEFITS AT END OF YEAR	\$ 8,630,087	\$ 8,896,840

See accompanying notes to financial statements

NOTES TO FINANCIAL STATEMENTS

ALTRONIC, INC. EMPLOYEES' PENSION PLAN (001)

December 31, 2009 and 2008

NOTE A - DESCRIPTION OF PLAN

The Altronic, Inc. Employees' Pension Plan is a defined benefit plan which provides for retirement benefits and covers all full-time employees of the Company. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Participants should refer to the summary plan booklet available from the plan administrator for a description of the plan. The administrator of the plan is Altronic, Inc. The Company bears the total cost of the plan. Required contributions are determined by consulting actuaries.

The Company has decided to discontinue contributions and terminate the plan due to the acquisition of Altronic, Inc. by Hoerbiger.

Effective December 26, 2008, the Plan has been amended to eliminate future benefit accruals for all Participants. In addition, no new employees will enter the Plan after December 26, 2008. This plan freeze is not reflected in this January 1, 2008 valuation report, but will be reflected in future valuations. The plan has been amended to terminate as of March 1, 2009, under a Standard Termination. It is our understanding that the sponsor's intention is to distribute all plan assets to all of the participants by the end of the 2010 plan year.

NOTE B - SIGNIFICANT ACCOUNTING POLICIES

Investment valuation:

All investments are valued based on quoted market prices.

NOTE C - ACTUARIAL DATA

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. Benefits under the plan are based on employees' compensation during their last five years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years ending on the date as of which the benefit information is presented (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. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits was determined by Schwab Retirement Plan Services for December 31, 2009 and 2008, the plan actuary, 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 as of December 31, 2009 and 2008 were (a) life expectancy of participants (the 1983 GAM Male/Female Mortality Table); (b) assumed retirement is at normal retirement date; and (c) investment return of 5% and 8% for December 31, 2009 and 2008, respectively. The foregoing actuarial assumptions are based on the presumption that the plan will continue. If the plan was to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

ALTRONIC, INC. EMPLOYEES' PENSION PLAN (001)

December 31, 2009 and 2008

NOTE C – ACTUARIAL DATA (CONTINUED)

The actuarial present value of accumulated plan benefits as of January 1, 2010 and 2009 is as follows:

	2010	2009
Actuarial present value of accumulated plan benefits:		
Vested benefits -		
Retired participants and beneficiaries receiving payments	\$ -	\$ -
Other participants	8,175,410	5,437,858
TOTAL VESTED BENEFITS	\$ 8,175,410	\$ 5,437,858
Non-vested benefits	-	57,426
TOTALS	\$ 8,175,410	\$ 5,495,284
 Plan assets in excess of accumulated plan benefits	 \$ 454,677	 \$ 3,401,556

NOTE D - FUNDING

The plan is funded solely by Company contributions. The Company's funding policy is to make annual contributions to the plan in amounts, such that, all employees' benefits will be fully provided for by the time they retire. The Company's contributions for 2009 and 2008 meet the minimum funding requirements of ERISA.

NOTE E - INVESTMENTS

During 2009 and 2008, the plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated-(depreciated) in value as follows:

	DECEMBER 31	
	2009	2008
Investments at fair market value as determined by quoted market price:		
U. S. government securities	\$ (16,871)	\$ 16,173
Commercial paper	-	(651)
Common stock	7,822	(330,561)
Preferred stock	32,059	106,752
NET APPRECIATION-(DEPRECIATION) IN FAIR VALUE	\$ 23,010	\$ (208,287)

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

ALTRONIC, INC. EMPLOYEES' PENSION PLAN (001)

December 31, 2009 and 2008

NOTE F - TAX STATUS

The Plan has been amended effective January 21, 2004 to comply with all government regulations. The Company has received a favorable determination letter dated November 15, 2005. The plan administrator and plan tax counsel believe the plan is being operated in compliance with the applicable requirements of the Internal Revenue Code.

NOTE G - RELATED PARTY TRANSACTIONS

The plan sponsor paid administrative expenses for the plan of \$34,369 and \$20,637 in 2009 and 2008, respectively.

NOTE H - CONCENTRATION OF CREDIT RISK

The plan maintains cash balances in a brokerage account. The plan's uninsured cash balances totaled \$-0- and \$4,915,760 in 2009 and 2008, respectively.

NOTE I - ESTIMATES

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities 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.

* * * * *

SUPPLEMENTAL SCHEDULES

* * * * *

SUPPLEMENTAL SCHEDULE

ALTRONIC, INC. EMPLOYEES PENSION PLAN (001)
EIN 34-0827901

Year ended December 31, 2009

FORM 5500 – SCHEDULE H, PART IV, LINE 4 (i) – ASSETS HELD FOR INVESTMENT

<u>a.</u>	<u>b. ISSUER OR SIMILAR PARTY</u>	<u>c. DESCRIPTION OF INVESTMENT</u>	<u>d. COST</u>	<u>e. CURRENT VALUE</u>
1.	<u>CASH</u>			
a.	Seven Seas U. S. Government Fund	Money Market	\$ 6,078	\$ 6,078
		TOTAL CASH	\$ 6,078	\$ 6,078
2.	<u>UNITED STATES GOVERNMENT SECURITIES</u>			
a.	U. S. Treasury Note	1,600M 4.000% due 03/15/10	\$ 1,611,286	\$ 1,612,064
b.	U. S. Treasury Note	1,870M 4.500% due 05/15/10	1,898,823	1,899,284
c.	U. S. Treasury Note	2,400M 3.625% due 06/15/10	2,437,655	2,436,648
d.	U. S. Treasury Note	1,000M 3.875% due 07/15/10	1,019,900	1,019,380
e.	U. S. Treasury Note	900M 5.750% due 08/15/10	929,080	929,988
		TOTAL UNITED STATES GOVERNMENT SECURITIES	\$ 7,896,744	\$ 7,897,364
3.	<u>COMMON STOCKS</u>			
a.	AT&T, Inc.	2,000 shares	\$ 51,605	\$ 56,060
b.	Verizon Communications, Inc.	1,000 shares	29,763	33,130
		TOTAL COMMON STOCKS	\$ 81,368	\$ 89,190
4.	<u>PREFERRED STOCK</u>			
a.	American Electric Power	8.750% 3,300 shares	\$ 89,212	\$ 92,697
b.	Dominion Resource, Inc.	8.375% 4,850 shares	126,500	132,890
c.	FPL Group Capital Income	8.750% 3,500 shares	94,336	100,765
d.	General Electric Capital Corp.	6.625% 3,000 shares	71,359	75,120
e.	HSBC Holdings Plc.	8.125% 3,000 shares	75,838	78,300
f.	JP Morgan Chase	8.625% 1,500 shares	37,845	42,360
g.	MBNA Capital Series E	8.100% 1,000 shares	23,279	24,679
h.	PNC Capital Trust	7.75% 1,000 shares	25,002	25,490
i.	U. S. Bancorp	7.875% 900 shares	24,705	25,020
j.	Wells Fargo Cap XIV	8.625% 1,000 shares	24,940	27,300
k.	Wells Fargo Cap XII	7.875% 500 shares	12,380	12,834
		TOTAL PREFERRED STOCK	\$ 605,396	\$ 637,455
		TOTAL INVESTMENTS	\$ 8,589,586	\$ 8,630,087

SUPPLEMENTAL SCHEDULE - (CONTINUED)

ALTRONIC, INC. EMPLOYEES PENSION PLAN (001)

EIN 34-0827901

Year ended December 31, 2009

FORM 5500 - SCHEDULE H, PART IV, LINE 4(d) - 5% REPORTABLE TRANSACTIONS

a. IDENTITY OF PARTY INVOLVED	b. DESCRIPTION OF ASSETS	c. PURCHASE PRICE		d. SELLING PRICE		e. COST OF ASSETS	h. CURRENT VALUE OF ASSETS ON TRANSACTION DATE		i. NET GAIN OR (LOSS)
State Street Bank & Trust Co.	U.S. Gov't Money Market	\$ 8,419,925	\$ -	\$ 8,419,925	\$ 8,419,925	\$ 8,419,925			-
State Street Bank & Trust Co.	U.S. Gov't Money Market	-	13,579,608	13,579,608	13,579,608	13,579,608			-
State Street Bank & Trust Co.	U.S. Treasury Note \$800M, Due 05/15/09	-	811,781	811,781	811,781	811,781			-
State Street Bank & Trust Co.	U.S. Treasury Note \$800M, Due 08/15/09	-	811,844	811,844	811,844	811,844			-
State Street Bank & Trust Co.	U.S. Treasury Note \$700M, Due 08/15/09	-	701,531	701,531	701,531	701,531			-
State Street Bank & Trust Co.	U.S. Treasury Note \$800M, Due 09/30/09	-	801,250	801,250	801,250	801,250			-
State Street Bank & Trust Co.	U.S. Treasury Note \$800M, Due 02/28/11	-	844,094	844,094	844,094	844,094			-
State Street Bank & Trust Co.	U.S. Treasury Note \$1,000M, Due 11/15/09	-	1,000,625	1,000,625	1,000,625	1,000,625			-
State Street Bank & Trust Co.	U.S. Treasury Note \$2,400M, Due 02/15/10	-	2,422,969	2,422,969	2,422,969	2,422,969			-
State Street Bank & Trust Co.	U.S. Treasury Note \$900M, Due 02/15/10	952,313	-	952,313	952,313	952,313			-
State Street Bank & Trust Co.	U.S. Treasury Note \$900M, Due 03/15/10	928,898	-	928,898	928,898	928,898			-
State Street Bank & Trust Co.	U.S. Treasury Note \$900M, Due 08/15/09	958,641	-	958,641	958,641	958,641			-
State Street Bank & Trust Co.	U.S. Treasury Note \$600M, Due 02/15/10	626,930	-	626,930	626,930	626,930			-
State Street Bank & Trust Co.	U.S. Treasury Note \$600M, Due 02/15/10	626,906	-	626,906	626,906	626,906			-
State Street Bank & Trust Co.	U.S. Treasury Note \$500M, Due 05/15/10	517,617	-	517,617	517,617	517,617			-
State Street Bank & Trust Co.	U.S. Treasury Note \$800M, Due 02/28/11	845,531	-	845,531	845,531	845,531			-
State Street Bank & Trust Co.	U.S. Treasury Note \$700M, Due 03/15/10	712,879	-	712,879	712,879	712,879			-
State Street Bank & Trust Co.	U.S. Treasury Note \$700M, Due 05/15/10	719,113	-	719,113	719,113	719,113			-
State Street Bank & Trust Co.	U.S. Treasury Note \$2,400M, Due 06/15/10	2,439,938	-	2,439,938	2,439,938	2,439,938			-
State Street Bank & Trust Co.	U.S. Treasury Note \$1,000M, Due 07/15/10	1,020,703	-	1,020,703	1,020,703	1,020,703			-

SUPPLEMENTAL SCHEDULE - (CONTINUED)

ALTRONIC, INC. EMPLOYEES PENSION PLAN (001)

EIN 34-0827901

Year ended December 31, 2009

FORM 5500 - SCHEDULE H, PART IV, LINE 4(f) - 5% REPORTABLE TRANSACTIONS

a. IDENTITY OF PARTY INVOLVED	b. DESCRIPTION OF ASSETS	c. PURCHASE PRICE		d. SELLING PRICE		e. COST OF ASSETS		h. CURRENT VALUE OF ASSETS ON TRANSACTION DATE	i. NET GAIN OR (LOSS)
		\$	8,419,925	\$	-	\$	8,419,925	\$	8,419,925
State Street Bank & Trust Co.	U.S. Gov't Money Market	-	-	13,579,608	-	13,579,608	-	-	-
State Street Bank & Trust Co.	U.S. Gov't Money Market	-	-	811,781	-	811,781	-	-	-
State Street Bank & Trust Co.	U.S. Treasury Note \$800M, Due 05/15/09	-	-	811,844	-	811,844	-	-	-
State Street Bank & Trust Co.	U.S. Treasury Note \$800M, Due 08/15/09	-	-	811,844	-	811,844	-	-	-
State Street Bank & Trust Co.	U.S. Treasury Note \$700M, Due 08/15/09	-	-	701,531	-	701,531	-	-	-
State Street Bank & Trust Co.	U.S. Treasury Note \$800M, Due 09/30/09	-	-	801,250	-	801,250	-	-	-
State Street Bank & Trust Co.	U.S. Treasury Note \$800M, Due 02/28/11	-	-	844,094	-	844,094	-	-	-
State Street Bank & Trust Co.	U.S. Treasury Note \$1,000M, Due 11/15/09	-	-	1,000,625	-	1,000,625	-	-	-
State Street Bank & Trust Co.	U.S. Treasury Note \$2,400M, Due 02/15/10	-	-	2,422,969	-	2,422,969	-	-	-
State Street Bank & Trust Co.	U.S. Treasury Note \$900M, Due 02/15/10	952,313	-	-	-	952,313	-	-	-
State Street Bank & Trust Co.	U.S. Treasury Note \$900M, Due 03/15/10	928,898	-	-	-	928,898	-	-	-
State Street Bank & Trust Co.	U.S. Treasury Note \$900M, Due 03/15/10	958,641	-	-	-	958,641	-	-	-
State Street Bank & Trust Co.	U.S. Treasury Note \$900M, Due 08/15/09	626,930	-	-	-	626,930	-	-	-
State Street Bank & Trust Co.	U.S. Treasury Note \$600M, Due 02/15/10	626,906	-	-	-	626,906	-	-	-
State Street Bank & Trust Co.	U.S. Treasury Note \$600M, Due 02/15/10	517,617	-	-	-	517,617	-	-	-
State Street Bank & Trust Co.	U.S. Treasury Note \$500M, Due 05/15/10	845,531	-	-	-	845,531	-	-	-
State Street Bank & Trust Co.	U.S. Treasury Note \$800M, Due 02/28/11	712,879	-	-	-	712,879	-	-	-
State Street Bank & Trust Co.	U.S. Treasury Note \$700M, Due 03/15/10	719,113	-	-	-	719,113	-	-	-
State Street Bank & Trust Co.	U.S. Treasury Note \$700M, Due 05/15/10	2,439,938	-	-	-	2,439,938	-	-	-
State Street Bank & Trust Co.	U.S. Treasury Note \$2,400M, Due 06/15/10	1,020,703	-	-	-	1,020,703	-	-	-
State Street Bank & Trust Co.	U.S. Treasury Note \$1,000M, Due 07/15/10	-	-	-	-	-	-	-	-

SUPPLEMENTAL SCHEDULE

ALTRONIC, INC. EMPLOYEES PENSION PLAN (001)
EIN 34-0827901

Year ended December 31, 2009

FORM 5500 – SCHEDULE H, PART IV, LINE 4 (i) – ASSETS HELD FOR INVESTMENT

<u>a.</u>	<u>b. ISSUER OR SIMILAR PARTY</u>	<u>c. DESCRIPTION OF INVESTMENT</u>	<u>d. COST</u>	<u>e. CURRENT VALUE</u>
1.	<u>CASH</u>			
a.	Seven Seas U. S. Government Fund	Money Market	\$ 6,078	\$ 6,078
		TOTAL CASH	\$ 6,078	\$ 6,078
2.	<u>UNITED STATES GOVERNMENT SECURITIES</u>			
a.	U. S. Treasury Note	1,600M 4.000% due 03/15/10	\$ 1,611,286	\$ 1,612,064
b.	U. S. Treasury Note	1,870M 4.500% due 05/15/10	1,898,823	1,899,284
c.	U. S. Treasury Note	2,400M 3.625% due 06/15/10	2,437,655	2,436,648
d.	U. S. Treasury Note	1,000M 3.875% due 07/15/10	1,019,900	1,019,380
e.	U. S. Treasury Note	900M 5.750% due 08/15/10	929,080	929,988
		TOTAL UNITED STATES GOVERNMENT SECURITIES	\$ 7,896,744	\$ 7,897,364
3.	<u>COMMON STOCKS</u>			
a.	AT&T, Inc.	2,000 shares	\$ 51,605	\$ 56,060
b.	Verizon Communications, Inc.	1,000 shares	29,763	33,130
		TOTAL COMMON STOCKS	\$ 81,368	\$ 89,190
4.	<u>PREFERRED STOCK</u>			
a.	American Electric Power	8.750% 3,300 shares	\$ 89,212	\$ 92,697
b.	Dominion Resource, Inc.	8.375% 4,850 shares	126,500	132,890
c.	FPL Group Capital Income	8.750% 3,500 shares	94,336	100,765
d.	General Electric Capital Corp.	6.625% 3,000 shares	71,359	75,120
e.	HSBC Holdings Plc.	8.125% 3,000 shares	75,838	78,300
f.	JP Morgan Chase	8.625% 1,500 shares	37,845	42,360
g.	MBNA Capital Series E	8.100% 1,000 shares	23,279	24,679
h.	PNC Capital Trust	7.75% 1,000 shares	25,002	25,490
i.	U. S. Bancorp	7.875% 900 shares	24,705	25,020
j.	Wells Fargo Cap XIV	8.625% 1,000 shares	24,940	27,300
k.	Wells Fargo Cap XII	7.875% 500 shares	12,380	12,834
		TOTAL PREFERRED STOCK	\$ 605,396	\$ 637,455
		TOTAL INVESTMENTS	\$ 8,589,586	\$ 8,630,087

ALTRONIC, INC. EMPLOYEES PENSION PLAN

VALUATION AS OF 01/01/2009

(A) <u>Age</u>	(B) <u>Retirement Decrement</u>	(C) <u>Lx</u>	(D) <u>Number Retiring</u>	(E) <u>Weighting (A) times (D)</u>
65	100.0%	100,000	100,000	6,500,000
			100,000	6,500,000

Weighted Average Retirement Age =

65

ACTUARIAL METHODS AND ASSUMPTIONS

A summary of the actuarial methods used in the valuation is presented below:

Cost Method - The actuarial cost method used in this report for determining ERISA contributions is the Unit Credit cost method as defined by the Pension Protection Act of 2006. Under this method, an active participant's accrued benefit is calculated based on the Plan's benefit formula using current service and current compensation.

Asset Method – The Actuarial Value of Assets is equal to the Market Value of Assets.

Valuation Date – The beginning of the Plan Year (January 1st).

A summary of the actuarial assumptions used in the valuation is presented below:

Investment Return - The assumed discount rates on benefits paid in the future are based on the January 2009 PPA Segments rates without transitional phase-in:

<u>Segment</u>	<u>Rate</u>	<u>Applicable to benefit payments made:</u>
1	5.32%	During first 5 years starting from the valuation date.
2	6.45%	During years 6-20 starting from the valuation date.
3	6.69%	During years 21 and beyond starting from the valuation date.

FAS 35 Discount rate – 8.00%

Salary Scale – 4.00%

Retirement Rates – Participants are assumed to retire on the Normal Retirement Date

Termination Rates – Crocker-Sarason-Straight T-1. Sample rates are shown below:

<u>Age 25</u>	<u>Age 40</u>	<u>Age 55</u>
0.048948	0.011283	0.000

ERISA Funding Mortality – IRS 2009 Static Mortality Table with separate pre- and post-commencement rates.

FAS 35 Mortality – The 1983 Group Annuity Mortality Table with sex distinct rates.

Rates of Disablement – None

Administrative Expenses – None.

Form of Payment – The normal form of payment is the ten-year certain and life annuity. For purposes of this valuation, all active participants are assumed to elect the lump sum form of payment.

Percent Married - All employees are assumed to be married.

Age of Spouse – The spouse is assumed to be the same age as the participant.

ACTUARIAL METHODS AND ASSUMPTIONS**Changes in Methods and Assumptions Since the Prior Valuation:**

As of December 26, 2008, benefit accruals under the Plan were frozen, and participation was closed. The results of this valuation reflect this plan amendment.

The Plan has been amended to terminate as of March 1, 2009 under a Standard Termination. As of the signing of this report, an IRS favorable determination letter has been issued and all plan assets have been distributed to all plan participants.

For Funding Purposes - As required by PPA and IRS regulations, the interest rates used to determine the Funding Target were as follows:

January 1, 2009: IRS Segment Rates for January 2009 (5.32%, 6.45%, 6.69%)

January 1, 2008: IRS Segment Rates for January 2008 (5.31%, 5.92%, 6.43%)

The mortality table was changed to the IRS 2009 Static Mortality Table. Previously, the IRS 2008 Static Mortality Table was used.

There have been no other changes.

SUMMARY OF PLAN PROVISIONS

A summary of the major plan provisions used in the valuation is presented below:

Plan effective date – January 1, 1970.

Covered Employees – All employees excluding independent contractors.

Participation Date – First day of the Plan Year after completing 6 months of service and attaining age 20½.

Definitions:

Plan Year of Service – Plan Year during which a Participant completes 1,000 hours of service.

Compensation – W-2 earnings less any expense reimbursement, fringe benefits, moving expenses, deferred compensation and welfare benefits. Please refer to the Plan Document for the detailed description.

Average Monthly Compensation – The monthly Compensation of a Participant averaged over the final five consecutive Plan Years from date of participation.

Normal Retirement Age (NRA) – The later of age 65 or 5th anniversary of joining the Plan.

Normal Retirement Date (NRD) – January 1 nearest the NRA

Monthly Normal Retirement Benefit – 1.0% of Average Monthly Compensation times total number of Plan Years of Service as of NRD (not exceeding 30 years) payable at NRD.

Monthly Accrued Benefit – Monthly Normal Retirement Benefit times fraction (not greater than one) the numerator of which is the Participant's total number of Plan Years of Service as of determination date and denominator of which is the Participant's total number of Plan Years of Service as of NRD, payable at NRD.

Monthly Minimum Retirement Benefit – Each Participant shall be provided with a monthly retirement benefits of not less than \$50.

Monthly Preretirement Survivor Annuity – 50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment on the participant's earliest retirement date.

Qualified Joint and Survivor Annuity – An annuity payable to the Participant during his lifetime with a survivor annuity payable to his spouse during her lifetime in an amount equal to 50% of the amount payable to the Participant. The amount of the retirement payment payable under this option shall be the actuarial equivalent of the Participant's Accrued Benefit.

Eligibility for Benefits:

Normal Retirement – Retirement on NRD.

Early Retirement – Retirement before NRD and on or after attaining age 60.

Deferred Vested – Termination for reasons other than death, disability, or retirement after completing five years of service.

SECTION XV (continued)

SUMMARY OF PLAN PROVISIONS

Preretirement Spouse Benefit – Death while eligible for normal, early, postponed or deferred vested retirement benefits, with a surviving spouse.

Disability Retirement – Termination due to total and permanent disability.

Monthly Benefits Paid Upon the Following Events:

Normal Retirement – Monthly Normal Retirement Benefit.

Early Retirement – Actuarial equivalent of the Monthly Accrued Benefit.

Termination with Deferred Vested Benefit – Monthly Accrued Benefit determined as of termination date, reduced in the same manner as for early retirement for commencing before NRD.

Death with Preretirement Spouse Benefits – Actuarial equivalent of the Participant's Monthly Accrued Benefit payable to spouse for life, starting within a reasonable period after the Participant's death, determined as of the January 1 subsequent to or coinciding with the date of death, and providing the participant has completed five or more years of accumulated service, or has terminated with a vested benefit and benefits had not commenced. In no event shall this benefit be less than the actuarial equivalent of the Preretirement Survivor Annuity.

Disability Benefit – Actuarial equivalent of the Monthly Accrued Benefit computed as of January 1 subsequent to termination of employment and payable as though the Participant had retired.

Forms of Benefit:

Normal Form of Payment – The normal form of payment is the ten-year certain and life annuity option for single participants, and the Qualified Joint and Survivor Annuity option (described above) for married participants.

Optional Form of Payments – Optional forms are a 50%, 75%, or 100% joint and survivor annuity, a life annuity, and a lump sum.

Benefit Limitations:

Maximum on Benefits and Pay – All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code.

CHANGES IN BENEFITS VALUED SINCE THE PRIOR VALUATION

As of December 26, 2008, benefit accruals under the Plan were frozen, and participation was closed. The results of this valuation reflect this plan amendment.

The Plan has been amended to terminate as of March 1, 2009 under a Standard Termination. As of the signing of this report, an IRS favorable determination letter has been issued and all plan assets have been distributed to all plan participants.

There have been no other changes.

Age versus Service Scatter for Active Plan Participants:

	<u>under 1</u>	<u>1 to 4</u>	<u>5 to 9</u>	<u>10 to 14</u>	<u>15 to 19</u>	<u>20 to 24</u>	<u>25 to 29</u>	<u>30 to 34</u>	<u>35 to 39</u>	<u>over 40</u>	<u>Total</u>
under 25	-	3	-	-	-	-	-	-	-	-	3
25 to 29	-	6	2	-	-	-	-	-	-	-	8
30 to 34	-	6	-	1	-	-	-	-	-	-	7
35 to 39	-	8	2	6	-	-	-	-	-	-	16
40 to 44	-	3	6	4	7	1	-	-	-	-	21
45 to 49	-	5	6	8	4	1	8	-	-	-	32
50 to 54	-	6	6	6	10	3	9	5	-	-	45
55 to 59	-	-	2	3	5	2	-	2	-	-	14
60 to 64	-	1	2	2	1	3	1	1	-	-	11
65 to 69	-	-	1	1	-	-	-	-	1	-	3
over 70	-	-	-	-	1	-	-	-	-	-	1
Total	-	38	27	31	28	10	18	8	1	-	161

**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

ALTRONIC, INC. EMPLOYEES 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

ALTRONIC, INC.

D Employer Identification Number (EIN)

34-0827901

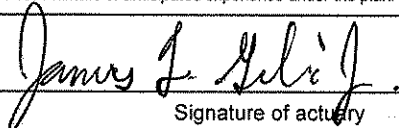
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F** Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500**Part I Basic Information****1** Enter the valuation date: Month 1 Day 1 Year 2009**2** Assets:**a** Market value..... **2a** 8,896,840**b** Actuarial value..... **2b** 8,896,840**3** Funding target/participant count breakdown

(1) Number of participants

(2) Funding Target

a For retired participants and beneficiaries receiving payment..... **3a** 0 0**b** For terminated vested participants..... **3b** 13 455,454**c** For active participants:(1) Non-vested benefits..... **3c(1)** 81,044(2) Vested benefits..... **3c(2)** 6,760,114(3) Total active..... **3c(3)** 161 6,841,158**d** Total..... **3d** 174 7,296,612**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** 6.45 %**6** Target normal cost..... **6** 0**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

JAMES F. GERBIC, JR., FCA, MAAA

Type or print name of actuary

CHARLES SCHWAB & CO., INC.

Firm name

4150 KINROSS LAKES PARKWAY

RICHFIELD

OH 44286-5050

Address of the firm

10/08/2010

Date

08-05983

Most recent enrollment number

(330) 908-4540

Telephone number (including area code)

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)	994,908	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	703,059	0
9	Amount remaining (Item 7 minus item 8)	291,849	0
10	Interest on item 9 using prior year's actual return of <u>(14.13)%</u>	(41,238)	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.01%</u>		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	250,611	0

Part III Funding percentages	
14 Funding target attainment percentage	14 118.50 %
15 Adjusted funding target attainment percentage	15 121.93 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16 110.62 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17 %

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

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

c If 20a is "Yes," see instructions and complete the following table as applicable:

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

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

21 Discount rate:				
a Segment rates:	1st segment: 5.32 %	2nd segment: 6.45 %	3rd segment: 6.69 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	0
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	0
38 Interest-adjusted excess contributions for current year (see instructions)	38	0
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

SUMMARY OF PLAN PROVISIONS

A summary of the major plan provisions used in the valuation is presented below:

Plan effective date – January 1, 1970.

Covered Employees – All employees excluding independent contractors.

Participation Date – First day of the Plan Year after completing 6 months of service and attaining age 20½.

Definitions:

Plan Year of Service – Plan Year during which a Participant completes 1,000 hours of service.

Compensation – W-2 earnings less any expense reimbursement, fringe benefits, moving expenses, deferred compensation and welfare benefits. Please refer to the Plan Document for the detailed description.

Average Monthly Compensation – The monthly Compensation of a Participant averaged over the final five consecutive Plan Years from date of participation.

Normal Retirement Age (NRA) – The later of age 65 or 5th anniversary of joining the Plan.

Normal Retirement Date (NRD) – January 1 nearest the NRA

Monthly Normal Retirement Benefit – 1.0% of Average Monthly Compensation times total number of Plan Years of Service as of NRD (not exceeding 30 years) payable at NRD.

Monthly Accrued Benefit – Monthly Normal Retirement Benefit times fraction (not greater than one) the numerator of which is the Participant's total number of Plan Years of Service as of determination date and denominator of which is the Participant's total number of Plan Years of Service as of NRD, payable at NRD.

Monthly Minimum Retirement Benefit – Each Participant shall be provided with a monthly retirement benefits of not less than \$50.

Monthly Preretirement Survivor Annuity – 50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment on the participant's earliest retirement date.

Qualified Joint and Survivor Annuity – An annuity payable to the Participant during his lifetime with a survivor annuity payable to his spouse during her lifetime in an amount equal to 50% of the amount payable to the Participant. The amount of the retirement payment payable under this option shall be the actuarial equivalent of the Participant's Accrued Benefit.

Eligibility for Benefits:

Normal Retirement – Retirement on NRD.

Early Retirement – Retirement before NRD and on or after attaining age 60.

Deferred Vested – Termination for reasons other than death, disability, or retirement after completing five years of service.

SECTION XV (continued)

SUMMARY OF PLAN PROVISIONS

~~Preretirement Spouse Benefit – Death while eligible for normal, early, postponed or deferred vested retirement benefits, with a surviving spouse.~~

Disability Retirement – Termination due to total and permanent disability.

Monthly Benefits Paid Upon the Following Events:

Normal Retirement – Monthly Normal Retirement Benefit.

Early Retirement – Actuarial equivalent of the Monthly Accrued Benefit.

Termination with Deferred Vested Benefit – Monthly Accrued Benefit determined as of termination date, reduced in the same manner as for early retirement for commencing before NRD.

Death with Preretirement Spouse Benefits – Actuarial equivalent of the Participant's Monthly Accrued Benefit payable to spouse for life, starting within a reasonable period after the Participant's death, determined as of the January 1 subsequent to or coinciding with the date of death, and providing the participant has completed five or more years of accumulated service, or has terminated with a vested benefit and benefits had not commenced. In no event shall this benefit be less than the actuarial equivalent of the Preretirement Survivor Annuity.

Disability Benefit – Actuarial equivalent of the Monthly Accrued Benefit computed as of January 1 subsequent to termination of employment and payable as though the Participant had retired.

Forms of Benefit:

Normal Form of Payment – The normal form of payment is the ten-year certain and life annuity option for single participants, and the Qualified Joint and Survivor Annuity option (described above) for married participants.

Optional Form of Payments – Optional forms are a 50%, 75%, or 100% joint and survivor annuity, a life annuity, and a lump sum.

Benefit Limitations:

Maximum on Benefits and Pay – All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code.

CHANGES IN BENEFITS VALUED SINCE THE PRIOR VALUATION

As of December 26, 2008, benefit accruals under the Plan were frozen, and participation was closed. The results of this valuation reflect this plan amendment.

The Plan has been amended to terminate as of March 1, 2009 under a Standard Termination. As of the signing of this report, an IRS favorable determination letter has been issued and all plan assets have been distributed to all plan participants.

There have been no other changes.

January 1, 2009 Actuarial Valuation

ACTUARIAL METHODS AND ASSUMPTIONS

A summary of the actuarial methods used in the valuation is presented below:

Cost Method - The actuarial cost method used in this report for determining ERISA contributions is the Unit Credit cost method as defined by the Pension Protection Act of 2006. Under this method, an active participant's accrued benefit is calculated based on the Plan's benefit formula using current service and current compensation.

Asset Method – The Actuarial Value of Assets is equal to the Market Value of Assets.

Valuation Date – The beginning of the Plan Year (January 1st).

A summary of the actuarial assumptions used in the valuation is presented below:

Investment Return - The assumed discount rates on benefits paid in the future are based on the January 2009 PPA Segments rates without transitional phase-in:

<u>Segment</u>	<u>Rate</u>	<u>Applicable to benefit payments made:</u>
1	5.32%	During first 5 years starting from the valuation date.
2	6.45%	During years 6-20 starting from the valuation date.
3	6.69%	During years 21 and beyond starting from the valuation date.

FAS 35 Discount rate – 8.00%

Salary Scale – 4.00%

Retirement Rates – Participants are assumed to retire on the Normal Retirement Date

Termination Rates – Crocker-Sarason-Straight T-1. Sample rates are shown below:

<u>Age 25</u>	<u>Age 40</u>	<u>Age 55</u>
0.048948	0.011283	0.000

ERISA Funding Mortality – IRS 2009 Static Mortality Table with separate pre- and post-commencement rates.

FAS 35 Mortality – The 1983 Group Annuity Mortality Table with sex distinct rates.

Rates of Disablement – None

Administrative Expenses – None.

Form of Payment – The normal form of payment is the ten-year certain and life annuity. For purposes of this valuation, all active participants are assumed to elect the lump sum form of payment.

Percent Married - All employees are assumed to be married.

Age of Spouse – The spouse is assumed to be the same age as the participant.

ACTUARIAL METHODS AND ASSUMPTIONS**Changes in Methods and Assumptions Since the Prior Valuation:**

~~As of December 26, 2008, benefit accruals under the Plan were frozen, and participation was closed. The results of this valuation reflect this plan amendment.~~

The Plan has been amended to terminate as of March 1, 2009 under a Standard Termination. As of the signing of this report, an IRS favorable determination letter has been issued and all plan assets have been distributed to all plan participants.

For Funding Purposes - As required by PPA and IRS regulations, the interest rates used to determine the Funding Target were as follows:

January 1, 2009: IRS Segment Rates for January 2009 (5.32%, 6.45%, 6.69%)

January 1, 2008: IRS Segment Rates for January 2008 (5.31%, 5.92%, 6.43%)

The mortality table was changed to the IRS 2009 Static Mortality Table. Previously, the IRS 2008 Static Mortality Table was used.

There have been no other changes.

ALTRONIC, INC. EMPLOYEES PENSION PLAN

VALUATION AS OF 01/01/2009

(A) <u>Age</u>	(B) <u>Retirement Decrement</u>	(C) <u>Lx</u>	(D) <u>Number Retiring</u>	(E) <u>Weighting (A) times (D)</u>
65	100.0%	100,000	100,000	6,500,000
			100,000	6,500,000

Weighted Average Retirement Age =	65
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Age versus Service Scatter for Active Plan Participants:

	<u>under 1</u>	<u>1 to 4</u>	<u>5 to 9</u>	<u>10 to 14</u>	<u>15 to 19</u>	<u>20 to 24</u>	<u>25 to 29</u>	<u>30 to 34</u>	<u>35 to 39</u>	<u>over 40</u>	<u>Total</u>
under 25	-	3	-	-	-	-	-	-	-	-	3
25 to 29	-	6	2	-	-	-	-	-	-	-	8
30 to 34	-	6	-	1	-	-	-	-	-	-	7
35 to 39	-	8	2	6	-	-	-	-	-	-	16
40 to 44	-	3	6	4	7	1	-	-	-	-	21
45 to 49	-	5	6	8	4	1	8	-	-	-	32
50 to 54	-	6	6	6	10	3	9	5	-	-	45
55 to 59	-	-	2	3	5	2	-	2	-	-	14
60 to 64	-	1	2	2	1	3	1	1	-	-	11
65 to 69	-	-	1	1	-	-	-	-	1	-	3
over 70	-	-	-	-	1	-	-	-	-	-	1
Total	-	38	27	31	28	10	18	8	1	-	161