

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 24pt;"><b>2009</b></div> |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                            |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                           | <b>This Form is Open to Public Inspection</b>                                                              |

|                                                                                                          |                                                                |                                                                                 |                                            |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                |                                                                                 |                                            |
| For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u> |                                                                |                                                                                 |                                            |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan;                 | <input type="checkbox"/> a multiple-employer plan; or                           |                                            |
|                                                                                                          | <input checked="" type="checkbox"/> a single-employer plan;    | <input type="checkbox"/> a DFE (specify) ____                                   |                                            |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report;              | <input type="checkbox"/> the final return/report;                               |                                            |
|                                                                                                          | <input type="checkbox"/> an amended return/report;             | <input type="checkbox"/> a short plan year return/report (less than 12 months). |                                            |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input checked="" type="checkbox"/>                            |                                                                                 |                                            |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558;                 | <input type="checkbox"/> automatic extension;                                   | <input type="checkbox"/> the DFVC program; |
|                                                                                                          | <input type="checkbox"/> special extension (enter description) |                                                                                 |                                            |

|                                                                                                                                                                                                                                             |                                                                     |                                                             |                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|
| <b>Part II</b>                                                                                                                                                                                                                              | <b>Basic Plan Information</b> —enter all requested information      |                                                             |                                                             |
| <b>1a</b> Name of plan<br><u>PENSION PLAN FOR HOURLY PAID EMPLOYEES OF METAL TECHNOLOGY SOLUTIONS, INC.</u>                                                                                                                                 | <b>1b</b> Three-digit plan number (PN) ►                            | <u>003</u>                                                  |                                                             |
|                                                                                                                                                                                                                                             | <b>1c</b> Effective date of plan                                    | <u>09/01/2001</u>                                           |                                                             |
| <b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.)<br><u>METAL TECHNOLOGY SOLUTIONS, INC.</u><br><br><u>1775 LOGAN AVENUE</u><br><u>YOUNGSTOWN, OH 44505</u> | <b>2b</b> Employer Identification Number (EIN)<br><u>52-2337203</u> | <b>2c</b> Sponsor's telephone number<br><u>330-740-8581</u> | <b>2d</b> Business code (see instructions)<br><u>332110</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.

|                  |                                                          |                   |                                                              |
|------------------|----------------------------------------------------------|-------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | <u>Filed with authorized/valid electronic signature.</u> | <u>10/14/2010</u> | <u>CHRISTOPHER ZETS</u>                                      |
|                  | <b>Signature of plan administrator</b>                   | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                          |                   |                                                              |
|                  | <b>Signature of employer/plan sponsor</b>                | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                          |                   |                                                              |
|                  | <b>Signature of DFE</b>                                  | 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

|                                                                                                                                                                              |                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>METAL TECHNOLOGY SOLUTIONS, INC.<br><br>1775 LOGAN AVENUE<br>YOUNGSTOWN, OH 44505 | <b>3b</b> Administrator's EIN<br>52-2337203<br><br><b>3c</b> Administrator's telephone number<br>330-740-8581 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                       |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>4</b> 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:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                         |          |     |
|-------------------------------------------------------------------------|----------|-----|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 166 |
|-------------------------------------------------------------------------|----------|-----|

|                                                                                                                                                        |           |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |     |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 104 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 38  |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 20  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 162 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 5   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 167 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> |     |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> | 0   |

|                                                                                                                                      |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) ..... | <b>7</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|

**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 3H

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

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

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

**b General Schedules**

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

|                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                     |                                                             |     |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009          |                                                             |     |
| <b>A</b> Name of plan<br>PENSION PLAN FOR HOURLY PAID EMPLOYEES OF METAL TECHNOLOGY SOLUTIONS, INC. | <b>B</b> Three-digit plan number (PN) ▶                     | 003 |
|                                                                                                     |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500.<br>METAL TECHNOLOGY SOLUTIONS, INC.  | <b>D</b> Employer Identification Number (EIN)<br>52-2337203 |     |

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

**1** Coverage Information:

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

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 04-1590850 | 65935         | SA12763                               | 167                                                                         | 01/01/2009              | 12/31/2009 |

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

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 15955                                | 0                             |

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

|                                                                                                  |
|--------------------------------------------------------------------------------------------------|
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid |
| BAIRD INSURANCE SERVICES 777 E WISCONSIN AVE<br>MILWAUKEE, WI 53202                              |

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 13027                                         | 0                               |             | 3                     |

|                                                                                                  |
|--------------------------------------------------------------------------------------------------|
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid |
| MORGAN STANLEY & CO. INC HARBORSIDE FINANCIAL<br>PLAZA TWO 7TH FLOOR<br>JERSEY CITY, NJ 07311    |

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 2928                                          | 0                               |             | 3                     |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

**Part II Investment and Annuity Contract Information**

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

|                                                                                                        |          |         |
|--------------------------------------------------------------------------------------------------------|----------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 0       |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 8213667 |

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

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

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

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

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

|                                                                                             |              |   |
|---------------------------------------------------------------------------------------------|--------------|---|
| <b>b</b> Balance at the end of the previous year .....                                      | <b>7b</b>    | 0 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                       | <b>7c(1)</b> | 0 |
| (2) Dividends and credits .....                                                             | <b>7c(2)</b> | 0 |
| (3) Interest credited during the year .....                                                 | <b>7c(3)</b> | 0 |
| (4) Transferred from separate account .....                                                 | <b>7c(4)</b> | 0 |
| (5) Other (specify below) .....                                                             | <b>7c(5)</b> | 0 |
| ▶                                                                                           |              |   |
| (6) Total additions .....                                                                   | <b>7c(6)</b> | 0 |
| <b>d</b> Total of balance and additions (add <b>b</b> and <b>c(6)</b> ) .....               | <b>7d</b>    | 0 |
| <b>e</b> Deductions:                                                                        |              |   |
| (1) Disbursed from fund to pay benefits or purchase annuities during year .....             | <b>7e(1)</b> | 0 |
| (2) Administration charge made by carrier .....                                             | <b>7e(2)</b> | 0 |
| (3) Transferred to separate account .....                                                   | <b>7e(3)</b> | 0 |
| (4) Other (specify below) .....                                                             | <b>7e(4)</b> | 0 |
| ▶                                                                                           |              |   |
| (5) Total deductions .....                                                                  | <b>7e(5)</b> | 0 |
| <b>f</b> Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> ) ..... | <b>7f</b>    | 0 |

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs ▶

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection</b> |
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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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>PENSION PLAN FOR HOURLY PAID EMPLOYEES OF METAL TECHNOLOGY SOLUTIONS, INC.</u>                                | <b>B</b> Three-digit plan number (PN) ▶ <u>003</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>METAL TECHNOLOGY SOLUTIONS, INC.</u>                       | <b>D</b> Employer Identification Number (EIN)<br><u>52-2337203</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|               |                                                                                                                                                                                                        |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Basic Information</b>                                                                                                                                                                               |
| <b>1</b>      | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>                                                                                                                               |
| <b>2</b>      | Assets:                                                                                                                                                                                                |
| <b>a</b>      | Market value ..... <b>2a</b> <u>6971284</u>                                                                                                                                                            |
| <b>b</b>      | Actuarial value ..... <b>2b</b> <u>7668412</u>                                                                                                                                                         |
| <b>3</b>      | Funding target/participant count breakdown                                                                                                                                                             |
|               | (1) Number of participants (2) Funding Target                                                                                                                                                          |
| <b>a</b>      | For retired participants and beneficiaries receiving payment ..... <b>3a</b> <u>31</u> <u>3998896</u>                                                                                                  |
| <b>b</b>      | For terminated vested participants ..... <b>3b</b> <u>23</u> <u>411687</u>                                                                                                                             |
| <b>c</b>      | For active participants:                                                                                                                                                                               |
| (1)           | Non-vested benefits ..... <b>3c(1)</b> <u>613559</u>                                                                                                                                                   |
| (2)           | Vested benefits ..... <b>3c(2)</b> <u>4182144</u>                                                                                                                                                      |
| (3)           | Total active ..... <b>3c(3)</b> <u>112</u> <u>4795703</u>                                                                                                                                              |
| <b>d</b>      | Total ..... <b>3d</b> <u>166</u> <u>9206286</u>                                                                                                                                                        |
| <b>4</b>      | If the plan is at-risk, check the box and complete items (a) and (b) ..... <input type="checkbox"/>                                                                                                    |
| <b>a</b>      | Funding target disregarding prescribed at-risk assumptions ..... <b>4a</b>                                                                                                                             |
| <b>b</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 ..... <b>4b</b> |
| <b>5</b>      | Effective interest rate ..... <b>5</b> <u>8.21</u> %                                                                                                                                                   |
| <b>6</b>      | Target normal cost ..... <b>6</b> <u>0</u>                                                                                                                                                             |

**Statement by Enrolled Actuary**

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

|                                                                         |                                        |
|-------------------------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                                        | <u>10/01/2010</u>                      |
| Signature of actuary                                                    | Date                                   |
| <u>KELLY R. SWART</u>                                                   | <u>08-05429</u>                        |
| Type or print name of actuary                                           | Most recent enrollment number          |
| <u>BUCK CONSULTANTS, LLC</u>                                            | <u>412-281-2506</u>                    |
| Firm name                                                               | Telephone number (including area code) |
| <u>500 GRANT STREET, SUITE 2900</u><br><u>PITTSBURGH, PA 15219-2513</u> |                                        |
| Address of the firm                                                     |                                        |

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

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

**Schedule SB (Form 5500) 2009**  
**v.092308.1**

| Part II Beginning of year carryover and prefunding balances                                       |                       |                        |
|---------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                   | (a) Carryover balance | (b) Prefunding balance |
| 7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) ..... | 0                     | 0                      |
| 8 Portion used to offset prior year's funding requirement (Item 35 from prior year) .....         | 0                     | 0                      |
| 9 Amount remaining (Item 7 minus item 8).....                                                     | 0                     | 0                      |
| 10 Interest on item 9 using prior year's actual return of <u>-24.11</u> % .....                   |                       |                        |
| 11 Prior year's excess contributions to be added to prefunding balance:                           |                       |                        |
| a Excess contributions (Item 38 from prior year) .....                                            |                       | 74883                  |
| b Interest on (a) using prior year's effective rate of <u>6.30</u> % .....                        |                       | 4718                   |
| c Total available at beginning of current plan year to add to prefunding balance .....            |                       | 79601                  |
| d Portion of (c) to be added to prefunding balance.....                                           |                       | 79601                  |
| 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).....              | 0                     | 79601                  |

| Part III Funding percentages                                                                                                                                       |    |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|
| 14 Funding target attainment percentage.....                                                                                                                       | 14 | 82.43 % |
| 15 Adjusted funding target attainment percentage.....                                                                                                              | 15 | 82.43 % |
| 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 | 84.52 % |
| 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<br>(MM-DD-YYYY)                                                          | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 01/14/2009                                                                        | 73061                             |                                 |                          |                                   |                                 |
| 09/15/2010                                                                        | 81223                             |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 | Totals ►                 | 18(b)                             | 154284                          |
|                                                                                   |                                   |                                 |                          | 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                                                                 | 143860 |
| 20 Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |        |
| a Did the plan have a "funding shortfall" for the prior year? .....                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |        |
| b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....                   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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**

|                                                                                                                                                                                              |                   |                   |                   |                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|-------------------|----------------------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                   |                   |                   |                                                                |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>% | 2nd segment:<br>% | 3rd segment:<br>% | <input checked="" type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                   |                   |                   | <b>21b</b>                                                     |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                   |                   |                   | <b>22</b> 64                                                   |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                   |                   |                   |                                                                |

**Part VI Miscellaneous items**

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

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

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

**Part VIII Minimum required contribution for current year**

|                                                                                                                                                                                      |                     |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|
| <b>31</b> Target normal cost, adjusted, if applicable (see instructions).....                                                                                                        | <b>31</b>           | 0                  |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 1065098             | 204138             |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |
| <b>33</b> 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 ..... | <b>33</b>           |                    |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....                                                   | <b>34</b>           | 204138             |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance |
| <b>35</b> Balances used to offset funding requirement .....                                                                                                                          | 0                   | 60278              |
| <b>36</b> Additional cash requirement (item 34 minus item 35).....                                                                                                                   | <b>36</b>           | 143860             |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....                                                   | <b>37</b>           | 143860             |
| <b>38</b> Interest-adjusted excess contributions for current year (see instructions).....                                                                                            | <b>38</b>           | 0                  |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....                                                                       | <b>39</b>           | 0                  |
| <b>40</b> Unpaid minimum required contribution for all years .....                                                                                                                   | <b>40</b>           | 0                  |

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

|                                                                                                     |                                                             |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009          |                                                             |
| <b>A</b> Name of plan<br>PENSION PLAN FOR HOURLY PAID EMPLOYEES OF METAL TECHNOLOGY SOLUTIONS, INC. | <b>B</b> Three-digit plan number (PN) ▶ 003                 |
|                                                                                                     |                                                             |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>METAL TECHNOLOGY SOLUTIONS, INC.   | <b>D</b> Employer Identification Number (EIN)<br>52-2337203 |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

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

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

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

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

BAIRD INSURANCE SERVICES INC

39-1236032

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 59                            | SHAREHOLDER SERVICES                                                                                     | 0                                                                             | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                   | 17546                                                                                                                                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

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

MORGAN STANLEY & CO. INCORPORATED

94-1671384

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 59                            | SHAREHOLDER SERVICES                                                                                     | 0                                                                             | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                   | 4322                                                                                                                                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

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

MASSACHUSETTS MUTUAL LIFE INSURANCE

04-1590850

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 52 63 72                      | CONTRACT ADMINISTRATOR                                                                                   | 0                                                                             | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

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

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

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

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

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

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| BAIRD INSURANCE SERVICES INC                            | 59                                      | 17546                                     |

| (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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INSURANCE<br><br>04-1590850               | COMMISSIONS AND FEES                                                                                                                                               |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| MORGAN STANLEY & CO. INCORPORATED                       | 59                                      | 4322                                      |

| (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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INSURANCE<br><br>04-1590850               | COMMISSIONS AND FEES                                                                                                                                               |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INSURANCE                     | 72                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PREM SHORT-DURATION BOND BABSON<br><br>04-3212057                   | BASIS POINTS * PLAN ASSETS                                                                                                                                         |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                 | 72                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PREMIER CORE BOND BABSON<br><br>04-3277549                          | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                 | 72                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| SEL BLUE CHIP GR II T ROWE PRICE<br><br>04-3556992                  | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MASSACHUSETTS MUTUAL LIFE INSURANCE                                 | 72                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| SEL SM CO VAL FED CLOV TRP ERNST<br><br>04-3584140                  | BASIS POINTS * PLAN ASSETS                                                                                                                                         |                                           |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INSURANCE                     | 72                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SELECT FUNDAMENTAL VAL WELLINGTON<br><br>04-3584138                 | BASIS POINTS * PLAN ASSETS                                                                                                                                         |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INSURANCE                     | 72                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SELECT OVERSEAS MFS HARRIS ALLBER<br><br>04-3557000                 | BASIS POINTS * PLAN ASSETS                                                                                                                                         |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| MASSACHUSETTS MUTUAL LIFE INSURANCE                     | 72                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SELECT SM CAP GR W&R WELLINGTON<br><br>04-3464205                   | BASIS POINTS * PLAN ASSETS                                                                                                                                         |

**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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN;       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN;       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                        |                                                                                                                                                                                                                                   |                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>      |
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009                                                                                             |                                                                                                                                                                                                                                   |                                                                                                      |
| A Name of plan<br>PENSION PLAN FOR HOURLY PAID EMPLOYEES OF METAL TECHNOLOGY SOLUTIONS, INC.                                                                                           |                                                                                                                                                                                                                                   | B Three-digit plan number (PN) ▶ 003                                                                 |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>METAL TECHNOLOGY SOLUTIONS, INC.                                                                                      |                                                                                                                                                                                                                                   | D Employer Identification Number (EIN)<br>52-2337203                                                 |
| Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs)       |                                                                                                                                                                                                                                   |                                                                                                      |
| a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-AL                                                                                                                                         |                                                                                                                                                                                                                                   |                                                                                                      |
| b Name of sponsor of entity listed in (a): MMLIC                                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                      |
| c EIN-PN 04-1590850-019                                                                                                                                                                | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1514172 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-AK                                                                                                                                         |                                                                                                                                                                                                                                   |                                                                                                      |
| b Name of sponsor of entity listed in (a): MMLIC                                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                      |
| c EIN-PN 04-1590850-175                                                                                                                                                                | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1468493 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-AH                                                                                                                                         |                                                                                                                                                                                                                                   |                                                                                                      |
| b Name of sponsor of entity listed in (a): MMLIC                                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                      |
| c EIN-PN 04-1590850-155                                                                                                                                                                | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 417976  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-AG                                                                                                                                         |                                                                                                                                                                                                                                   |                                                                                                      |
| b Name of sponsor of entity listed in (a): MMLIC                                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                      |
| c EIN-PN 04-1590850-016                                                                                                                                                                | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 288958  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-AF                                                                                                                                         |                                                                                                                                                                                                                                   |                                                                                                      |
| b Name of sponsor of entity listed in (a): MMLIC                                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                      |
| c EIN-PN 04-1590850-015                                                                                                                                                                | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 810241  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-AE                                                                                                                                         |                                                                                                                                                                                                                                   |                                                                                                      |
| b Name of sponsor of entity listed in (a): MMLIC                                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                      |
| c EIN-PN 04-1590850-014                                                                                                                                                                | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1617673 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-AC                                                                                                                                         |                                                                                                                                                                                                                                   |                                                                                                      |
| b Name of sponsor of entity listed in (a): MMLIC                                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                      |
| c EIN-PN 04-1590850-012                                                                                                                                                                | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1053705 |
| For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.                                                                                        |                                                                                                                                                                                                                                   |                                                                                                      |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-AY  
MMLIC

**b** Name of sponsor of entity listed in (a):

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 04-1590850-177 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1042449 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

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

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

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                            |                                         |            |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------|
| For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>   |                                         |            |
| <b>A</b> Name of plan<br><u>PENSION PLAN FOR HOURLY PAID EMPLOYEES OF METAL TECHNOLOGY SOLUTIONS, INC.</u> | <b>B</b> Three-digit plan number (PN) ▶ | <u>003</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>METAL TECHNOLOGY SOLUTIONS, INC.</u>   |                                         |            |
| <b>D</b> Employer Identification Number (EIN)<br><u>52-2337203</u>                                         |                                         |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | <u>0</u>              | <u>81223</u>    |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   | <u>6971284</u>        | <u>8213667</u>  |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   | <u>0</u>              | <u>0</u>        |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 6971284               | 8294890         |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 6971284 | 8294890 |
|-----------------------------------------------------------|-----------|---------|---------|

**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) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 154284     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 154284    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 0         |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 0         |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            | 1740052   |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            |           |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 1894336   |

**Expenses**

|                                                                                            |              |        |        |
|--------------------------------------------------------------------------------------------|--------------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 570730 |        |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> |        |        |
| (3) Other .....                                                                            | <b>2e(3)</b> |        |        |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |        | 570730 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |        |        |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |        |        |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |        |        |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> |        |        |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> |        |        |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> |        |        |
| (4) Other .....                                                                            | <b>2i(4)</b> |        |        |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |        | 0      |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |        | 570730 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 1323606 |
| <b>l</b> Transfers of assets:                                                 |              |  |         |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  |         |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |         |

**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: COHEN & CO LTD.

(2) EIN: 34-1912961

**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   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <b>a</b> 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>b</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  |          |
| <b>c</b> 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  |          |
| <b>d</b> 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  |          |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 50000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |          |
| <b>g</b> 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  |          |
| <b>h</b> 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  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |          |
| <b>j</b> 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   |    |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     | X  |          |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                        |     | X  |          |

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

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

**5b(1)** Name of plan(s)

**5b(2)** EIN(s)

**5b(3)** PN(s)

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            | <b>2009</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            | <b>This Form is Open to Public Inspection.</b> |

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

|                                                                                                            |                                                                    |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>PENSION PLAN FOR HOURLY PAID EMPLOYEES OF METAL TECHNOLOGY SOLUTIONS, INC.</u> | <b>B</b> Three-digit plan number (PN) ▶<br><u>003</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>METAL TECHNOLOGY SOLUTIONS, INC.</u>   | <b>D</b> Employer Identification Number (EIN)<br><u>52-2337203</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>04-1590850</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> | <u>0</u> |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                         |                                                                                                                         |                                        |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                     | <input type="checkbox"/> Yes                                                                                            | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                    |                                                                                                                         |                                        |                              |
| <b>5</b> 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. |                                        |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year .....                                                                                                                                                                             | <b>6a</b>                                                                                                               |                                        |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                              | <b>6b</b>                                                                                                               |                                        |                              |
| <b>c</b> 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).....                                                                                                         | <b>6c</b>                                                                                                               |                                        |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                           |                                                                                                                         |                                        |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                      | <input type="checkbox"/> Yes                                                                                            | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| <b>8</b> 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?..... | <input checked="" type="checkbox"/> Yes                                                                                 | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                                |                                   |                                   |                               |                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> 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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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): \_\_\_\_\_

TRUSTEES  
PENSION PLAN FOR HOURLY PAID EMPLOYEES OF  
METAL TECHNOLOGY SOLUTIONS, INC.

Independent Auditors' Report

We were engaged to audit the accompanying financial statements and supplemental schedules of the Pension Plan for Hourly Paid Employees of Metal Technology Solutions, Inc. as of December 31, 2009 and 2008, and for the years then ended as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Massachusetts Mutual Life Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the custodian 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 custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*Cohen & Company Ltd.*

October 13, 2010  
Youngstown, Ohio

Pension Plan for Hourly Paid Employees of Metal Technology Solutions, Inc.  
EIN/PN: 52-2337203 / 003

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

**Interest/Discount Rates**

---

**Funding**

|               |                                                       |       |
|---------------|-------------------------------------------------------|-------|
| Current Year: | Effective Interest Rate -                             | 8.21% |
|               | using the full yield curve for the preceding month of |       |
|               | October                                               |       |

|             |                                              |       |
|-------------|----------------------------------------------|-------|
| Prior Year: | Effective Interest Rate -                    | 6.30% |
|             | using the full yield curve with no look-back |       |

**Expected Earnings Rate on Assets (for Valuation Assets)**

|               |       |
|---------------|-------|
| Current Year: | 6.43% |
| Prior Year:   | 6.09% |

**Investment & administrative expenses:**

None.

Pension Plan for Hourly Paid Employees of Metal Technology Solutions, Inc.  
EIN/PN: 52-2337203 / 003

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

**Non-economic Assumptions**

Mortality: For all purposes other than calculating funding target liability:  
1994 Group Annuity Mortality Table, rates for males and females.

For purposes of calculating funding target liability:  
The IRS 2009 Annuitant and Non-Annuitant Mortality Tables for Males and Females.

|                   |            |                   |                   |
|-------------------|------------|-------------------|-------------------|
| Withdrawal rates: |            | Male              | Female            |
|                   | <u>Age</u> | <u>Assumption</u> | <u>Assumption</u> |
|                   | 25         | 5.00%             | 7.15%             |
|                   | 30         | 3.90%             | 5.00%             |
|                   | 35         | 3.20%             | 3.90%             |
|                   | 40         | 2.65%             | 3.20%             |
|                   | 45         | 1.80%             | 2.65%             |
|                   | 50         | 0.80%             | 1.80%             |
|                   | 55         | 0.30%             | 0.80%             |
|                   | 60         | 0.10%             | 0.30%             |
|                   | 61         | 0.08%             | 0.24%             |
|                   | 62         | 0.06%*            | 0.18%*            |
|                   | 63         | 0.04%*            | 0.12%*            |
|                   | 64         | 0.02%*            | 0.06%*            |

\* Only for those not assumed to retire.

Retirement Rates: 5% assumed at ages 55 to 61 with 30 or more years of service; 30% at ages 62 to 64 with 15 or more years of service and 100% at age 65.

Disability rates: 1985 Disability Table for Class II Employees. Sample rates shown below:

|     |        |         |
|-----|--------|---------|
| Age | Males  | Females |
| 25  | 0.093% | 0.096%  |
| 35  | 0.199% | 0.252%  |
| 45  | 0.505% | 0.522%  |
| 55  | 1.502% | 1.490%  |
| 64  | 2.868% | 1.992%  |

Marital percentage: 80% of participants are assumed to be married at death, with husband 3 years older than wife.

Valuation of optional payment forms: 80% of participants are assumed to elect a single life annuity and 20% are assumed to elect a 50% Joint and Survivor annuity.

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

## Methods

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### Actuarial cost method

For minimum required and maximum contribution purposes:

The Funding Target is the present value of accrued benefits (frozen as of December 31, 2007) and based on service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year. The Target Normal Cost is equal to \$0 since the plan was frozen as of December 31, 2007.

### Asset valuation method

For minimum required and maximum contribution purposes: Smoothed Asset Value over 2 year period

The Valuation Assets are determined using a method that spreads asset gains/(losses) over 2 years. The gain/(loss) for each period is determined as the actual return during the period less the expected return based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third segment rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value. Accrued contributions, if any, are included in the Valuation Assets.

Pension Plan for Hourly Paid Employees of Metal Technology Solutions, Inc.  
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Schedule SB, line 25 – Change in Method

- The interest rates used to value plan liabilities have been changed to use the full yield curve with a 2-month look-back, which results in an effective interest rate of 8.21% for the 2009 valuation. For the prior year the full yield curve with no look-back was used and resulted in an effective rate of 6.30%.

Pension Plan for Hourly Paid Employees of Metal Technology Solutions, Inc.

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

| Age | (1)<br>q <sup>r</sup><br>Retirement<br>Rate | (2)<br>q <sup>^(not r)</sup><br>Other<br>Decrement | (3)<br>1-q <sup>T</sup><br>Employment<br>Rate | (4)<br>tpx<br>Cumulative<br>Employment | (5)<br>tpx*q <sup>x</sup> *Age<br>Age<br>Weighting | (6)<br>tpx*q <sup>x</sup><br>Cumulative<br>Decrement | (7)<br>Weighted<br>RA = Sum<br>(5) / (6) |
|-----|---------------------------------------------|----------------------------------------------------|-----------------------------------------------|----------------------------------------|----------------------------------------------------|------------------------------------------------------|------------------------------------------|
| 55  | 0.000                                       | 0.0024                                             | 0.9976                                        | 1.0000                                 | 0.0000                                             | 0.0000                                               |                                          |
| 56  | 0.000                                       | 0.0029                                             | 0.9971                                        | 0.9976                                 | 0.0000                                             | 0.0000                                               |                                          |
| 57  | 0.000                                       | 0.0033                                             | 0.9967                                        | 0.9947                                 | 0.0000                                             | 0.0000                                               |                                          |
| 58  | 0.000                                       | 0.0039                                             | 0.9961                                        | 0.9914                                 | 0.0000                                             | 0.0000                                               |                                          |
| 59  | 0.000                                       | 0.0044                                             | 0.9956                                        | 0.9875                                 | 0.0000                                             | 0.0000                                               |                                          |
| 60  | 0.000                                       | 0.0050                                             | 0.9950                                        | 0.9832                                 | 0.0000                                             | 0.0000                                               |                                          |
| 61  | 0.000                                       | 0.0059                                             | 0.9941                                        | 0.9783                                 | 0.0000                                             | 0.0000                                               |                                          |
| 62  | 0.300                                       | 0.0067                                             | 0.6933                                        | 0.9725                                 | 18.0885                                            | 0.2918                                               |                                          |
| 63  | 0.300                                       | 0.0079                                             | 0.6921                                        | 0.6742                                 | 12.7424                                            | 0.2023                                               |                                          |
| 64  | 0.300                                       | 0.0089                                             | 0.6911                                        | 0.4666                                 | 8.9587                                             | 0.1400                                               |                                          |
| 65  | 1.000                                       | 0.0000                                             | 0.0000                                        | 0.3225                                 | 20.9625                                            | 0.3225                                               |                                          |
|     |                                             |                                                    |                                               |                                        | 60.7521                                            | 0.9566                                               |                                          |

Weighted Average Retirement Age:

64

The weighted average retirement age is computed as the sum, over all ages, of the expected retirement rate multiplied by the probability of remaining in service to each age multiplied by the age divided by the sum of the expected retirement rate multiplied by the probability of remaining in service to each age.

Pension Plan for Hourly Paid Employees of Metal Technology Solutions, Inc.  
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Schedule SB, Line 21b – Explanation of Applicable Month for Discount Rate

The plan used the full yield curve with a two month lookback as allowed by IRS regulations. However, line 21b was left blank in order to avoid EFAST filing problems.

Pension Plan for Hourly Paid Employees of Metal Technology Solutions, Inc.  
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Schedule SB, Part III- Explanation of Funding Percentages

The FTAP, AFTAP and prior year funding percentage reported on this year's Schedule SB were truncated to the lowest .01% as required by the instructions. However, the actual FTAP for the previous year was 84.53% as calculated by rounding to the nearest .01% in accordance with final regulation 1.436-1(g)(6) Example 3(ii).

|                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

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.

|                                                                                                                                                         |                                                                 |            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><br>Pension Plan for Hourly Paid Employees of Metal Technology Solutions,                                                      | <b>B</b> Three-digit plan number (PN) ►                         | <u>003</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>Metal Technology Solutions, Inc.                                        | <b>D</b> Employer Identification Number (EIN)<br><br>52-2337203 |            |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B               |                                                                 |            |
| <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |                                                                 |            |

|               |                                                                                                                                                                                              |                            |                    |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------|
| <b>Part I</b> | <b>Basic Information</b>                                                                                                                                                                     |                            |                    |
| <b>1</b>      | Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>                                                                                                                       |                            |                    |
| <b>2</b>      | Assets:                                                                                                                                                                                      |                            |                    |
| <b>a</b>      | Market value .....                                                                                                                                                                           | <b>2a</b>                  | 6,971,284          |
| <b>b</b>      | Actuarial value .....                                                                                                                                                                        | <b>2b</b>                  | 7,668,412          |
| <b>3</b>      | Funding target/participant count breakdown                                                                                                                                                   | (1) Number of participants | (2) Funding Target |
| <b>a</b>      | For retired participants and beneficiaries receiving payment .....                                                                                                                           | <b>3a</b>                  | 31                 |
| <b>b</b>      | For terminated vested participants .....                                                                                                                                                     | <b>3b</b>                  | 23                 |
| <b>c</b>      | For active participants:                                                                                                                                                                     |                            |                    |
| (1)           | Non-vested benefits .....                                                                                                                                                                    | <b>3c(1)</b>               | 613,559            |
| (2)           | Vested benefits .....                                                                                                                                                                        | <b>3c(2)</b>               | 4,182,144          |
| (3)           | Total active .....                                                                                                                                                                           | <b>3c(3)</b>               | 112                |
| <b>d</b>      | Total .....                                                                                                                                                                                  | <b>3d</b>                  | 166                |
| <b>4</b>      | If the plan is at-risk, check the box and complete items (a) and (b) <input type="checkbox"/>                                                                                                |                            |                    |
| <b>a</b>      | Funding target disregarding prescribed at-risk assumptions .....                                                                                                                             | <b>4a</b>                  |                    |
| <b>b</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 ..... | <b>4b</b>                  |                    |
| <b>5</b>      | Effective interest rate .....                                                                                                                                                                | <b>5</b>                   | 8.21 %             |
| <b>6</b>      | Target normal cost .....                                                                                                                                                                     | <b>6</b>                   | 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.

|                      |                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SIGN<br/>HERE</b> | <div style="text-align: center;"> <br/>         Signature of actuary       </div> <div style="text-align: center;">         Kelly R. Swart<br/>         Type or print name of actuary<br/><br/>         Buck Consultants, LLC<br/>         Firm name<br/>         500 Grant Street, Suite 2900<br/>         Pittsburgh PA 15219-2513<br/>         Address of the firm       </div> | <div style="text-align: center;"> <u>10/1/2010</u><br/>         Date<br/>         08-05429<br/>         Most recent enrollment number<br/>         (412) 281-2506<br/>         Telephone number (including area code)       </div> |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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 ☐

| <b>Part II</b> |                                                                                                 | <b>Beginning of year carryover and prefunding balances</b> |                        |
|----------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------|
|                |                                                                                                 | (a) Carryover balance                                      | (b) Prefunding balance |
| <b>7</b>       | Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) ..... | 0                                                          | 0                      |
| <b>8</b>       | Portion used to offset prior year's funding requirement (Item 35 from prior year) .....         | 0                                                          | 0                      |
| <b>9</b>       | Amount remaining (Item 7 minus item 8).....                                                     | 0                                                          | 0                      |
| <b>10</b>      | Interest on item 9 using prior year's actual return of <u>(24.11)</u> % .....                   |                                                            |                        |
| <b>11</b>      | Prior year's excess contributions to be added to prefunding balance:                            |                                                            |                        |
| <b>a</b>       | Excess contributions (Item 38 from prior year) .....                                            |                                                            | 74,883                 |
| <b>b</b>       | Interest on (a) using prior year's effective rate of <u>6.30</u> % .....                        |                                                            | 4,718                  |
| <b>c</b>       | Total available at beginning of current plan year to add to prefunding balance .....            |                                                            | 79,601                 |
| <b>d</b>       | Portion of (c) to be added to prefunding balance.....                                           |                                                            | 79,601                 |
| <b>12</b>      | Reduction in balances due to elections or deemed elections.....                                 | 0                                                          | 0                      |
| <b>13</b>      | Balance at beginning of current year (item 9 + item 10 + item 11d - item 12) .....              | 0                                                          | 79,601                 |

| <b>Part III</b> |                                                                                                                                                                 | <b>Funding percentages</b> |         |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------|
|                 |                                                                                                                                                                 | <b>14</b>                  | 82.43 % |
| <b>14</b>       | Funding target attainment percentage.....                                                                                                                       |                            |         |
| <b>15</b>       | Adjusted funding target attainment percentage.....                                                                                                              | <b>15</b>                  | 82.43 % |
| <b>16</b>       | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b>                  | 84.52 % |
| <b>17</b>       | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....                                        | <b>17</b>                  | %       |

| <b>Part IV</b>                                                                           |                                   | <b>Contributions and liquidity shortfalls</b> |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                               |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees               | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 01/14/2009                                                                               | 73,061                            |                                               |                          |                                   |                                 |
| 09/15/2010                                                                               | 81,223                            |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
| <b>Totals ▶</b>                                                                          |                                   |                                               | <b>18(b)</b>             | 154,284                           | <b>18(c)</b> 0                  |

|                                                                                                                                                                                        |                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <b>19</b> Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:                                                   |                    |
| <b>a</b> Contributions allocated toward unpaid minimum required contribution from prior years. ....                                                                                    | <b>19a</b> 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                                                                     | <b>19b</b> 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....                                                                 | <b>19c</b> 143,860 |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                            |                    |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                         |                    |
| <b>b</b> If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                    |
| <b>c</b> 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            |
| 0                                                                                                                                                                                      | 0                  |
| (3) 3rd                                                                                                                                                                                | (4) 4th            |
| 0                                                                                                                                                                                      | 0                  |

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

|                                                                                                                                                                                              |                   |                   |                   |                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|-------------------|----------------------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                   |                   |                   |                                                                |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>% | 2nd segment:<br>% | 3rd segment:<br>% | <input checked="" type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                   |                   |                   | <b>21b</b>                                                     |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                   |                   |                   | <b>22</b> 64                                                   |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                   |                   |                   |                                                                |

**Part VI Miscellaneous items**

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

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

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

**Part VIII Minimum required contribution for current year**

|                                                                                                                                                                                      |                     |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|
| <b>31</b> Target normal cost, adjusted, if applicable (see instructions).....                                                                                                        | <b>31</b>           | 0                  |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 1,065,098           | 204,138            |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |
| <b>33</b> 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 ..... | <b>33</b>           |                    |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33).....                                                   | <b>34</b>           | 204,138            |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance |
| <b>35</b> Balances used to offset funding requirement .....                                                                                                                          | 0                   | 60,278             |
| <b>36</b> Additional cash requirement (item 34 minus item 35).....                                                                                                                   | <b>36</b>           | 143,860            |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....                                                   | <b>37</b>           | 143,860            |
| <b>38</b> Interest-adjusted excess contributions for current year (see instructions).....                                                                                            | <b>38</b>           | 0                  |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....                                                                       | <b>39</b>           | 0                  |
| <b>40</b> Unpaid minimum required contribution for all years .....                                                                                                                   | <b>40</b>           | 0                  |

Pension Plan for Hourly Paid Employees of Metal Technology Solutions, Inc.  
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Schedule SB, Line 26 - Schedule of Active Participant Data

| Age   | Under 1 | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ | Total |
|-------|---------|-----|-----|-------|-------|-------|-------|-------|-------|-----|-------|
| 15-19 | 0       | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0   | 0     |
| 20-24 | 0       | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0   | 0     |
| 25-29 | 0       | 1   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0   | 1     |
| 30-34 | 0       | 6   | 2   | 4     | 0     | 0     | 0     | 0     | 0     | 0   | 12    |
| 35-39 | 0       | 3   | 1   | 4     | 3     | 0     | 0     | 0     | 0     | 0   | 11    |
| 40-44 | 0       | 5   | 2   | 3     | 0     | 0     | 0     | 0     | 0     | 0   | 10    |
| 45-49 | 0       | 4   | 6   | 2     | 2     | 0     | 0     | 0     | 0     | 0   | 14    |
| 50-54 | 0       | 2   | 7   | 7     | 9     | 0     | 3     | 5     | 1     | 0   | 34    |
| 55-59 | 0       | 2   | 3   | 5     | 1     | 0     | 1     | 5     | 5     | 0   | 22    |
| 60-64 | 0       | 0   | 0   | 0     | 2     | 0     | 0     | 0     | 3     | 1   | 6     |
| 65-69 | 0       | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 1   | 1     |
| 70+   | 0       | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 1     | 0   | 1     |
| TOTAL | 0       | 23  | 21  | 25    | 17    | 0     | 4     | 10    | 10    | 2   | 112   |

Pension Plan for Hourly Paid Employees of Metal Technology Solutions, Inc.  
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Schedule SB, line 32- Schedule of Amortization Bases

| Date Established | Initial Amount    | Remaining Installments | Shortfall Amortization Installment | Present Value of Remaining Installments as of January 1, 2009 |
|------------------|-------------------|------------------------|------------------------------------|---------------------------------------------------------------|
| January 1, 2008  | \$ 834,414        | 6                      | \$ 137,876                         | \$ 691,681                                                    |
| January 1, 2009  | <u>\$ 373,417</u> | 7                      | <u>\$ 66,262</u>                   | <u>\$ 373,417</u>                                             |
| Total            | \$ 1,207,831      |                        | \$ 204,138                         | \$1,065,098                                                   |

Pension Plan for Hourly Paid Employees of Metal Technology Solutions, Inc.  
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Schedule SB, Part V – Summary of Plan Provisions

|                                                  |                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility:                                     | Age 21 and one year, and hired prior to December 31, 2007.                                                                                                                                                                                                                                                                                 |
| Annual compensation:                             | Company earnings reduced by a cost-of-living adjustment of \$3.50 per hour paid.                                                                                                                                                                                                                                                           |
| Average compensation:                            | Annual compensation of the 5 consecutive years out of the last 10 that produces the highest average. Annual compensation is not to exceed required limits. This amount was frozen as of December 31, 2007.                                                                                                                                 |
| Payment form:                                    | Life annuity.                                                                                                                                                                                                                                                                                                                              |
| Normal retirement date:                          | Age 65 with 5 years of participation.                                                                                                                                                                                                                                                                                                      |
| Early unreduced retirement date:                 | Age 62 with 15 years of service or 30 years of service.                                                                                                                                                                                                                                                                                    |
| Special circumstance unreduced retirement date:  | Termination due to layoff, permanent shutdown or physical disability, and <ol style="list-style-type: none"><li>1. Age 55, but not age 62, and 15 years of service,</li><li>2. 15 years of service and age plus service is at least 80, or</li><li>3. 20 years of service and age plus service is at least 65, but less than 80.</li></ol> |
| Early retirement date:                           | Age 60 and 15 years of service.                                                                                                                                                                                                                                                                                                            |
| Eligibility for disability benefit:              | Disability occurring while actively employed with 15 years of service.                                                                                                                                                                                                                                                                     |
| Eligibility for vested benefit:                  | 100% vesting after five years.                                                                                                                                                                                                                                                                                                             |
| Eligibility for pre-retirement survivor annuity: | Death occurring while: <ol style="list-style-type: none"><li>1. Actively employed, completed 5 years of vesting service.</li><li>2. Terminated with a vested deferred benefit but before benefit commencement and not eligible for unreduced retirement benefits.</li></ol>                                                                |

Pension Plan for Hourly Paid Employees of Metal Technology Solutions, Inc.  
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Schedule SB, Part V – Summary of Plan Provisions

|                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility for surviving spouse benefit:                  | 15 years of service, and death occurring while: <ol style="list-style-type: none"><li>1. Actively employed.</li><li>2. Retired on other than a deferred vested pension, whether or not benefits have been paid.</li></ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Regular Pension:                                           | <p>The largest of the benefits determined under part A, B or C below. Frozen as of December 31, 2007.</p> <p>A. Percent Pension:</p> <p>Using average compensation as of date of termination, the sum of (1) (2) and (3) below:</p> <ol style="list-style-type: none"><li>1. 1.1% of average compensation multiplied by the lesser of 30 years and service at date of termination.</li><li>2. 1.2% of average compensation multiplied by the service at date of termination in excess of 30 years.</li><li>3. 12.6% of the sum of (1) and (2) above.</li></ol> <p>B. Minimum Pension: \$378 multiplied by service at date of termination.</p> <p>C. Guaranteed Benefit: \$15,600 for those with 30 or more years of service at date of termination.</p> |
| Special payment:                                           | Lump sum payment in an amount equal to 13 weeks of vacation pay reduced by vacation pay received for the year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Increased Pension:                                         | \$3,600 for those who are not eligible for public pension.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Normal monthly retirement benefit:                         | Special payment as of normal retirement date plus 1/12 of regular pension payable as of the fourth month after normal retirement date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Early unreduced monthly retirement benefit:                | Special payment as of retirement date plus 1/12 of regular pension payable as of the fourth month after retirement date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Special circumstance unreduced monthly retirement benefit: | Special payment as of retirement date plus 1/12 of regular pension payable as of the fourth month after retirement date. If regular pension is determined under the Percent Pension or Minimum Pension, an increased pension is payable beginning as of the fourth month after retirement.                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

Pension Plan for Hourly Paid Employees of Metal Technology Solutions, Inc.  
EIN/PN: 52-2337203 / 003

Schedule SB, Part V – Summary of Plan Provisions

Early monthly retirement  
benefit:

Special payment as of retirement date plus 1/12 of regular pension payable as of the fourth month after age 62. Regular pension may begin as early as the fourth month after retirement with the following reductions

- two years prior to 62 multiplied by 83.82%
- one year prior to 62 multiplied by 91.45%.

Delayed monthly retirement  
benefit:

Special payment as of actual retirement date plus 1/12 of regular pension, crediting service and earnings through delayed retirement date, payable as of the fourth month after retirement date.

Disability retirement benefit:

1/12 of regular pension. If regular pension is determined under the Percent Pension or Minimum Pension an increased pension is payable.

Deferred monthly retirement  
benefit for termination prior  
to retirement:

1/12 of accrued benefit as of date of termination payable at normal retirement date. Regular pension may begin as early as age 60 based on the following factors:

| <u>Age</u> | <u>Factor</u> |
|------------|---------------|
| 64         | 90.72%        |
| 63         | 82.53%        |
| 62         | 75.28%        |
| 61         | 68.85%        |
| 60         | 63.10%        |

If age 40 with 15 years of service at termination, regular pension may begin without reduction beginning at age 62 or as early as age 60 based on the following factors:

| <u>Age</u> | <u>Factor</u> |
|------------|---------------|
| 61         | 91.45%        |
| 60         | 83.82%        |

Monthly pre-retirement  
survivor annuity:

1/12 of 50% of regular pension reduced for early payment in the form of a 50% Joint and Survivor as of date of death of participant, commencing at the participant's earliest payment date and continuing for the remaining lifetime of the surviving spouse.

Pension Plan for Hourly Paid Employees of Metal Technology Solutions, Inc.  
EIN/PN: 52-2337203 / 003

Schedule SB, Part V – Summary of Plan Provisions

Surviving spouse monthly death benefit:

1/12 of larger of (A) or (B), reduced to the larger of (C) or (D) as of the date the surviving spouse attains the age at which a widow(er)'s benefit is first provided. Where:

- A. 1,680,
- B. 50% of the regular pension,
- C. 1,500, and
- D. 50% of the regular pension minus 50% of the widow(er)'s benefit.

Actuarial Equivalent

A benefit of equal value as determined in accordance with the following table if the 50% spouse option is applicable.

| Difference Between Ages of Participant and Spouse | Participant's Age   |                 |                 |                 |                 |                    |
|---------------------------------------------------|---------------------|-----------------|-----------------|-----------------|-----------------|--------------------|
|                                                   | <u>51 and under</u> | <u>52 to 54</u> | <u>55 to 57</u> | <u>58 to 60</u> | <u>61 to 63</u> | <u>64 and over</u> |
| <u>Participant Older</u>                          |                     |                 |                 |                 |                 |                    |
| 20 or more years                                  | 71%                 | 72%             | 73%             | 73%             | 74%             | 74%                |
| 17,18 or 19 years                                 | 71                  | 72              | 73              | 74              | 75              | 75                 |
| 14, 15 or 16 years                                | 72                  | 73              | 74              | 75              | 76              | 76                 |
| 11, 12 or 13 years                                | 73                  | 74              | 75              | 77              | 77              | 78                 |
| 8, 9 or 10 years                                  | 74                  | 75              | 77              | 78              | 79              | 80                 |
| 5, 6 or 7 years                                   | 75                  | 76              | 78              | 79              | 81              | 81                 |
| 2, 3 or 4 years                                   | 76                  | 77              | 79              | 81              | 82              | 83                 |
| Less than 2 years                                 | 77                  | 79              | 81              | 83              | 84              | 85                 |
|                                                   |                     |                 |                 |                 |                 |                    |
| <u>Participant Younger</u>                        |                     |                 |                 |                 |                 |                    |
| Less than 2 years                                 | 77%                 | 79%             | 81%             | 83%             | 84%             | 85%                |
| 2, 3 or 4 years                                   | 79                  | 80              | 82              | 84              | 86              | 87                 |
| 5, 6 or 7 years                                   | 80                  | 82              | 84              | 86              | 88              | 89                 |
| 8, 9 or 10 years                                  | 82                  | 84              | 86              | 88              | 90              | 91                 |
| 11, 12, or 13 years                               | 84                  | 85              | 88              | 90              | 92              | 93                 |
| 14, 15 or 16 years                                | 86                  | 87              | 89              | 91              | 93              | 94                 |
| 17,18 or 19 years                                 | 87                  | 89              | 91              | 93              | 95              | 96                 |
| 20 or more years                                  | 89                  | 91              | 93              | 94              | 96              | 96                 |

PENSION PLAN FOR HOURLY PAID EMPLOYEES  
OF METAL TECHNOLOGY SOLUTIONS, INC.

INDEPENDENT AUDITORS' REPORT

DECEMBER 31, 2009 AND 2008

PENSION PLAN FOR HOURLY PAID EMPLOYEES  
OF METAL TECHNOLOGY SOLUTIONS, INC.

DECEMBER 31, 2009 AND 2008

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TRUSTEES  
PENSION PLAN FOR HOURLY PAID EMPLOYEES OF  
METAL TECHNOLOGY SOLUTIONS, INC.

Independent Auditors' Report

We were engaged to audit the accompanying financial statements and supplemental schedules of the Pension Plan for Hourly Paid Employees of Metal Technology Solutions, Inc. as of December 31, 2009 and 2008, and for the years then ended as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Massachusetts Mutual Life Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the custodian 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 custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*Cohen & Company Ltd.*

October 13, 2010  
Youngstown, Ohio

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2009 AND 2008

|                                   | <u>2009</u>         | <u>2008</u>         |
|-----------------------------------|---------------------|---------------------|
| INVESTMENTS - AT FAIR VALUE       | \$ 8,213,667        | \$ 6,971,284        |
| EMPLOYER CONTRIBUTIONS RECEIVABLE | <u>81,223</u>       | <u></u>             |
| NET ASSETS AVAILABLE FOR BENEFITS | <u>\$ 8,294,890</u> | <u>\$ 6,971,284</u> |

*The accompanying notes are an integral part of these statements.*

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2009 AND 2008

|                                                          | <u>2009</u>         | <u>2008</u>         |
|----------------------------------------------------------|---------------------|---------------------|
| ADDITIONS TO NET ASSETS ATTRIBUTED TO:                   |                     |                     |
| Net appreciation in fair value of investments            | \$ 1,740,052        |                     |
| Employer contributions                                   | <u>154,284</u>      | <u>\$ 219,183</u>   |
|                                                          | <u>1,894,336</u>    | <u>219,183</u>      |
| DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:                |                     |                     |
| Net depreciation in fair value of investments            |                     | 2,325,658           |
| Benefits paid                                            | <u>570,730</u>      | <u>405,756</u>      |
|                                                          | <u>570,730</u>      | <u>2,731,414</u>    |
| INCREASE (DECREASE) IN NET ASSETS                        | 1,323,606           | (2,512,231)         |
| NET ASSETS AVAILABLE FOR BENEFITS -<br>BEGINNING OF YEAR | <u>6,971,284</u>    | <u>9,483,515</u>    |
| NET ASSETS AVAILABLE FOR BENEFITS -<br>END OF YEAR       | <u>\$ 8,294,890</u> | <u>\$ 6,971,284</u> |

*The accompanying notes are an integral part of these statements.*

STATEMENT OF ACCUMULATED BENEFITS

JANUARY 1, 2010 AND 2009

|                                                            | <u>2010</u>          | <u>2009</u>          |
|------------------------------------------------------------|----------------------|----------------------|
| Actuarial present value of accumulated plan benefits       |                      |                      |
| Vested benefits:                                           |                      |                      |
| Participants currently receiving payments                  | \$ 3,955,138         | \$ 4,629,862         |
| Other participants                                         | <u>7,269,592</u>     | <u>5,646,800</u>     |
|                                                            | 11,224,730           | 10,276,662           |
| Non-vested benefits                                        | <u>588,630</u>       | <u>758,614</u>       |
| Total actuarial present value of accumulated plan benefits | <u>\$ 11,813,360</u> | <u>\$ 11,035,276</u> |

*The accompanying notes are an integral part of these statements.*

STATEMENT OF CHANGES IN ACCUMULATED BENEFITS

YEAR ENDED JANUARY 1, 2010

|                                                                             |                      |
|-----------------------------------------------------------------------------|----------------------|
| Actuarial present value of accumulated<br>plan benefits – Beginning of year | <u>\$ 11,035,276</u> |
| Increase (decrease) during the year attributable to:                        |                      |
| Benefits accumulated and other                                              | 549,756              |
| Interest                                                                    | 672,140              |
| Assumption changes                                                          | 126,918              |
| Benefits paid                                                               | <u>(570,730)</u>     |
|                                                                             | <u>778,084</u>       |
| Actuarial present value of accumulated<br>plan benefits – End of year       | <u>\$ 11,813,360</u> |

*The accompanying notes are an integral part of these statements.*

NOTES TO THE FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN

The following description of the Pension Plan for Hourly Paid Employees of Metal Technology Solutions, Inc. (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan covering substantially all hourly employees of Metal Technology Solutions, Inc. and Subsidiary (the Companies) covered by a collective bargaining plan. Under the terms of the Plan, employees age twenty-one or older are eligible to participate in the Plan after completion of one year of continuous service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective October 31, 2007, an amendment was executed to freeze the Plan with respect to the accrual of benefits and close the Plan to new participants.

Pension Benefits and Vesting

Employees are eligible for normal retirement benefits after five years of continuous service and upon reaching age 65. The Plan also allows for early retirement, death, and disability benefits. The amount of individual pension benefits is calculated based upon years of service (both with the Companies and any predecessor company) and compensation (prior to October 31, 2007), as defined in the Plan document. The Plan also provides for the payment of benefits to a qualified participant who has become permanently disabled.

Contributions

Annual contributions from the Companies are subject to the minimum funding standards imposed by the ERISA. These amounts are determined by an independent consulting actuary. The Companies made the minimum contributions of \$154,284 and \$219,183 for 2009 and 2008, respectively.

Plan Termination

Although they have not expressed any intent to do so, the Companies have the right under the Plan to discontinue their contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

In the event of a complete termination of the Plan, the assets then remaining in the pension fund, after providing for expenses of administration, shall be allocated, to the extent that they shall be sufficient, for the purpose of funding the accrued benefits to the date of termination of the Plan of all pensioners, participants, vested former participants, and beneficiaries in the manner and order of precedence required under the terms of ERISA. Any funds remaining in the pension fund after funding in full all of said accrued benefits shall revert to the Companies.

NOTES TO THE FINANCIAL STATEMENTS

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements were prepared using the accrual basis of accounting.

Investments

The Plan's investments in pooled separate accounts are presented at fair value based on quoted market prices of the underlying assets of the funds as reported by Massachusetts Mutual Life Insurance Company (Mass Mutual).

The Plan's investments, which exceed 5% of net assets available for benefits as of December 31, 2009 and 2008, are as follows:

|                                                     | <u>2009</u>        | <u>2008</u>        |
|-----------------------------------------------------|--------------------|--------------------|
| Mass Mutual Small Capital Growth and Equity Account | <u>\$1,053,705</u> | <u>\$ 784,346</u>  |
| Mass Mutual Core Bond Account                       | <u>\$1,617,673</u> | <u>\$1,665,626</u> |
| Mass Mutual Short-Duration Bond Account             | <u>\$ 810,241</u>  | <u>\$ 818,774</u>  |
| Mass Mutual Fundamental Value Account               | <u>\$1,468,493</u> | <u>\$1,168,682</u> |
| Mass Mutual Blue Chip Growth II Account             | <u>\$1,514,172</u> | <u>\$1,104,660</u> |
| Mass Mutual Small Company Value Account             | <u>\$1,042,449</u> | <u>\$ 758,291</u>  |
| Mass Mutual Overseas Account                        | <u>\$ 417,976</u>  |                    |

Accounting Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of net assets available for plan benefits and changes therein. Actual results could vary from estimates that were used.

Pension Benefit

Benefit payments to participants are recorded when paid.

NOTES TO THE FINANCIAL STATEMENTS

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the services that participants have rendered. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries.

The actuarial present value of accumulated plan benefits for the years ended January 1, 2010 and 2009, were determined by Buck Consultants, consulting actuaries, using the Accrued Benefit Funding Method. The significant actuarial assumptions used in the valuations as of January 1, 2010 and 2009, were:

- (a) Mortality rate – The 1994 Group Annuity Mortality Table.
- (b) Retirement age – 5% assumed at ages 55 to 61 with 30 or more years of service; 30% at ages 62 to 64 with 15 or more years of service; and 100% at age 65.
- (c) Investment return – Assumed rate of return of 6.15% for the year ended January 1, 2010, and 6.25% for the year ended January 1, 2009.
- (d) Salary scale – No assumed change to earnings as the plan has been frozen.
- (e) Disability – The 1985 Disability Table for Class II employees.

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

The actuary changed the assumption for the valuation of optional payment forms for the year ending January 1, 2010 to assume all active participants will elect to receive straight life annuity payments at retirement.

Expenses of the Plan

Any administrative or investment management expenses incurred are paid by the plan sponsor.

Subsequent Events

Management has evaluated subsequent events through October 13, 2010, which is the date the financial statements were available to be issued.

3. TAX STATUS

The Internal Revenue Service (IRS) determined and informed the Companies as of December 16, 2009, that the Pension Plan for Hourly Paid Employees of Metal Technology Solutions, Inc. was designed in accordance with applicable sections of the Internal Revenue Code (IRC).

NOTES TO THE FINANCIAL STATEMENTS

4. ASSETS MEASURED AT FAIR VALUE ON A RECURRING BASIS

The various inputs that may be used to determine the fair value of the Plan's assets are summarized in three broad levels:

|         |                                                                                                                         |
|---------|-------------------------------------------------------------------------------------------------------------------------|
| Level 1 | Quoted prices in active markets for identical securities                                                                |
| Level 2 | Other significant observable inputs (including quoted prices for similar securities, interest rates, credit risk, etc.) |
| Level 3 | Significant unobservable inputs (including the Plan's own assumptions used to determine value)                          |

Generally, the Plan utilizes quoted market prices, and other relevant information generated by market transactions, to measure fair value when available. If quoted prices are not available, fair values are measured using independent pricing models or other model-based valuation techniques. In certain cases, the Plan may be required to make judgments about assumptions that market participants would use in estimating the fair value of financial instruments (Level 3 valuations).

Assets measured at fair value are comprised of the following at December 31, 2009:

| <u>Description</u>       | <u>Level 1</u> | <u>Level 2</u>      | <u>Level 3</u> |
|--------------------------|----------------|---------------------|----------------|
| Pooled separate accounts |                |                     |                |
| Growth funds             |                | \$ 2,567,877        |                |
| Bond funds               |                | 2,427,914           |                |
| Blended funds            |                | 1,460,425           |                |
| Value funds              |                | 1,468,493           |                |
| Money market funds       |                | 288,958             |                |
|                          | <u>\$ -</u>    | <u>\$ 8,213,667</u> | <u>\$ -</u>    |

Assets measured at fair value are comprised of the following at December 31, 2008:

| <u>Description</u>       | <u>Level 1</u> | <u>Level 2</u>      | <u>Level 3</u> |
|--------------------------|----------------|---------------------|----------------|
| Pooled separate accounts | <u>\$ -</u>    | <u>\$ 6,971,284</u> | <u>\$ -</u>    |

The Plan did not hold any Level 3 assets during 2009 and 2008.

5. INFORMATION CERTIFIED BY THE CUSTODIAN

In accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator has elected to restrict the scope of the auditors' examination with regards to statements or information prepared and certified by Mass Mutual, the custodian.

Mass Mutual has certified as to the completeness and accuracy of the investments it holds, changes in net assets arising from said investment activity, and the schedules of assets held for investment purposes at end of year and reportable transactions, as of and for the years ended December 31, 2009 and 2008.

**NOTES TO THE FINANCIAL STATEMENTS**

**6. PARTY-IN-INTEREST TRANSACTIONS**

Certain plan investments are shares of funds managed by Mass Mutual. Mass Mutual is the custodian of the Plan, and therefore these transactions qualify as party-in-interest.

**7. RISKS AND UNCERTAINTIES**

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

**8. OPERATIONAL ERRORS**

The Company is in the process of self-correcting certain operational errors. These errors do not have a material impact on the Plan's net assets available for benefits, and the Company does not expect these errors to affect the Plan's tax status.

SCHEDULE H, PART IV, LINE 4i -  
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

DECEMBER 31, 2009

PLAN SPONSOR: METAL TECHNOLOGY SOLUTIONS, INC.

EIN: 52-2337203

PLAN NUMBER: 003

| <u>(a)</u> | <u>(b) Identity</u>  | <u>(c) Description</u>                                                          | <u>(d) Cost</u>     | <u>(e) Current Value</u> |
|------------|----------------------|---------------------------------------------------------------------------------|---------------------|--------------------------|
| *          | Massachusetts Mutual | Separate Investment Account –<br>Mass Mutual Small Capital Growth<br>and Equity | \$ 888,558          | \$ 1,053,705             |
| *          | Massachusetts Mutual | Separate Investment Account –<br>Mass Mutual Core Bond                          | 1,312,639           | 1,617,673                |
| *          | Massachusetts Mutual | Separate Investment Account –<br>Mass Mutual Short-Duration<br>Bond             | 811,452             | 810,241                  |
| *          | Massachusetts Mutual | Separate Investment Account –<br>Mass Mutual Money Market                       | 288,958             | 288,958                  |
| *          | Massachusetts Mutual | Separate Investment Account –<br>Mass Mutual Overseas                           | 311,238             | 417,976                  |
| *          | Massachusetts Mutual | Separate Investment Account –<br>Mass Mutual Fundamental<br>Value               | 1,326,603           | 1,468,493                |
| *          | Massachusetts Mutual | Separate Investment Account –<br>Mass Mutual Blue Chip Growth II                | 1,740,580           | 1,514,172                |
| *          | Massachusetts Mutual | Separate Investment Account –<br>Mass Mutual Small Company<br>Value             | <u>840,461</u>      | <u>1,042,449</u>         |
|            |                      |                                                                                 | <u>\$ 7,520,489</u> | <u>\$ 8,213,667</u>      |

\*A party-in-interest as defined by ERISA.

SCHEDULE H, LINE 4j -  
SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2009

EIN: 52-2337203

PLAN NUMBER: 003

| (a)                           | (b)                              | (c)               | (d)              | (e)             | (f)                 | (g)              | (h)                                                    | (i)         |
|-------------------------------|----------------------------------|-------------------|------------------|-----------------|---------------------|------------------|--------------------------------------------------------|-------------|
| Identity of<br>Party Involved | Asset<br>Description             | Purchase<br>Price | Selling<br>Price | Lease<br>Rental | Expense<br>Incurred | Cost of<br>Asset | Current<br>Value of<br>Asset on<br>Transaction<br>Date | Net<br>Gain |
| *Massachusetts Mutual         | Mass Mutual Money Market Account |                   |                  |                 |                     |                  |                                                        |             |
|                               | 10 purchases, 4,004 units        | \$ 523,845        |                  |                 |                     | \$ 523,845       | \$ 523,845                                             |             |
|                               | 27 sales, 4,408 units            |                   | \$ 576,682       |                 |                     | \$ 576,682       | \$ 576,682                                             |             |
| *Massachusetts Mutual         | Mass Mutual Core Bond Account    |                   |                  |                 |                     |                  |                                                        |             |
|                               | 3 purchases, 906 units           | \$ 154,367        |                  |                 |                     | \$ 154,367       | \$ 154,367                                             |             |
|                               | 7 sales, 2,358 units             |                   | \$ 371,344       |                 |                     | \$ 322,197       | \$ 371,344                                             | \$ 49,147   |

\* A party-in-interest as defined by ERISA.

SCHEDULE H, PART IV, LINE 4i -  
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

DECEMBER 31, 2009

PLAN SPONSOR: METAL TECHNOLOGY SOLUTIONS, INC.

EIN: 52-2337203

PLAN NUMBER: 003

| <u>(a)</u> | <u>(b) Identity</u>  | <u>(c) Description</u>                                                          | <u>(d) Cost</u>     | <u>(e) Current Value</u> |
|------------|----------------------|---------------------------------------------------------------------------------|---------------------|--------------------------|
| *          | Massachusetts Mutual | Separate Investment Account –<br>Mass Mutual Small Capital Growth<br>and Equity | \$ 888,558          | \$ 1,053,705             |
| *          | Massachusetts Mutual | Separate Investment Account –<br>Mass Mutual Core Bond                          | 1,312,639           | 1,617,673                |
| *          | Massachusetts Mutual | Separate Investment Account –<br>Mass Mutual Short-Duration<br>Bond             | 811,452             | 810,241                  |
| *          | Massachusetts Mutual | Separate Investment Account –<br>Mass Mutual Money Market                       | 288,958             | 288,958                  |
| *          | Massachusetts Mutual | Separate Investment Account –<br>Mass Mutual Overseas                           | 311,238             | 417,976                  |
| *          | Massachusetts Mutual | Separate Investment Account –<br>Mass Mutual Fundamental<br>Value               | 1,326,603           | 1,468,493                |
| *          | Massachusetts Mutual | Separate Investment Account –<br>Mass Mutual Blue Chip Growth II                | 1,740,580           | 1,514,172                |
| *          | Massachusetts Mutual | Separate Investment Account –<br>Mass Mutual Small Company<br>Value             | <u>840,461</u>      | <u>1,042,449</u>         |
|            |                      |                                                                                 | <u>\$ 7,520,489</u> | <u>\$ 8,213,667</u>      |

\*A party-in-interest as defined by ERISA.

SCHEDULE H, LINE 4j -  
SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2009

EIN: 52-2337203

PLAN NUMBER: 003

| (a)                           | (b)                              | (c)               | (d)              | (e)             | (f)                 | (g)              | (h)                                                    | (i)         |
|-------------------------------|----------------------------------|-------------------|------------------|-----------------|---------------------|------------------|--------------------------------------------------------|-------------|
| Identity of<br>Party Involved | Asset<br>Description             | Purchase<br>Price | Selling<br>Price | Lease<br>Rental | Expense<br>Incurred | Cost of<br>Asset | Current<br>Value of<br>Asset on<br>Transaction<br>Date | Net<br>Gain |
| *Massachusetts Mutual         | Mass Mutual Money Market Account |                   |                  |                 |                     |                  |                                                        |             |
|                               | 10 purchases, 4,004 units        | \$ 523,845        |                  |                 |                     | \$ 523,845       | \$ 523,845                                             |             |
|                               | 27 sales, 4,408 units            |                   | \$ 576,682       |                 |                     | \$ 576,682       | \$ 576,682                                             |             |
| *Massachusetts Mutual         | Mass Mutual Core Bond Account    |                   |                  |                 |                     |                  |                                                        |             |
|                               | 3 purchases, 906 units           | \$ 154,367        |                  |                 |                     | \$ 154,367       | \$ 154,367                                             |             |
|                               | 7 sales, 2,358 units             |                   | \$ 371,344       |                 |                     | \$ 322,197       | \$ 371,344                                             | \$ 49,147   |

\* A party-in-interest as defined by ERISA.