Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
CERRO FABRICATED PRODUCTS LLC BRISTOL HOURLY EMPLOYEES' RETIREMENT INCOME PLAN

1b Three-digit plan number (PN) ▶ 005

1c Effective date of plan 01/01/1959

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
CERRO FABRICATED PRODUCTS LLC

300 TRIANGLE DR.
WEYERS CAVE, VA 24486-0000

2b Employer Identification Number (EIN)
20-0619730

2c Sponsor's telephone number
540-234-9252

2d Business code (see instructions)
331400

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	JAMES DENOR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
MARMON RETIREMENT ADMINISTRATIVE COMMITTEE

181 WEST MADISON STREET, 26TH FLOOR
CHICAGO, IL 60602-0000

3b Administrator's EIN
36-3257463

3c Administrator's telephone number
312-372-9500

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name
CERRO FABRICATED PRODUCTS, INC.

4b EIN
20-0619730

4c PN
005

5	Total number of participants at the beginning of the plan year	**5**	117
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	0
b	Retired or separated participants receiving benefits	**6b**	43
c	Other retired or separated participants entitled to future benefits	**6c**	51
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	94
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	21
f	Total. Add lines **6d** and **6e**	**6f**	115
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B 1G 1I 3H 1D

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

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

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

A Name of plan
CERRO FABRICATED PRODUCTS LLC BRISTOL HOURLY EMPLOYEES' RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 005

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

D Employer Identification Number (EIN)
20-0619730

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2009

2 Assets:

a	Market value	**2a**	2490537
b	Actuarial value	**2b**	2739591

3 Funding target/participant count breakdown

			(1) Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	63	2001401
b	For terminated vested participants	**3b**	54	926686
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		0
	(2) Vested benefits	**3c(2)**		0
	(3) Total active	**3c(3)**	0	0
d	Total	**3d**	117	2928087

4 If the plan is at-risk, check the box and complete items (a) and (b) [ ]

a	Funding target disregarding prescribed at-risk assumptions	**4a**	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	**4b**	

5	Effective interest rate	**5**	8.25 %
6	Target normal cost	**6**	59941

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary	Date: 10/13/2010
KRISTINE COOGAN, E.A.	08-07417
Type or print name of actuary	Most recent enrollment number
AON CONSULTING, INC.	312-381-4800
Firm name	Telephone number (including area code)
200 EAST RANDOLPH STREET, SUITE 900 CHICAGO, IL 60601-6436	
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 [ ]

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 -22.20 %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		447491
	b Interest on (a) using prior year's effective rate of 6.08 %		27207
	c Total available at beginning of current plan year to add to prefunding balance		474698
	d Portion of (c) to be added to prefunding balance		397121
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	397121

Part III Funding percentages

14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	80.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	81.66 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2009	26812				
07/01/2009	26812				
10/14/2009	26812				
01/13/2010	26812				
08/23/2010	84939				
			Totals ► 18(b)	192187	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	176375

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of Quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code) **21b** 2

22 Weighted average retirement age **22** 65

23 Mortality table(s) (see instructions) [X] Prescribed - combined [ ] Prescribed - separate [ ] Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ..... [X] Yes [ ] No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ..... [X] Yes [ ] No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... [ ] Yes [X] No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)..... **29** 0

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)..... **30** 0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)..... **31** 59941

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	585617	116063
b Waiver amortization installment.....		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)..... **34** 176004

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35)..... **36** 176004

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)..... **37** 176375

38 Interest-adjusted excess contributions for current year (see instructions)..... **38** 371

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)..... **39** 0

40 Unpaid minimum required contribution for all years **40** 0

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
CERRO FABRICATED PRODUCTS LLC BRISTOL HOURLY EMPLOYEES' RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 005

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CERRO FABRICATED PRODUCTS LLC

D Employer Identification Number (EIN)
20-0619730

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: DEFINED BENEFIT SUB FUND

b Name of sponsor of entity listed in (a): MARMON RETIREMENT MASTER TRUST

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
36-2720574-008	M	2478087

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
CERRO FABRICATED PRODUCTS LLC BRISTOL HOURLY EMPLOYEES' RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
CERRO FABRICATED PRODUCTS LLC

D Employer Identification Number (EIN)
20-0619730

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	408097	111751
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		48448
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	2095860	2478087
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	2503957	2638286
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	2057	2439
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	2057	2439
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2501900	2635847

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
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	192187	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		192187
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		225694
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		36167
d Total income. Add all **income** amounts in column (b) and enter total	2d		454048
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	270224	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		270224
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	42229	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	7648	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		49877
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		320101
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		133947
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: GRANT THORNTON LLP (2) EIN: 36-6055558

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		20000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
CERRO FABRICATED PRODUCTS LLC BRISTOL HOURLY EMPLOYEES' RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
CERRO FABRICATED PRODUCTS LLC

D Employer Identification Number (EIN)
20-0619730

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 |

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 94-1347393

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. ..... | 3 | 0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year ..... | 6a |

b Enter the amount contributed by the employer to the plan for this plan year ..... | 6b |

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... | 6c |

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

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):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

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

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

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

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

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

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

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

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

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

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

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

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

FINANCIAL STATEMENTS AND REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS CERRO FABRICATED PRODUCTS, INC. BRISTOL HOURLY EMPLOYEES' RETIREMENT INCOME PLAN DECEMBER 31, 2009 AND 2008

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Audit • Tax • Advisory
Grant Thornton LLP
175 W Jackson Boulevard, 20th Floor
Chicago, IL 60604-2687
T 312.856.0200
F 312.565.4719
www.GrantThornton.com

Plan Administrator
Cerro Fabricated Products, Inc. Bristol
Hourly Employees' Retirement Income Plan

We were engaged to audit the accompanying statements of net assets available for benefits of the Cerro Fabricated Products, Inc. Bristol Hourly Employees' Retirement Income Plan (the "Plan") as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended. These financial statements 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 F, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan administrator by the trustee is complete and accurate.

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

Grant Thornton LLP

Chicago, Illinois
October 11, 2010

Cerro Fabricated Products, Inc. Bristol
Hourly Employees' Retirement Income Plan
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31,

	2009	2008
Assets		
Plan interest in Marmon Retirement Master Trust, at fair value	$2,478,087	$2,095,860
Employer contribution receivable	111,751	408,097
Due from qualified plan	48,448	-
Total assets	2,638,286	2,503,957
Liabilities		
Administrative expenses payable	2,439	2,057
NET ASSETS AVAILABLE FOR BENEFITS	$2,635,847	$2,501,900

The accompanying notes are an integral part of these statements.

Cerro Fabricated Products, Inc. Bristol
Hourly Employees' Retirement Income Plan
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years ended December 31,

	2009	2008
Additions		
Investment income (loss)		
Plan interest in Marmon Retirement Master Trust net investment income (loss)	$ 225,694	$ (614,460)
Employer contributions	192,187	596,302
Other income	36,167	-
Net additions	454,048	(18,158)
Deductions		
Benefits paid to participants	270,224	273,356
Administrative expenses	49,877	53,942
Total deductions	320,101	327,298
NET INCREASE (DECREASE)	133,947	(345,456)
Net assets available for benefits		
Beginning of year	2,501,900	2,847,356
End of year	$2,635,847	$2,501,900

The accompanying notes are an integral part of these statements.

NOTE A - DESCRIPTION OF THE PLAN

The following description of the Cerro Fabricated Products, Inc. Bristol Hourly Employees' Retirement Income Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General

Cerro Fabricated Products LLC, (the "Company"), formerly known as Cerro Fabricated Products, Inc., is the sponsor of the Plan. The Plan is a non-contributory defined benefit plan subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Effective December 1, 2002, in connection with the closure of the Bristol plant, all employees were terminated. The plant closure caused certain shutdown benefits to take effect, including additional credit for benefit service. No additional participants shall be admitted to the Plan. In addition, benefits paid subsequent to December 1, 2002, will be based upon the participant's years of credited service earned up to December 1, 2002.

Participation

The Plan covered all union employees of the Company subject to a collective bargaining agreement between the Company and the International Union United Automobile, Aerospace and Agricultural Implement Workers of America, UAW and its Local No. 1017.

Vesting

Participants became fully vested after completion of five years of vesting service.

Funding

Contributions made to the Plan are based on actuarial computations of the amounts necessary to fund currently the Plan's normal (current service) costs. The Plan has met the minimum funding requirements of ERISA.

Benefits

Plan benefits are provided as follows:

Normal retirement - A participant's normal retirement date shall be the first day of the month coincident with or otherwise next following the attainment of age 65. A participant shall be entitled to an annual normal retirement income equal to his or her accrued retirement income as of his or her normal retirement date.

NOTE A - DESCRIPTION OF THE PLAN - Continued

Benefits - Continued

Early retirement - For retirement after the attainment of age 60 and 10 years of vesting service, the amount that would have been paid at normal retirement is reduced by a percentage, as stipulated in the Plan, for each month by which the early retirement date preceded the participant's attainment of age 65.

Benefits are based on each employee's years of credited service multiplied by a fixed rate specified by the Plan.

Disbursements are made in the form of a lump sum if less than $5,000.

Termination

While the Company has not expressed any intent to discontinue its contributions, it may do so subject to collective bargaining, if required, and the provisions of ERISA. In the event such discontinuance results in the termination of the Plan, the available net assets of the Plan will be allocated to participants' benefits, as prescribed by ERISA, generally in the following order:

1. Certain annuity benefits those former employees or their beneficiaries are receiving or that employees eligible for retirement would have been receiving had they retired.

2. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC"), as discussed below.

3. All other vested benefits.

4. All non-vested benefits.

The PBGC guarantees some, but not all, vested retirement benefits and certain disability and survivor's pensions.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("US GAAP").

New Accounting Guidance

In May 2009, Accounting Standards Update ("ASU") No. 2009-01 was issued, which establishes principles and requirements for subsequent events. The adoption during 2009 had no financial impact on the Plan's financial statements, but expanded disclosures.

In June 2009, ASU No. 2009-02 was issued, which identifies the sources of accounting principles and the framework for selecting the principles used in the preparation of financial statements of non-governmental entities that are presented in conformity with US GAAP. The adoption did not have a material impact on the Plan's financial statements.

In September 2009, new accounting guidance was issued for reporting fair value measurements and disclosures of investments in certain entities that calculate net asset value ("NAV") per share (or its equivalent). The Plan adopted this new guidance effective December 31, 2009, and determined it had no effect on the Plan's financial statements.

In January 2010, additional guidance was issued to improve the disclosures related to fair value measurements. This guidance requires expanded fair value disclosures, including the reasons for significant transfers between Level 1 and Level 2. In addition, clarification is provided about existing disclosure requirements, such as fair value measurement disclosures for each class of assets and liabilities that are determined based on their nature and risk characteristics and their placement in the fair value hierarchy (that is, Level 1, Level 2 or Level 3), as opposed to each major category of assets and liabilities, as required in the previous guidance.

Use of Estimates

The preparation of financial statements in conformity with US GAAP requires management to make estimates and assumptions that may affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Significant estimates are used in determining the actuarial present value of accumulated Plan benefits.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits (note C) are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to services rendered by employees to the valuation date. Accumulated Plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries and (2) beneficiaries of employees who have died.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Administrative expenses are paid by the Plan unless paid by the Company.

Subsequent Events

The financial statements and related disclosures include an evaluation of events up through and including October 11, 2010, which is the date the financial statements were available to be issued.

NOTE C - ACCUMULATED PLAN BENEFITS

The Plan's actuary estimates the actuarial present value of accumulated Plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

NOTE C - ACCUMULATED PLAN BENEFITS - Continued

The actuarial present value of accumulated Plan benefits as of December 31, 2008 and 2007, is as follows:

	2008	2007
Vested benefits		
Participants currently receiving payments	$2,113,299	$2,128,161
Other participants	895,473	1,255,186
Total actuarial present value of accumulated Plan benefits	$3,008,772	$3,383,347

The change in the actuarial present value of accumulated Plan benefits is as follows for the year ended December 31, 2008:

Actuarial present value of accumulated Plan benefits beginning of year	$3,383,347
Increase (decrease) during the year attributable to	
Benefits accumulated	154,486
Benefits paid	(273,356)
Change in actuarial assumptions*	(450,625)
Interest	194,920
Actuarial present value of accumulated Plan benefits, end of year	$3,008,772

* Change in actuarial assumptions relates to change in mortality table and rate of return for 2008.

The significant actuarial assumptions underlying the actuarial computations are as follows:

Assumed rate of return on investments	2008 - 7.50% per annum
	2007 - 6.00% per annum
Mortality basis	2008 - RP 2000 Combined Small Plans (IRS) Projected to 2009
	2007 - RP2000 Combined Healthy Tables for Males and Females
Normal retirement age	65

NOTE C - ACCUMULATED PLAN BENEFITS - Continued

These actuarial assumptions are based on the presumption that the Plan will continue. If the Plan is terminated, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

NOTE D - INVESTMENT IN MASTER TRUST

The Plan is a participant in the Marmon Retirement Master Trust (the "Master Trust"). The Plan's investment in the Master Trust is stated at its equity in the net assets of the Master Trust representing 9.8% and 9.1% of the net assets of the Master Trust at December 31, 2009 and 2008, respectively. All investments are with, and the related income (loss) is derived from, the Master Trust. The Plan includes its equity in the net income (loss) of the Master Trust in the statements of changes in net assets available for benefits. Net income or loss of the Master Trust is allocated quarterly, on a daily weighted-dollar averaging basis, except for certain administrative expenses, which are attributable and charged specifically to the Plan.

The investments of the Master Trust are recorded at fair value. The fair value of the Master Trust's investments is determined as follows:

1. Mortgage - Valued at the basis of their future principal and interest payments discounted at prevailing interest rates for similar investments.

2. Mutual funds - The fair value of the shares owned in the mutual funds is based on the NAV of the mutual funds on the last business day of the Plan year. The NAV of the mutual funds is based on the fair value of the underlying investments held by the funds, which are traded on an active market. There were no unfunded commitments and no redemption limitations or notice periods, but the investment advisor reserves the right to temporarily delay withdrawals from the mutual funds in order to ensure that the securities liquidations will be carried out in an orderly business manner.

3. Money market fund - Valued at their outstanding balances, which approximate fair value.

Income from investments, including interest income, is recorded as earned on an accrual basis. Dividends are recorded on the ex-dividend date. Purchases and sales of securities are recorded on a trade-date basis.

NOTE D - INVESTMENT IN MASTER TRUST - Continued

The Master Trust's assets are as follows as of December 31:

	2009	2008
Assets		
Investments, at fair value		
Mutual funds	$25,011,075	$22,822,106
Mortgage	-	4,021
Money market fund	132,358	137,246
Total investments	25,143,433	22,963,373
Receivable	215,001	-
Accrued income	-	57
Total assets	$25,358,434	$22,963,430

The net investment income (loss) for the Master Trust is as follows for the years ended December 31:

	2009	2008
Net investment income (loss)		
Interest	$ 537	$ 1,901
Net realized and unrealized appreciation (depreciation) in fair value of mutual funds	1,310,446	(7,735,533)
Dividends	1,079,392	955,620
Net investment income (loss)	$2,390,375	$(6,778,012)

NOTE E - FAIR VALUE MEASUREMENTS

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provides a framework for establishing that fair value. The framework for determining fair value is based on a fair value hierarchy that prioritizes the inputs and valuation techniques used to measure fair value.

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2009 and 2008, and the valuation techniques used by the Plan to determine those fair values.

NOTE E - FAIR VALUE MEASUREMENTS - Continued

Level 1 - In general, fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

Level 2 - Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets and liabilities in active markets, and other inputs such as interest rates and yield curves that are observable at commonly quoted intervals.

Level 3 - Inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset. Significant Level 3 inputs include original transaction price, quoted prices for similar securities or assets in active markets, completed or pending third-party transactions in the underlying investment or comparable issuers, and changes in financial ratios or cash flows.

In instances where inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

Assets at fair value as of December 31, 2009

	Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)	Balance at December 31, 2009
Mutual funds				
Equity investments (a)	$ 5,397,701	$ -	$ -	$ 5,397,701
Fixed income investments (a)	19,613,374	-	-	19,613,374
Money market fund (b)	-	132,358	-	132,358
Total assets	$25,011,075	$132,358	$ -	$25,143,433

NOTE E - FAIR VALUE MEASUREMENTS - Continued

Assets at fair value as of December 31, 2008

	Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)	Balance at December 31, 2008
Mutual funds	$22,822,105	$ -	$ -	$22,822,105
Mortgages	-	-	4,021	4,021
Money market fund	-	137,247	-	137,247
Total assets	$22,822,105	$137,247	$4,021	$22,963,373

(a) Based on quoted market prices in active markets at the close of business on December 31, 2009.

(b) Money market fund is valued at $1.00/unit, which approximates fair value. Amounts are generally invested in interest-bearing money market accounts.

The following table sets forth a summary of the changes in the fair value of the Plan's Level 3 investment assets for the years ended December 31, 2009 and 2008:

Balance at December 31, 2007	$ 20,636
Net purchases, sales, calls and maturities	(16,615)
Balance at December 31, 2008	4,021
Net purchases, sales, calls and maturities	(4,021)
Balance at December 31, 2009	$ -

NOTE F - INFORMATION CERTIFIED BY THE TRUSTEE

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Wells Fargo Bank, N.A. ("Wells Fargo"), the Plan's trustee, has certified that the following data included in the accompanying financial statements is complete and accurate:

- Plan interest in Marmon Retirement Master Trust, at fair value, as shown in the statements of net assets available for benefits as of December 31, 2009 and 2008.

- Plan interest in Marmon Retirement Master Trust net investment (loss) income, as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2009 and 2008.

- Investment information included in the Master Trust (note D).

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements.

NOTE G - INCOME TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service ("IRS") dated August 28, 2002, stating that the Plan is designed in accordance with applicable sections of the Internal Revenue Code ("IRC") and, therefore, the related Master Trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax exempt.

NOTE H - RISKS AND UNCERTAINTIES

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

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

NOTE I - RELATED-PARTY TRANSACTIONS

Certain Plan assets are investment funds managed by Wells Fargo. These transactions and payments of any fees to Plan vendors, including payments to the trustee, qualify as party-in-interest transactions as defined by ERISA guidelines.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

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

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

A Name of plan

Cerro Fabricated Products, Inc. Bristol Hourly Retirement Income Plan

B Three-digit plan number (PN) ▶ 005

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

Cerro Fabricated Products, Inc.

D Employer Identification Number (EIN)

20-0619730

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1	Enter the valuation date: Month 1 Day 1 Year 2009			
2	Assets:			
	a Market value		2a	2,490,537
	b Actuarial value		2b	2,739,591
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a	63	2,001,401
	b For terminated vested participants	3b	54	926,686
	c For active participants:			
	(1) Non-vested benefits	3c(1)		0
	(2) Vested benefits	3c(2)		0
	(3) Total active	3c(3)	0	0
	d Total	3d	117	2,928,087
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions		4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor		4b	
5	Effective interest rate		5	8.25 %
6	Target normal cost		6	59,941

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

9/28/2010
Date

Kristine Coogan, E.A.
Type or print name of actuary

08-07417
Most recent enrollment number

Aon Consulting, Inc.
Firm name

(312)381-4800
Telephone number (including area code)

200 East Randolph Street, Suite 900

Chicago IL 60601-6436
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 [ ]

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 (22.20)%		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		447,491
b	Interest on (a) using prior year's effective rate of 6.08 %		27,207
c	Total available at beginning of current plan year to add to prefunding balance		474,698
d	Portion of (c) to be added to prefunding balance		397,121
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	397,121

Part III Funding percentages

14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	80.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	81.66 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2009	26,812				
07/01/2009	26,812				
10/14/2009	26,812				
01/13/2010	26,812				
08/23/2010	84,939				
			Totals ► 18(b)	192,187	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	176,375

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of Quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used

b Applicable month (enter code)	21b	2
22 Weighted average retirement age	22	65

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	59,941

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	585,617	116,063
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	176,004

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35)	36	176,004
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	176,375
38 Interest-adjusted excess contributions for current year (see instructions)	38	371
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

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

Cost Method

Funding Target: Traditional Unit Credit

FAS 87: Projected Unit Credit

Asset Method

Funding: The Actuarial Value of Assets is determined by using a 2 year Smoothing Method. The Actuarial Value of Assets may not exceed 110% of Market Value, nor be less than 90% of Market Value.

FAS 87: The Market-Related Value of Assets is calculated using the 5-year average method.

Dates of Calculations

The Valuation Date for Funding is January 1, 2009.

The Measurement Date for FAS 87 is January 1, 2009.

Employees Included in the Calculations

Former employees who are receiving or entitled to receive an immediate or deferred benefit under the provisions of the Plan are included only. The plan is frozen, so there are no active employees.

Expenses

For the 2009 Plan Year and beyond, plan expenses expected to be paid out of the trust must be added into the Target Normal Cost.

Schedule SB, Part V: Statement of Actuarial Assumptions/Methods (cont.)

Source of Data

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

Financial information was supplied to us by the Trustee.

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

Interest and Other Rate Assumptions

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

Interest Rates		Assumption
(1)	Funding Target	October 31, 2008 Full Yield Curve
	(a) Effective Interest Rate[1]	8.25%
(2)	FAS 35	7.50%
(3)	FAS 87	
	(a) Discount	6.50%
	(b) Long Term Rate of Return	7.50%

[1] The Effective Interest Rate is the equivalent single rate of interest that reproduces the Regular Target Liability.

Schedule SB, Part V: Statement of Actuarial Assumptions/Methods (cont.)

Decrement Assumptions

Below is a summary of decrements used in this valuation.

Mortality Decrements		Description
(1)	Funding Target and FAS 35	RP-2000 Combined for Small Plans (IRS) Projected to 2009
(2)	FAS 87	RP-2000 Combined Healthy table for males and females Projected to 2008

The weighted average retirement age is 65.00.

Schedule SB, Part V: Statement of Actuarial Assumptions/Methods (cont.)

Changes in Valuation Assumptions

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

1. The mortality table changed from the RP-2000 Small Plan Combined Tables projected to 2008 to the RP-2000 Small Plan Combined Tables projected to 2009, as prescribed by IRS.

2. The actuarial value of assets method was changed from using market value to using the 2-year smoothed average permitted under Code Section 430.

3. The FAS 87 discount rate changed from 6.00% to 6.50%.

4. The FAS 35 discount rate changed from 6.00% to 7.50%

Schedule SB, Part V: Summary of Plan Provisions

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

General Information

Original Effective Date:	January 1, 1959
Plan Year:	January 1st to December 31st
Employer Fiscal Year	January 1st to December 31st
Employer ID Number:	06-0709341
Plan Administrator's ID Number:	06-0709341
Plan Number:	005

Eligibility

Each employee of the Company who is subject to the collective bargaining agreement between the Employer and the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America, UAW, and its Local 1017 will become a Member at hire.

Credited Service

Credited Service is equal to the total number of plan years during which an Employee is credited with at least 1,700 hours of service. Proportionate credit is given for plan years in which a Member receives less than 1,700 hours of service. Full credit for both 2000 and 2001 was granted if hours exceeded zero.

Normal Retirement Date

Normal retirement date is the first day of the month coincident with or next following the Member's sixty-fifth birthday.

Schedule SB, Part V: Summary of Principal Plan Provisions (cont.)

Normal Retirement Benefit

The amount of monthly benefit, payable for life commencing at the Normal Retirement Date and based on Credited Service to the Normal Retirement Date is:

$10.00 multiplied by years of credited service for those terminating before June 1, 1980.

$12.00 multiplied by years of credited service for those terminating before June 1, 1983.

$13.00 multiplied by years of credited service for those terminating before June 1, 1984.

$14.00 multiplied by years of credited service for those terminating before June 1, 1985.

$15.00 multiplied by years of credited service for those terminating before June 1, 1986.

$16.00 multiplied by years of credited service for those terminating before June 1, 1987.

$17.00 multiplied by years of credited service for those terminating before June 1, 1988.

$18.00 multiplied by years of credited service for those terminating before June 1, 1989

$19.00 multiplied by years of credited service for those terminating before June 1, 1990.

$20.00 multiplied by years of credited service for those terminating before June 1, 1991.

$21.00 multiplied by years of credited service for those terminating before June 1, 1992.

$22.00 multiplied by years of credited service for those terminating before June 1, 1993.

$23.00 multiplied by years of credited service for those terminating before June 1, 1994.

$24.00 multiplied by years of credited service for those terminating before May 31, 1995.

$24.50 multiplied by years of credited service for those terminating on or after June 1, 2000.

Accrued Benefit

The amount of monthly benefit to be paid for life commencing at the Normal Retirement Date calculated as the Normal Retirement Benefit using service as of the date of determination.

Schedule SB, Part V: Summary of Principal Plan Provisions (cont.)

Early Retirement Benefit

Upon the completion of 10 years of Credited Service and the attainment of age 60, a Member may elect to retire. He may receive a monthly benefit for life beginning at his Normal Retirement Date equal to the benefit accrued at the early retirement date. Payments may begin immediately or on the first day of any month thereafter prior to his Normal Retirement Date, with the benefit being reduced 4% for each year by which the payment date precedes the Normal Retirement Date.

Schedule SB, Part V: Summary of Principal Plan Provisions (cont.)

Temporary Early Retirement Benefit

A Member who retires with 30 or more years of Credited Service is also entitled to receive a temporary monthly benefit of $450 payable to the earlier of attainment of age 62 or eligibility for unreduced Social Security Benefits.

Shutdown Retirement Benefits

A Member whose age and Credited Service total 80 or more years will qualify for Early Retirement benefits if he is on continuous layoff for one year as a result of a permanent shutdown of the plant or a department, or if his job is eliminated as a result of technological change.

Deferred Retirement Benefit

A Member can retire after his Normal Retirement Date. His benefit shall commencing on his actual retirement date will be based on his years of Credited Service and the benefit level in effect on his Deferred Retirement Date.

Retirement Supplements

A Member who retired before August 15, 1997, and was less than 65 could elect to opt out of a Company-sponsored healthcare coverage in exchange for and additional temporary benefit of $450 per month, payable to the attainment of age 65.

A Member who retired between August 15, 1997 and July 1, 2000 and was less than 65 received a temporary supplement of $150 per month, payable to the earlier of the attainment of age 65 or August 14, 2000.

A Member who retired between August 15, 1997 and July 1, 2000 and was age 65 or older received a single one-time additional payment of $250 with the first pension check.

Disability Retirement Benefit

A Member who terminates due to a disability after completion of 15 years of Credited Service who qualifies for Social Security Disability benefits is eligible for a benefit payable immediately. This monthly benefit is the Accrued Benefit. Disabled employees who are not eligible for Social Security disability benefits may collect temporary disability benefits until eligible for Normal Retirement or Social Security disability benefits.

Schedule SB, Part V: Summary of Principal Plan Provisions (cont.)

Death Benefit

In the event of an active or inactive Member's death prior to attaining age 55 and completing 10 years of Credited Service, his surviving spouse shall receive a benefit payable at the Member's early retirement age calculated as if the Member separated from service on his date of death, survived to his early retirement age, began receiving benefits in the form of a joint and 50% survivor annuity and died on the following day.

In the event of an active or inactive Member’s death after attaining age 55 and completing 10 years of Credited Service, his surviving spouse shall receive 50% of the Member’s unreduced Accrued Benefit, payable the first day of the month following death.

Severance Benefit

Upon the termination of employment after five or more years of service, a Member shall have a vested interest in his accrued benefit which will be payable at his Normal Retirement Date. The percentage vested shall be:

Years of Service	Vested Percent
Less than 5	0%
5 or more	100%

If the Member met the service requirement for early retirement at the date of termination, he may elect to receive his vested interest at his early retirement date or on the first day of any month thereafter prior to his Normal Retirement Date. Such benefit will be reduced as described under Early Retirement Benefit.

Optional Methods of Settlement

The normal form of payment for a married Member is a reduced benefit to be paid during the Member's lifetime, with 50% of the reduced benefit to be continued to his spouse for her lifetime after his death.

Other optional methods of settlement are available and are actuarially equivalent to the normal form.

Additional Information

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

Schedule SB, Line 24 – Change in Actuarial Assumptions

1. An expense load equal to the prior year's expenses paid out of plan assets has been added to the Target Normal Cost.

Cerro Fabricated Products, Inc.
Cerro Fabricated Products, Inc. Bristol Hourly Retirement Income Plan
Attachment to Form 5500 Schedule SB
EIN: 20-0619730PN: 005

Schedule SB, Line 25 - Change in Method

In addition, in accordance with the Pension Protection Act of 2006 (PPA), the following changes were made:

1. The actuarial value of assets method was changed from using market value to using the 2-year smoothed average permitted under Code Section 430.

2. Effective with the January 1, 2009 valuation for the Cerro Fabricated Products, Inc. Bristol Hourly Retirement Income Plan, Aon Consulting changed actuarial software from an internal software program to the externally based ProVal system. In accordance with Announcement 2010-3, this change qualifies for automatic approval since (1) the changes in funding target and target normal cost were each within 2%, (2) the underlying methods were unchanged from those used on the prior year's Schedule SB without regard to methods already receiving automatic approval, (3) the calculations determined with this software are no less accurate than those produced under the prior valuation system, and (4) the change was not made in conjunction with a change in enrolled actuary and actuarial firm.

3. The funding liability interest rate was changed from the IRS mandated three-segmented interest rates based on the look-back month of December 2007 to the IRS approved full yield curve based on the look-back month of October 2008.

Cerro Fabricated Products, Inc.
Cerro Fabricated Products, Inc. Bristol Hourly Retirement Income Plan
Attachment to Form 5500 Schedule SB
EIN: 20-0619730PN: 005

Schedule SB, Line 32 - Schedule of Amortization Bases

Date Established	Period Remaining	Current Year Present Value Factor[2]	Balance		Annual Payment
			Original	Remaining	
01/01/2008	6	4.99889	$641,222	$536,126	$107,249
01/01/2009	7	5.61489	$49,491	$49,491	$8,814
Total				$585,617	$116,063

[2] Calculated using the segment interest rates for the current Plan Year.