

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

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>ZIRCOA, INC. HOURLY EMPLOYEES' PENSION PLAN</u>	1b Three-digit plan number (PN) ►	<u>003</u>	
	1c Effective date of plan	<u>03/01/1988</u>	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>ZIRCOA, INC.</u> <u>31501 SOLON ROAD</u> <u>SOLON, OH 44139-3526</u>	2b Employer Identification Number (EIN) <u>34-1570175</u>	2c Sponsor's telephone number <u>440-248-0500</u>	2d Business code (see instructions) <u>327100</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/15/2010</u>	<u>RONNE PROCH</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") ZIRCOA, INC. 31501 SOLON ROAD SOLON, OH 44139-3526	3b Administrator's EIN 34-1570175 3c Administrator's telephone number 440-248-0500
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year	5	168
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	65
b Retired or separated participants receiving benefits.....	6b	38
c Other retired or separated participants entitled to future benefits.....	6c	26
d Subtotal. Add lines 6a , 6b , and 6c	6d	129
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	12
f Total. Add lines 6d and 6e	6f	141
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	26
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 3H

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information – Small Plan)
 (3) ☐ 0 **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☐ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

A Name of plan <u>ZIRCOA, INC. HOURLY EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ZIRCOA, INC.</u>	D Employer Identification Number (EIN) <u>34-1570175</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>	
2 Assets:	
a Market value	2a <u>6209376</u>
b Actuarial value	2b <u>6768178</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>47</u> <u>2585445</u>
b For terminated vested participants	3b <u>23</u> <u>221854</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>382773</u>
(2) Vested benefits	3c(2) <u>2732841</u>
(3) Total active	3c(3) <u>98</u> <u>3115614</u>
d Total	3d <u>168</u> <u>5922913</u>
4 If the plan is at-risk, check the box and complete items (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>8.17</u> %
6 Target normal cost	6 <u>162548</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>10/14/2010</u>
Signature of actuary		Date
<u>SETH H. PITASKY, EA, MAAA</u>		<u>08-07321</u>
Type or print name of actuary		Most recent enrollment number
<u>SUMMIT RETIREMENT PLAN SERVICES INC</u>		<u>330-983-0538</u>
Firm name		Telephone number (including area code)
<u>13680 CLEVELAND AVENUE NW</u> <u>UNIONTOWN, OH 44685</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>11.01</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>6.12</u> %		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance.....		0
12 Reduction in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	0

Part III Funding percentages		
14 Funding target attainment percentage.....	14	114.27 %
15 Adjusted funding target attainment percentage.....	15	114.27 %
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	101.57 %
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
09/13/2010	200000	0			
			Totals ►	18(b)	200000
				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	175023
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:		

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

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	0
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	175023
38 Interest-adjusted excess contributions for current year (see instructions).....	38	175023
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

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

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

A Name of plan ZIRCOA, INC. HOURLY EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 ZIRCOA, INC.	D Employer Identification Number (EIN) 34-1570175

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

a

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

☐ Yes

☒ No

b

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

(b)

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

(b)

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

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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)

PNC-NATIONAL CITY BANK

31-6243952

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	NONE	10803	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	AMY B. KRAJCI	b EIN:	13-2834414
c Position:	PLAN ACTUARY		
d Address:	SIX PPG PLACE, SUITE 400 PITTSBURGH, PA 15222-5406	e Telephone:	412-355-8770
Explanation:		DETERMINED THAT THE ACTUARIAL SERVICES OF OUR PENSION PLAN COULD BE BETTER MET THROUGH THE USE OF ANOTHER ACTUARIAL FIRM.	

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

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

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

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

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

For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan <u>ZIRCOA, INC. HOURLY EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ZIRCOA, INC.</u>	D Employer Identification Number (EIN) <u>34-1570175</u>	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	<u>79933</u>	<u>200000</u>
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	<u>6160</u>	<u>11437</u>
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	<u>81410</u>	<u>54038</u>
(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)		
(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)	<u>6045147</u>	<u>6456427</u>
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	6212650	6721902

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	6212650	6721902
---	-----------	---------	---------

Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	200000	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		200000

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	102	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(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)		102

(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)	306339	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	304862	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1477

		(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)		
(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)		632014
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		833593

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	313265	
(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)		313265
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	11076	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		11076
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		324341

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		509252
l Transfers of assets:			
(1) To this plan.....	2l(1)		444055
(2) From this plan	2l(2)		444055

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: SS&G FINANCIAL SERVICES, INC.

(2) EIN: 34-1945695

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

A Name of plan <u>ZIRCOA, INC. HOURLY EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ZIRCOA, INC.</u>	D Employer Identification Number (EIN) <u>34-1570175</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>34-1602396</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

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

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

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

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

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

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

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**ZIRCOA, INC.
HOURLY EMPLOYEES'
PENSION PLAN**

***FINANCIAL
STATEMENTS***

***FOR THE
YEARS ENDED
DECEMBER 31,
2009 AND 2008***

ZIRCOA, INC. HOURLY EMPLOYEES' PENSION PLAN

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INDEPENDENT AUDITORS' REPORT

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Akron, Ohio 44333
(330) 668-9696
fax (330) 668-2538
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The Board of Directors of Zircoa, Inc. Hourly Employees' Pension Plan

We were engaged to audit the financial statements and supplemental schedules of Zircoa, Inc. Hourly Employees' Pension Plan as of December 31, 2009, and for the year then ended, as listed in the accompanying table of contents. These financial statements and schedules are the responsibility of the Plan's management. The financial statements of the Plan as of and for the year ended December 31, 2008 were audited by other auditors. 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 the other auditors not to perform, and they did not perform, any auditing procedures with respect to the investment information summarized in Note D, which was certified by PNC Financial Services Group, Inc. who merged with National City Bank, N.A. effective December 31, 2008, the trustee of the Plan during 2008. Their report, dated September 28, 2009, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Trustee, were 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.

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 D, which was certified by PNC Financial Services Group, Inc., the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan's 2009 financial statements and schedules that we did not audit, we are unable to, and do not, express an opinion on the accompanying 2009 financial statements and schedules taken as a whole. The form and content of the information included in the 2009 financial statements and schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing

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member of:
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Center for Public Company
Audit Firms, and The Leading
Edge Alliance.

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.

SS&G Financial Services, Inc.

CERTIFIED PUBLIC ACCOUNTANTS

October 12, 2010

SS&G *Financial Services*
Certified Public Accountants & Advisers

www.SSandG.com

ZIRCOA, INC. HOURLY EMPLOYEES' PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	<u>DECEMBER 31,</u>	
	<u>2009</u>	<u>2008</u>
ASSETS		
Investments, at fair value:		
Mutual funds	\$ 6,456,427	\$ 6,045,147
Money market fund	<u>54,038</u>	<u>81,410</u>
Total investments	6,510,465	6,126,557
Receivables:		
Employer's contributions	200,000	79,933
Accrued income	<u>11,437</u>	<u>6,160</u>
Total receivables	<u>211,437</u>	<u>86,093</u>
Net assets available for benefits	<u>\$ 6,721,902</u>	<u>\$ 6,212,650</u>

See accompanying notes to financial statements.

ZIRCOA, INC. HOURLY EMPLOYEES' PENSION PLAN**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE
FOR BENEFITS**

	FOR THE YEARS ENDED DECEMBER 31,	
	<u>2009</u>	<u>2008</u>
ADDITIONS TO NET ASSETS:		
Investment income:		
Interest and dividend income	\$ 154,644	\$ 184,725
Net appreciation in fair value of investments	<u>478,949</u>	<u>-</u>
	<u>633,593</u>	<u>184,725</u>
Contributions:		
Employer	<u>200,000</u>	<u>79,933</u>
Total additions to net assets	<u>833,593</u>	<u>264,658</u>
DEDUCTIONS FROM NET ASSETS:		
Net depreciation in fair value of investments	-	961,653
Benefits paid directly to participants	313,265	312,668
Administrative expenses	<u>11,076</u>	<u>11,989</u>
Total deductions to net assets	<u>324,341</u>	<u>1,286,310</u>
Net increase (decrease)	<u>509,252</u>	<u>(1,021,652)</u>
Net assets available for benefits:		
Beginning of year	<u>6,212,650</u>	<u>7,234,302</u>
End of year	<u>\$ 6,721,902</u>	<u>\$ 6,212,650</u>

See accompanying notes to financial statements.

ZIRCOA, INC. HOURLY EMPLOYEES' PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE A – Description of the Plan

The following description for the Zircoa, Inc. Hourly Employees' Pension Plan (the Plan) provides general information about the Plan's provisions. Zircoa, Inc. (the Company) is the Plan sponsor. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions, copies of which may be obtained from the Plan sponsor.

General

The Plan is a noncontributory, defined benefit plan covering union employees of the Solon, Ohio plant of the Company. The contributions of the Company are designed to fund the Plan's current service cost on a current basis and to fund over a period, not to exceed 30 years, the estimated accrued benefit cost arising from qualifying service before the establishment of the Plan.

The Zircoa, Inc. Benefit Plan Administrative Committee (the Committee) is responsible for the general administration of the Plan. PNC Financial Services Group, Inc. who merged with National City Bank, N.A. effective December 31, 2008, is the trustee of the Plan.

Funding

The Company has agreed to voluntarily contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan members and satisfy the Employee Retirement Income Security Act of 1974 (ERISA) minimum funding requirements. The Plan has met the ERISA minimum funding requirements for the years ended December 31, 2009 and 2008.

Pension benefits

The purpose of the Plan is to provide pension benefits to participants upon their retirement. Normal retirement is at age 65, or five years of vested service, if later. The Plan also provides for early retirement upon reaching established age and service levels, disability, retirement, and certain termination retirement provisions.

Plan termination

Although it has not expressed an intention to do so, the Company reserves the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Should the Plan terminate, the net assets of the Plan will be allocated for the payment to the participants in an order of priority as prescribed by ERISA and its related regulations and the Plan document.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated plan benefits and may also depend on the financial condition of the Company and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC), as well as the priority of those benefits. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

ZIRCOA, INC. HOURLY EMPLOYEES' PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE A – Description of the Plan, continued

Administrative expenses

Certain Plan administrative expenses are paid by the Company.

NOTE B – Summary of significant accounting policies

Basis of accounting

The accompanying financial statements and schedules have been prepared on the accrual basis of accounting.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedules. Actual results could differ from those estimates.

Valuation of investments

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note E for discussion of fair value measurements.

Purchases and sales of securities are reflected on a trade date basis. Gains or losses on sales of securities are based on average cost. Interest income is recorded on the accrual basis. Dividend income includes capital gains and is recorded on the ex-dividend date.

Actuarial present value of accumulated benefits

Accumulated plan benefits (see Note C) represent the actuarial present value of the estimated future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. Benefits under the Plan are based upon years of credited service, as defined by the Plan, multiplied by a predetermined benefit accrual rate, at the date the benefit information is presented (the valuation date). Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included to the extent they are deemed attributable to employee services rendered to the valuation date.

Payment of benefits

Benefits are recorded when paid.

ZIRCOA, INC. HOURLY EMPLOYEES' PENSION PLAN**NOTES TO FINANCIAL STATEMENTS**

NOTE B – Summary of significant accounting policies, continued*Recent accounting pronouncements*

In June 2009, the Financial Accounting Standards Board (FASB) established *The Accounting Standards Codification* (the Codification) as the single source of authoritative accounting guidance. The Codification did not change generally accepted accounting principles but rather enhanced the way accounting principles are organized. The Codification was effective for any fiscal year ending after September 15, 2009.

In April 2009, the FASB issued updated guidance related to disclosure requirements for fair value measurements to require plans to report and define its major equity and debt security types based on the nature and risks of the related investment. The additional fair value disclosures were effective for periods ending on or after June 15, 2009 and have been implemented in these financial statements. As disclosed in Note E, the guidance was applied prospectively for 2009. The adoption had no material effect upon the Plan's net assets available for benefits.

Subsequent events

The Plan has evaluated subsequent events through October, 12 2010, the date the financial statements were available to be issued, and has determined that there were no subsequent events that have occurred through that date that have not already been reflected in the financial statements and/or disclosed in the Notes thereto.

NOTE C - Accumulated plan benefits

The Plan's actuary estimated the actuarial present value of the 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 the probability of payment, by means of decrements such as for death, disability, withdrawal, or retirement, between the valuation date and the expected date of payment.

The accumulated Plan benefits as of the beginning of each plan year are as follows:

	<u>JANUARY 1,</u>	
	<u>2009</u>	<u>2008</u>
Vested benefits:		
Participants and beneficiaries currently receiving payments	\$ 2,888,837	\$ 2,854,728
Other vested participants	<u>2,891,242</u>	<u>3,068,255</u>
Total vested benefits	<u>5,780,079</u>	<u>5,922,983</u>
Nonvested benefits	<u>482,996</u>	<u>65,042</u>
Total actuarial present value of accumulated Plan benefits	<u>\$ 6,263,075</u>	<u>\$ 5,988,025</u>

ZIRCOA, INC. HOURLY EMPLOYEES' PENSION PLAN**NOTES TO FINANCIAL STATEMENTS**

NOTE C - Accumulated plan benefits, continued

The changes in total actuarial present value of accumulated Plan benefits are as follows:

	<u>JANUARY 1,</u>	
	<u>2009</u>	<u>2008</u>
Actuarial present value of accumulated Plan		
benefits at beginning of year	\$ 5,988,025	\$ 5,781,952
Increase (decrease) during the year due to:		
Benefits paid	(312,668)	(287,772)
Change in discount period	437,377	422,855
Benefits accumulated	150,341	130,037
Change of assumptions	-	(368,954)
Change in plan provision	-	309,907
	<u>275,050</u>	<u>206,073</u>
Actuarial present value of accumulated Plan		
benefits at end of year	<u>\$ 6,263,075</u>	<u>\$ 5,988,025</u>

The significant actuarial assumptions used in the latest valuations as of January 1, 2009 and 2008 are as follows:

Mortality	Healthy: RP 2000 Mortality Table for males and females
Retirement Age	Rates varying by age (age 55 to 65)
Interest Rate	7.50%
Actuarial Method	Unit Credit Method

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

ZIRCOA, INC. HOURLY EMPLOYEES' PENSION PLAN**NOTES TO FINANCIAL STATEMENTS**

NOTE D – Investments

The fair value of individual investments that represent 5% or more of the Plan's net assets at either year-end are as follows:

	<u>2009</u>	<u>2008</u>
Vanguard Long Term Investment Grade ADM Fund	\$ 1,209,427	\$ -
Growth FD Amer Inc. CL R-5 Shares	1,056,261	874,736
Pimco Extended Duration Fund	1,049,073	2,462,134
Harbor International Fund FD #11	530,281	456,776
American Beacon Large Cap Value	528,034	441,066
American Beacon Small Cap Value INST	527,043	462,089
Dodge & Cox Stock Fund #145	522,735	442,237
Boston Company Small Cap Growth Instl	515,672	444,055
Vanguard International Growth Fund	512,304	457,231

All investments were non participant-directed investments at December 31, 2009 and 2008.

For the years ended December 31, 2009 and 2008, Plan investments (including investments bought, sold and held during the year) appreciated/(depreciated) in value by \$478,949 and (\$961,653), respectively, as follows:

Mutual Funds	<u>\$ 478,949</u>	<u>\$ (961,653)</u>
--------------	-------------------	---------------------

NOTE E – Fair value measurements

Fair Value Measurements and Disclosure establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobserved inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

ZIRCOA, INC. HOURLY EMPLOYEES' PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE E – Fair value measurements, continued

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 inputs must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Money market funds: Valued at the net asset value of shares held by the Plan at year-end.

Mutual funds: Valued at the net asset value (NAV) of shares held by the plan at year-end based on quoted market prices in an active market.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009:

ZIRCOA, INC. HOURLY EMPLOYEES' PENSION PLAN**NOTES TO FINANCIAL STATEMENTS****NOTE E – Fair value measurements, continued**

	<u>Fair Value Measurements at December 31, 2009 Using</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds:				
Long term bond	\$ 1,209,427	\$ -	\$ -	\$ 1,209,427
Large growth	1,056,261	-	-	1,056,261
Large value	1,050,769	-	-	1,050,769
Long government	1,049,073	-	-	1,049,073
Foreign large blend	1,042,585	-	-	1,042,585
Small value	527,043	-	-	527,043
Small growth	515,672	-	-	515,672
Intermediate term bond	<u>5,597</u>	<u>-</u>	<u>-</u>	<u>5,597</u>
Total Mutual funds	6,456,427	-	-	6,456,427
Money market funds	<u>-</u>	<u>54,038</u>	<u>-</u>	<u>54,038</u>
Balance at December 31, 2009	<u>\$ 6,456,427</u>	<u>\$ 54,038</u>	<u>\$ -</u>	<u>\$ 6,510,465</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2008:

	<u>Fair Value Measurements at December 31, 2008 Using</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds	\$ -	\$ 81,410	\$ -	\$ 81,410
Mutual funds	<u>6,045,147</u>	<u>-</u>	<u>-</u>	<u>6,045,147</u>
Balance at December 31, 2008	<u>\$ 6,045,147</u>	<u>\$ 81,410</u>	<u>\$ -</u>	<u>\$ 6,126,557</u>

NOTE F – Income tax status

The Plan obtained its latest determination letter on July 29, 2010 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

ZIRCOA INC. HOURLY EMPLOYEES' PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE G – Risks and uncertainties

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

Plan contributions are made and the actuarial present value of accumulated Plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption 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 H – Information certified by the custodian

For 2009 and 2008, the financial information included in the Plan's financial statements, except for contributions and benefit payments, has been derived from information certified as complete and accurate by the trustee, PNC Financial Services Group, Inc. who merged with National City Bank, N.A. effective December 31, 2008, in accordance with Section 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.

NOTE I – Party-in-interest transactions

The money market fund is managed by PNC Capital Advisors, LLC. As of September 29, 2009, PNC Capital Advisors, Inc. and its affiliate Allegiant Asset Management Company each merged into and with PNC Capital Advisors, LLC. PNC Capital Advisors, LLC is a subsidiary of The PNC Financial Services Group, Inc. (PNC). PNC is a trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

NOTE J – Subsequent event

On July 1, 2010, Zirconium Products, LLC acquired 100% of the shares of stock of Zircoa, Inc.

ZIRCOA, INC. HOURLY EMPLOYEES' PENSION PLAN

DECEMBER 31, 2009

EIN: 34-1570175 PLAN NUMBER: 003

SCHEDULE H – Line 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity	(d) Cost	(e) Current value
	Vanguard Long Term Investment Grade ADM Fund	Mutual Funds	\$ 1,091,500	\$ 1,209,427
	Growth FD Amer Inc. CL R-5 Shares	Mutual Funds	1,045,854	1,056,261
	Pimco Extended Duration Fund	Mutual Funds	1,393,738	1,049,073
	Harbor International Fund FID #11	Mutual Funds	460,642	530,281
	American Beacon Large Cap Value	Mutual Funds	633,024	528,034
	American Beacon Small Cap Value INST	Mutual Funds	572,522	527,043
	Dodge & Cox Stock Fund #145	Mutual Funds	592,668	522,735
	Boston Company Small Cap Growth Instl	Mutual Funds	498,322	515,672
	Vanguard International Growth Fund	Mutual Funds	535,863	512,304
	Dodge & Cox Income Fund #147	Mutual Funds	5,473	5,597
*	Allegiant Money Market Fund I Shares	Money Market Funds	54,038	54,038

* Identified as a party-in-interest.

ZIRCOA, INC. HOURLY EMPLOYEES' PENSION PLAN

FOR THE YEAR DECEMBER 31, 2009

EIN: 34-1570175 PLAN NUMBER: 003

SCHEDULE H - Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

(a) Identity of party involved	(b) Description of transaction	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
<i>Category 1 - Single transaction exceeds 5% of value</i>								
Vanguard Long Term Investment	55,172 shares purchased	\$ 8.12	\$ -	\$ -	\$ -	\$448,000	\$ 448,000	\$ -
Grade ADM Fund	on June 3, 2009							

ZIRCOA, INC. HOURLY EMPLOYEES' PENSION PLAN
Plan Name: Zircoa, Inc. Hourly Employees' Pension Plan
Plan EIN: 34-1570175
Plan Number: 003

Schedule SB, line 26 – Schedule of Active Participant Data

Active Participants as of January 1, 2009

Attained Age	Years of Benefit service as of January 1, 2009										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	
< 25	1	2	0	0	0	0	0	0	0	0	3
25 - 29	2	1	1	0	0	0	0	0	0	0	4
30 - 34	0	5	2	1	0	0	0	0	0	0	8
35 - 39	0	4	4	0	0	0	0	0	0	0	8
40 - 44	1	4	1	1	1	2	0	0	0	0	10
45 - 49	0	2	3	3	2	1	1	0	0	0	12
50 - 54	0	4	0	3	0	3	5	5	1	0	21
55 - 59	1	5	0	2	0	3	1	5	1	0	18
60 - 64	1	2	1	0	0	1	4	1	1	0	11
65 - 69	0	0	0	0	1	1	0	1	0	0	3
70-74	0	0	0	0	0	0	0	0	0	0	0
75+	0	0	0	0	0	0	0	0	0	0	0
TOTAL	6	29	12	10	4	11	11	12	3	0	98

Average age: 48.6

Average Credited Service: 15.0

ZIRCOA, INC. HOURLY EMPLOYEES' PENSION PLAN Plan Name: Zircoa, Inc. Hourly Employees' Pension Plan Plan EIN: 34-1570175 Plan Number: 003

Schedule SB, Part V - Summary of Assumptions

Interest rate	Full yield curve, 2 month lookback
Healthy Mortality	2009 PPA separate static annuitant and nonannuitant mortality tables
Disabled Mortality	Revenue Ruling 96-7 for post 1994 disablements
Expected Investment Return	7.50% per year (capped at 6.43% for 2008)
Expenses	\$20,000 added to current year normal cost
Disability incidence	Class 1 1985 pension Disability Table. See table of sample rates.
Marriage	85% of males and 65% of females are assumed to be married. Wives are assumed to be 3 years younger than husbands.

ZIRCOA, INC. HOURLY EMPLOYEES' PENSION PLAN
Plan Name: Zircoa, Inc. Hourly Employees' Pension Plan
Plan EIN: 34-1570175
Plan Number: 003

Schedule SB, Part V - Summary of Assumptions

Retirement Rates

Next Five Years Unreduced Hourly and Salaried		Long Term (After 5 years): Unreduced Hourly and Salaried	
<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
55	1.0%	55	1.0%
56	1.0%	56	1.0%
57	1.0%	57	1.0%
58	2.5%	58	5.0%
59	2.5%	59	5.0%
60	2.5%	60	5.0%
61	2.5%	61	5.0%
62	15.0%	62	30.0%
63	15.0%	63	30.0%
64	15.0%	64	30.0%
65	100.0%	65	100.0%
Next Five Years Reduced Hourly and Salaried		Long Term (After 5 years): Reduced Hourly and Salaried	
<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
55	1.0%	55	1.0%
56	1.0%	56	1.0%
57	1.0%	57	1.0%
58	1.0%	58	1.0%
59	1.0%	59	1.0%
60	1.5%	60	2.5%
61	1.5%	61	2.5%
62	7.5%	62	15.0%
63	7.5%	63	15.0%
64	10.0%	64	20.0%
65	100.0%	65	100.0%

ZIRCOA, INC. HOURLY EMPLOYEES' PENSION PLAN
Plan Name: Zircoa, Inc. Hourly Employees' Pension Plan
Plan EIN: 34-1570175
Plan Number: 003

Schedule SB, Part V - Summary of Assumptions

Other tables of Sample Rates:

<u>Age</u>	Withdrawal		Disability	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
20	17.50%	17.50%	0.029%	0.030%
25	17.50%	17.50%	0.038%	0.047%
30	8.50%	8.50%	0.048%	0.080%
35	8.50%	8.50%	0.069%	0.136%
40	5.80%	5.80%	0.117%	0.211%
45	4.00%	4.00%	0.202%	0.323%
50	1.00%	1.00%	0.358%	0.533%
55	1.00%	1.00%	0.722%	0.952%
60	1.00%	1.00%	1.256%	1.159%
65	0%	0%	1.753%	1.358%

ZIRCOA, INC. HOURLY EMPLOYEES' PENSION PLAN**FOR THE YEAR DECEMBER 31, 2009****EIN: 34-1570175 PLAN NUMBER: 003****SCHEDULE H – Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS**

(a) Identity of party involved	(b) Description of transaction	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
<i>Category 1 - Single transaction exceeds 5% of value</i>								
Vanguard Long Term Investment Grade ADM Fund	55,172 shares purchased on June 3, 2009	\$ 8.12	\$ -	\$ -	\$ -	\$448,000	\$ 448,000	\$ -

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2009**This Form is Open to Public
Inspection**For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan ZIRCOA, INC. HOURLY EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ZIRCOA, INC.	D Employer Identification Number (EIN) 34-1570175
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>	
2 Assets:	
a Market value.....	2a 6209376
b Actuarial value.....	2b 6768178
3 Funding target/participant count breakdown	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a 47 2585445
b For terminated vested participants.....	3b 23 221854
c For active participants:	
(1) Non-vested benefits.....	3c(1) 382773
(2) Vested benefits.....	3c(2) 2732841
(3) Total active.....	3c(3) 98 3115614
d Total.....	3d 168 5922913
4 If the plan is at-risk, check the box and complete items (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions.....	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate.....	5 8.17%
6 Target normal cost.....	6 162548

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 SETH H. PITASKY, EA, MAAA Type or print name of actuary SUMMIT RETIREMENT PLAN SERVICES INC Firm name 13680 CLEVELAND AVENUE NW UNIONTOWN OH 44685 Address of the firm	Date 10/14/2010 0807321 Most recent enrollment number 330-983-0538 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II		Beginning of year carryover and prefunding balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	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>11.01%</u>	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.12%</u>		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	0

Part III		Funding percentages	
14	Funding target attainment percentage	14	114.27%
15	Adjusted funding target attainment percentage	15	114.27%
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	101.57%
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
09/13/2010	200000	0			
Totals ▶			18(b)	200000	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 175023
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	

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

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	0
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	175023
38 Interest-adjusted excess contributions for current year (see instructions)	38	175023
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

ZIRCOA, INC. HOURLY EMPLOYEES' PENSION PLAN
Plan Name: Zircoa, Inc. Hourly Employees' Pension Plan
Plan EIN: 34-1570175
Plan Number: 003

Schedule SB, Part V - Summary of Plan Provisions

Effective date Effective date: March 1, 1988 restated effective January 1, 2009

Covered Employees All hourly employees.

Participation Date Date of becoming a covered employee.

Credited Service One year for each 960 Paid Hours of Service completed during a Plan Year.

Vesting Service Generally the same as Benefit Service.

Normal Retirement

Eligibility 65 and 5 years of benefit service; 55 and 30 years; or 62 and 5 years

Benefit Credited service multiplied by the applicable multiplier:

Date of Termination	Benefit Multiplier
1/1/2003 - 12/31/2003	\$28.00
1/1/2004 - 12/31/2004	\$29.00
1/1/2005 - 12/31/2005	\$30.00
1/1/2006 - 12/31/2006	\$31.00
1/1/2007 - 12/31/2007	\$32.00
1/1/2008 - 12/31/2008	\$33.00
1/1/2009 and later	\$34.00

Early Retirement

Eligibility Age 55 and 5 years of Benefit Service.

Benefit The Normal Retirement reduced by 1/180th for each of the first 60 complete calendar months prior to age 65, and 1/360th for each complete month prior to age 60.

Deferred Vested

Eligibility 5 years of Vesting Service

Benefit Monthly pension benefit determined as of termination date based on his years of Credited Service and the multiplier in effect at the date of termination.

ZIRCOA, INC. HOURLY EMPLOYEES' PENSION PLAN Plan Name: Zircoa, Inc. Hourly Employees' Pension Plan Plan EIN: 34-1570175 Plan Number: 003

Schedule SB, Part V - Summary of Plan Provisions

Disability

Eligibility	10 years of Benefit Service with permanent and total disability
Benefit	Monthly pension benefit determined as of disablement date, payable immediately with no reduction for early commencement.

Death Benefit

Eligibility	55 and 5 years or 15 years
Benefit	Regular QPSA benefit equal to the early retirement benefit reduced for 50% survivorship, with additional unreduced benefit if eligible

Other Plan Provisions

Normal Form	Single Life Annuity with 6 years Certain for single participants; 50% Qualified Joint and Survivor Annuity with an underlying 6-year Certain and Continuous Annuity and "pop-up" feature.
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Optional Forms	Social Security Level Income Option 75% Joint and Survivor Annuity 100% Joint and Survivor Annuity
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Maximum Benefit	IRC 415 maximum annual benefit \$195,000 Actuarially adjusted under IRC 415(b) for benefit commencement age and benefit form Benefit limited to 100% of compensation
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Summit Retirement Plan Services, Inc. is not aware of any future plan changes which are required to be reflected.

ZIRCOA, INC. HOURLY EMPLOYEES' PENSION PLAN**DECEMBER 31, 2009****EIN: 34-1570175 PLAN NUMBER: 003****SCHEDULE H – Line 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity	(d) Cost	(e) Current value
	Vanguard Long Term Investment Grade ADM Fund	Mutual Funds	\$ 1,091,500	\$ 1,209,427
	Growth FD Amer Inc. CL R-5 Shares	Mutual Funds	1,045,854	1,056,261
	Pimco Extended Duration Fund	Mutual Funds	1,393,738	1,049,073
	Harbor International Fund FID #11	Mutual Funds	460,642	530,281
	American Beacon Large Cap Value	Mutual Funds	633,024	528,034
	American Beacon Small Cap Value INST	Mutual Funds	572,522	527,043
	Dodge & Cox Stock Fund #145	Mutual Funds	592,668	522,735
	Boston Company Small Cap Growth Instl	Mutual Funds	498,322	515,672
	Vanguard International Growth Fund	Mutual Funds	535,863	512,304
	Dodge & Cox Income Fund #147	Mutual Funds	5,473	5,597
*	Allegiant Money Market Fund I Shares	Money Market Funds	54,038	54,038

* Identified as a party-in-interest.

ZIRCOA, INC. HOURLY EMPLOYEES' PENSION PLAN
Schedule SB, line 19 - Discounted Employer Contributions
Plan Name: Zircoa, Inc. Hourly Employees Pension Plan
Plan EIN: 34-1570175
Plan Number: 003

Valuation Date:	1/1/2009
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V. 19(c) Discounted Employer Contributions

2008 Plan Year			
<u>Date</u>	<u>Contribution Amount</u>	<u>Effective Interest Rate</u>	<u>Contribution Amount</u>
9/13/2010	\$ 200,000.00	8.17000%	\$ 175,022.99
Contributions Allocated Adjusted to Valuation Date			\$ 175,022.99

ZIRCOA, INC. HOURLY EMPLOYEES' PENSION PLAN
Plan Name: Zircoa, Inc. Hourly Employees' Pension Plan
Plan EIN: 34-1570175
Plan Number: 003

Schedule SB, line 25 – Change in Method

Beginning with the 2009 valuation, the interest rate method was changed from segment rates to full yield curve with a 2-month look-back. The asset valuation method changed from the market value of assets to a 1-year average value of assets with quarterly determination points.

ZIRCOA, INC. HOURLY EMPLOYEES' PENSION PLAN
Plan Name: Zircoa, Inc. Hourly Employees' Pension Plan
Plan EIN: 34-1570175
Plan Number: 003

Schedule SB, line 24 – Change in Actuarial Assumptions

Mortality rates and discount rates were updated from 2008 to 2009 in accordance with PPA and sponsor elections.

Retirement rates and salary scale were changed to better reflect anticipated plan experience.

An expense load of \$20,000 was added to target normal cost.

ZIRCOA, INC. HOURLY EMPLOYEES' PENSION PLAN
Plan Name: Zircoa, Inc. Hourly Employees' Pension Plan
Plan EIN: 34-1570175
Plan Number: 003

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

The average retirement age for Line 22 was computed by creating a hypothetical life table decremented only with retirement, and then calculating table's average retirement age.

Group A: Participants eligible for unreduced early retirement benefits.

Age	Weight	Weighted Retirement Age
55	1.00%	0.55
56	0.99%	0.55
57	0.98%	0.56
58	4.85%	2.81
59	4.61%	2.72
60	4.38%	2.63
61	4.16%	2.54
62	23.71%	14.70
63	16.60%	10.46
64	11.62%	7.44
65	27.11%	17.62
Average Retirement Age		62.57
Line 22, Rounded		63

Group B: Participants eligible for reduced early retirement benefits.

Age	Weight	Weighted Retirement Age
55	1.00%	0.55
56	0.99%	0.55
57	0.98%	0.56
58	0.97%	0.56
59	0.96%	0.57
60	2.38%	1.43
61	2.32%	1.41
62	13.56%	8.41
63	11.53%	7.26
64	13.06%	8.36
65	52.25%	33.96
Average Retirement Age		63.63
Line 22, Rounded		64