# 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;
- [X] 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 FLOW PRODUCTS, INC. (ST. LOUIS WORKS) HOURLY EMPLOYEES' (USW) RETIREMENT PLAN

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 01/01/1987

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

PO BOX 66800
SAINT LOUIS, MO 63166-6800

**2b** Employer Identification Number (EIN) 37-1225456

**2c** Sponsor's telephone number 618-337-6000

**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 incorrect/unrecognized electronic signature. | 10/15/2010 | ERIC PILAS |
| | **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")

CERRO FLOW PRODUCTS, INC.

PO BOX 66800
SAINT LOUIS, MO 63166-6800

**3b** Administrator's EIN: 37-1225456

**3c** Administrator's telephone number: 618-337-6000

**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** | 252 |
| **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** | 215 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 20 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 235 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 235 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 235 |
| **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:

2E 2J 2G 2K 2T

**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)** | X | 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)** | X | 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)** | | **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)** | X | 1 | **A** (Insurance Information) |
| **(4)** | X | | **C** (Service Provider Information) |
| **(5)** | X | | **D** (DFE/Participating Plan Information) |
| **(6)** | | | **G** (Financial Transaction Schedules) |

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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 FLOW PRODUCTS, INC. (ST. LOUIS WORKS) HOURLY EMPLOYEES' (USW) RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500.
CERRO FLOW PRODUCTS, INC.

**D** Employer Identification Number (EIN)
37-1225456

## Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage Information:

**(a)** Name of insurance carrier
PRUDENTIAL RETIREMENT INSURANCE & ANNUITY CO.

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 06-1050034 | 93629 | 37683-006 | 235 | 01/01/2009 | 12/31/2009 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 9126340 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 4571476 |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GUARANTEED GENERAL ACCOUNT CONTRACT

| | | | | | |
|---|---|---|---|---|---|
| **b** | Balance at the end of the previous year | | | 7b | 9063578 |
| **c** | Additions: (1) Contributions deposited during the year | 7c(1) | 418880 | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 273317 | | |
| | (4) Transferred from separate account | 7c(4) | 231920 | | |
| | (5) Other (specify below) | 7c(5) | 5591 | | |
| | ▶ LOAN REPAYMENTS | | | | |
| | (6) Total additions | | | 7c(6) | 929708 |
| **d** | Total of balance and additions (add **b** and **c(6)**) | | | 7d | 9993286 |
| **e** | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 688490 | | |
| | (2) Administration charge made by carrier | 7e(2) | 150 | | |
| | (3) Transferred to separate account | 7e(3) | 162297 | | |
| | (4) Other (specify below) | 7e(4) | 16009 | | |
| | ▶ LOAN INITIATIONS, MISCELLANEOUS | | | | |
| | (5) Total deductions | | | 7e(5) | 866946 |
| **f** | Balance at the end of the current year (subtract **e(5)** from **d**) | | | 7f | 9126340 |

## Part III Welfare Benefit Contract Information

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

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

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

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount. | | | **10b** | |

Specify nature of costs ▶

## Part IV Provision of Information

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

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

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2009**<br>**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 FLOW PRODUCTS, INC. (ST. LOUIS WORKS) HOURLY EMPLOYEES' (USW) RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
CERRO FLOW PRODUCTS, INC.

**D** Employer Identification Number (EIN)
37-1225456

## 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).. . . . . [X] 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

PRUDENTIAL RETIREMENT INSURANCE AND

06-1050034

**(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)

PRUDENTIAL RETIREMENT INSURANCE AND

06-1050034

| (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? |
|---|---|---|---|---|---|---|
| 13 15 37 50 64 | NONE | 1460 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

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

PRUDENTIAL INVESTMENT MANAGEMENT SE

13-4122960

| (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? |
|---|---|---|---|---|---|---|
| 63 | NONE | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] 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 |
|---|---|---|
| PRUDENTIAL INVESTMENT MANAGEMENT SE | 63 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| INVESCO AIM DISTRIBUTORS, INC.<br><br>74-1894784 | 25.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 AIM DYNAMICS FUND |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| PRUDENTIAL INVESTMENT MANAGEMENT SE | 63 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| OPPENHEIMERFUNDS DISTRIBUTOR, INC.<br><br>13-2953455 | 24.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 OPPENHEIMER GLOBAL FUND |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| PRUDENTIAL RETIREMENT INSURANCE AND | 15 60 64 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| AIM INVESTMENT SERVICES INC<br><br>76-0528004 | 25.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 12/31/2009 AIM DYNAMICS FUND |

## 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 |
|---|---|---|
| PRUDENTIAL RETIREMENT INSURANCE AND | 15 60 64 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| OPPENHEIMERFUNDS SERVICES<br><br>13-2527171 | 0.000 BPS AND $12.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2009 TO 4/30/2009 OPPENHEIMER GLOBAL FUND |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| PRUDENTIAL RETIREMENT INSURANCE AND | 15 60 64 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| OPPENHEIMERFUNDS SERVICES<br><br>13-2527171 | 0.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 5/1/2009 TO 12/31/2009 OPPENHEIMER GLOBAL FUND |

| **(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: RUBIN BROWN LLP | **b** EIN: | 43-0765316 |
| **c** | Position: ACCOUNTANT | | |
| **d** | Address: ONE NORTH BRENTWOOD<br>SAINT LOUIS, MO 63105 | **e** Telephone: | 314-290-3447 |

Explanation: RESIGNED DUTIES

| | | | |
|---|---|---|---|
| **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 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 FLOW PRODUCTS, INC. (ST. LOUIS WORKS) HOURLY EMPLOYEES' (USW) RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
CERRO FLOW PRODUCTS, INC.

**D** Employer Identification Number (EIN)
37-1225456

## 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: DRYDEN S & P 500 INDEX FUND

**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

| **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) |
|---|---|---|
| 06-1050034-123 | P | 1626631 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: CORE BOND/PIM FUND

**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

| **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) |
|---|---|---|
| 06-1050034-150 | P | 50273 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP VALUE/WELL MGMT

**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

| **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) |
|---|---|---|
| 06-1050034-187 | P | 110708 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH/TIMESSQ

**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

| **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) |
|---|---|---|
| 06-1050034-132 | P | 255524 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT GOAL 2050 FUND

**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

| **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) |
|---|---|---|
| 06-1050034-450 | P | 11998 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SA/OFII GLOBAL STRATEGY

**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

| **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) |
|---|---|---|
| 06-1050034-308 | P | 169043 |

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

**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

| **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) |
|---|---|---|
| 06-1050034-096 | P | 35870 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT GOAL 2040 FUND

**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

| **c** EIN-PN 06-1050034-346 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16239 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: BALANCED I/WELLINGTON MGT

**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

| **c** EIN-PN 06-1050034-084 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1235645 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SM CAP VAL/AMER CENT FUND

**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

| **c** EIN-PN 06-1050034-126 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41167 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT GOAL INCOME FD

**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

| **c** EIN-PN 06-1050034-342 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1633 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT GOAL 2010 FUND

**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

| **c** EIN-PN 06-1050034-343 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 286060 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT GOAL 2020 FUND

**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

| **c** EIN-PN 06-1050034-344 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 642789 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT GOAL 2030 FUND

**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

| **c** EIN-PN 06-1050034-345 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 87896 |
|---|---|---|

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

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

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

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

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

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

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

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

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

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

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**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 FLOW PRODUCTS, INC. (ST. LOUIS WORKS) HOURLY EMPLOYEES' (USW) RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
CERRO FLOW PRODUCTS, INC.

**D** Employer Identification Number (EIN)
37-1225456

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 20956 | 20747 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 3583143 | 4571476 |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | | |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 9063578 | 9126340 |
| **(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 | 12667677 | 13718563 |
| | **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 through1j) | 1k | 0 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 12667677 | 13718563 |

## 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) | 369320 | |
| | **(B)** Participants | 2a(1)(B) | 381343 | |
| | **(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) | | 750663 |
| **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) | 1160 | |
| | **(F)** Other | 2b(1)(F) | 273317 | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 274477 |
| | **(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) | | 834547 |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| **c** Other income | 2c | | -6 |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 1859681 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 806999 | |
| (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) | | 806999 |
| **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) | 1796 | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 1796 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 808795 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line 2j from line 2d | 2k | | 1050886 |
| **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 | | X | |

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

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Retirement Plan Information

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

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

OMB No. 1210-0110

**2009**

**This Form is Open to Public Inspection.**

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

**A** Name of plan
CERRO FLOW PRODUCTS, INC. (ST. LOUIS WORKS) HOURLY EMPLOYEES' (USW) RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
CERRO FLOW PRODUCTS, INC.

**D** Employer Identification Number (EIN)
37-1225456

## 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** 0

**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): 22-1211670

**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**

## 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 FLOW PRODUCTS, INC. (ST. LOUIS WORKS) HOURLY EMPLOYEES' (USW) RETIREMENT PLAN
# DECEMBER 31, 2009 AND 2008

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Grant Thornton

# REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

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Plan Administrator
Cerro Flow Products, Inc. (St. Louis Works)
Hourly Employees' (USW) Retirement Plan

We were engaged to audit the financial statements of the Cerro Flow Products, Inc. (St. Louis Works) Hourly Employees' (USW) Retirement Plan (the "Plan") as of December 31, 2009, and for the year then ended, and the supplemental schedule as of December 31, 2009, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management. The statement of net assets available for benefits of the Plan as of December 31, 2008, was reported upon 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 information certified by the custodians. Their report, dated October 13, 2009, indicated that (1) 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 (2) the form and content of the information included in the financial statements, other than that derived from the information certified by the custodians, 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 H, which was certified by Prudential Retirement Insurance and Annuity Company and Prudential Bank & Trust, F.S.B., the custodians of the Plan, except for comparing such information with the related information included in the 2009 financial statements and supplemental schedule. We have been informed by the Plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certifications from the custodians as of and for the year ended December 31, 2009, that the information provided to the Plan administrator by the custodians is complete and accurate.

Because of the significance of the information in the Plan's 2009 financial statements and supplemental schedule that we did not audit, we are unable to, and do not, express an opinion on the accompanying 2009 financial statements and supplemental schedule taken as a whole. The form and content of the information included in the 2009 financial statements and supplemental schedule, other than that derived from the information certified by the custodians, 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 12, 2010

**Cerro Flow Products, Inc. (St. Louis Works)**
**Hourly Employees' (USW) Retirement Plan**
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**
**December 31,**

| | 2009 | 2008 |
|---|---|---|
| Assets | | |
| Investments, at fair value | $ 13,718,563 | $ 12,667,678 |
| Employer contribution receivable | 2,126 | - |
| Employee contribution receivable | 3,628 | - |
| **NET ASSETS AVAILABLE FOR BENEFITS** | $ 13,724,317 | $ 12,667,678 |

The accompanying notes are an integral part of these statements.

**Cerro Flow Products, Inc. (St. Louis Works)**
**Hourly Employees' (USW) Retirement Plan**
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**
**Year ended December 31, 2009**

| | |
|---|---|
| Additions | |
| Investment income | |
| Interest income | $ 274,476 |
| Net appreciation in pooled separate accounts | 834,547 |
| Net investment income | 1,109,023 |
| Contributions | |
| Employer | 371,446 |
| Participant | 384,971 |
| Total contributions | 756,417 |
| Total additions | 1,865,440 |
| Deductions | |
| Benefit and withdrawal payments | 806,999 |
| Administrative expenses | 1,802 |
| Total deductions | 808,801 |
| **NET INCREASE** | 1,056,639 |
| Net assets available for benefits | |
| Beginning of year | 12,667,678 |
| End of year | $ 13,724,317 |

The accompanying notes are an ingegral part of this statement.

## NOTE A - DESCRIPTION OF THE PLAN

The following description of Cerro Flow Products, Inc. (St. Louis Works) Hourly Employees' (USW) Retirement Plan (the "Plan"), which is a defined contribution plan, provided for general information purposes only. Participants should refer to the Plan document for more complete information.

### *General*

The Plan covers all hourly employees of Cerro Flow Products, Inc. (the "Company") who are members covered by the collective bargaining agreement with the United Steelworkers of America (AFL-CIO). Each employee shall become an active participant on the date of his or her employment. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

### *Contributions*

Contributions by participants are voluntary. Each participant may contribute of their eligible compensation an amount in whole percentages for pretax contributions not to exceed $0.60 per Participant Share. A Participant Share is defined as being equivalent to 1 hour of work performed by an employee (e.g., 8 shares accumulated for an 8-hour work day, 40 shares for a 40-hour work week, etc.). The maximum number of hours for which contributions can be made by participants is 2,080 hours. Participants may also make unmatched pretax and after-tax contributions, in increments of whole cents per Participant Share, not to exceed $9.99 per Participant Share, for each pretax and after-tax contribution. Participants age 50 and over may also make catch-up contributions. All employee contributions are subject to applicable Internal Revenue Code ("IRC") limits.

The Plan also provides for required employer retirement and match contributions pursuant to the terms of the collective bargaining agreement. The retirement contributions shall be the sum of $0.70 per hour worked for the period from November 12, 2006 through November 8, 2008, $0.75 per hour worked for the period from November 9, 2008 through November 7, 2009, $0.80 per hour worked for the period from November 8, 2009 through July 3, 2010, and $0.85 per hour worked for the period from July 4, 2010 through the termination or renegotiation of the Collective Bargaining Agreement, not to exceed 2080 hours. The matching contributions are 50% of the aggregate active participants' 401(k) contributions up to a limit of $0.30 per hour worked, not to exceed 2080 hours.

## NOTE A - DESCRIPTION OF THE PLAN - Continued

### *Investment Options*

The participants can select from various fund options offered by the Plan. Participants may change their investment, subject to transfer restrictions that may be imposed by the investment fund company.

### *Participant Accounts*

Each participant's account is credited with the participant's contributions, the Company's contributions, and an allocation of the Plan's earnings (losses), and charged with an allocation of administrative expenses. Allocations are based on participant compensation or account balances, as defined. Income earned from investments is credited to individual account balances on a daily basis.

### *Vesting*

Participants are immediately vested in their voluntary contributions, the Company contribution and any income or loss thereon.

### *Payment of Benefits*

The Plan offers three types of withdrawals: non-hardship (retirement or termination of service) and hardship. Each withdrawal type has specific requirements for eligibility, as defined by the Plan document.

### *Participating Loans*

In the event of severe financial hardship, participants may borrow a minimum of $1,000 reduced by the highest outstanding balance of loans during the one-year period prior to the date the loan is made (but not in excess of 50% of the participant's current account balance or $50,000, whichever is less) from the Plan at interest rates determined in accordance with the Plan. Only one outstanding loan is permitted at a time.

## 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").

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 that 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 affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

### *Investment Valuation and Income Recognition*

The Plan's investments are reported at fair value.

## NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

### *Investment Valuation and Income Recognition - Continued*

The value of the Plan's investments was determined as follows:

- Interest in the unallocated insurance contract - The unallocated insurance contract is a group annuity contract issued by Prudential Retirement Insurance and Annuity Company ("PRIAC") that is backed by the general assets of PRIAC. PRIAC considers this contract to be benefit responsive; however, since there were no specific securities in PRIAC's general account related to this contract, contract value is the best estimate of fair value. Contract value represents deposits made to the contract, plus earnings at guaranteed crediting rates, less withdrawals and fees.

- Interest in pooled separate accounts - The fair value of the shares owned in the pooled separate accounts is based on the NAV of the pooled separate accounts on the last business day of the Plan year. The NAV of the pooled separate accounts 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 pooled separate accounts in order to ensure that the securities liquidations will be carried out in an orderly business manner.

- Loans due from participants are valued at the outstanding loan balances, which approximate fair value.

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

### *Net Appreciation in Fair Value of Investments*

Net realized and unrealized appreciation (depreciation) is recorded in the accompanying statement of changes in net assets available for benefits as net appreciation in pooled separate accounts.

### *Payment of Benefits*

Benefits are recorded when paid.

## NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

### *Administrative Expenses*

Administrative expenses are paid by the Plan sponsor, with the exception of certain transaction fees that are paid by the participant at the time of the particular transaction.

### *Reclassification*

During 2009, it was determined that an investment previously classified as a Level 2 general account investment should have been classified as a Level 3 unallocated insurance contract investment based on the fair value hierarchy. Accordingly, the 2008 fair value disclosure has been reclassified to compare to the current-year presentation.

### *Subsequent Events*

The financial statements and related disclosures include an evaluation of events up through and including October 12, 2010, which is the date the financial statements were available to be issued.

## NOTE C - INVESTMENTS

Investments that represent 5% or more of the Plan's net assets at year-end are as follows:

| | 2009 | 2008 |
|---|---|---|
| PRIAC Guaranteed Income Fund | $9,126,340 | $9,063,578 |
| PRIAC Dryden S&P 500 Index Fund | 1,626,631 | 1,248,779 |
| PRIAC Balanced I Fund | 1,235,645 | 1,109,293 |

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 participants' account balances and the amounts reported in the statements of net assets available for benefits.

## NOTE D - UNALLOCATED INSURANCE CONTRACT

The Plan has a benefit-responsive unallocated insurance contract with PRIAC. PRIAC maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. Interest is credited on contract balances using a single portfolio rate approach. Under this methodology, a single interest rate is applied to all contributions made to the product regardless of the timing of those contributions. Interest crediting rates are reviewed on a semi-annual basis for resetting. When establishing interest credit rates for this product, PRIAC considers many factors, including current economic and market conditions, the general interest rate environment and both the expected and actual experience of a reference portfolio within the issuer's general account. The minimum crediting rate under the contract is 1.5%.

Generally, there are not any events that could limit the ability of the Plan to transact at contract value paid within 90 days or in rare circumstances, contract value paid over time. There are not any events that allow the issuer to terminate the contract and which require the Plan sponsor to settle an amount different than contract value paid either within 90 days or over time.

The investment yields related to the unallocated insurance contract are summarized below:

| | December 31, | |
|---|---|---|
| | 2009 | 2008 |
| Average yield earned by the Plan | 2.80% | 3.55% |
| Average yield credited to participants | 2.80 | 3.55 |

## 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 |
|---|---|---|---|---|
| Pooled separate accounts | | | | |
| Equity investments (a) | $ - | $2,238,943 | $ - | $ 2,238,943 |
| Fixed income investments (b) | - | 50,273 | - | 50,273 |
| Retirement year-based investments (c) | - | 1,044,982 | - | 1,044,982 |
| Balanced investments (d) | - | 1,237,278 | - | 1,237,278 |
| Unallocated insurance contract | - | - | 9,126,340 | 9,126,340 |
| Participant loans | - | - | 20,747 | 20,747 |
| Total assets | $ - | $4,571,476 | $9,147,087 | $13,718,563 |

## 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 |
|---|---|---|---|---|
| Pooled separate accounts | | | | |
| Equity investments (a) | $ - | $1,591,074 | $ - | $ 1,591,074 |
| Fixed income investments (b) | - | 42,293 | - | 42,293 |
| Retirement year-based investments (c) | - | 839,273 | - | 839,273 |
| Balanced investments (d) | - | 1,110,504 | - | 1,110,504 |
| Unallocated insurance contract | - | - | 9,063,578 | 9,063,578 |
| Participant loans | - | - | 20,956 | 20,956 |
| Total assets | $ - | $3,583,144 | $9,084,534 | $12,667,678 |

(a) This class represents investments in actively managed pooled separate accounts that invest primarily in equity securities. The investments may include common stock and options and futures.

(b) This class represents investments in actively managed pooled separate accounts that invest primarily in a variety of fixed income investments, which may include corporate bonds, both U.S. and non-U.S. municipal securities, interest rate swaps, options and futures.

(c) This class represents investments in actively managed pooled separate accounts with investments in both equity and debt securities. The investments may include common stock, corporate bonds, U.S. and non-U.S. municipal securities, interest rate swaps, options and futures.

(d) This class represents investments in actively managed pooled separate accounts with investments in both equity and debt securities.

## NOTE E - FAIR VALUE MEASUREMENTS - Continued

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

| | Unallocated insurance contract | Participant loans |
|---|---|---|
| Balance at December 31, 2008 | $9,063,578 | $20,956 |
| Interest income | 273,317 | - |
| Net purchases and settlements | (210,555) | (209) |
| Balance at December 31, 2009 | $9,126,340 | $20,747 |

## NOTE F - TAX STATUS

The Plan received a determination letter from the Internal Revenue Service dated June 21, 2002, stating that the Plan and related trust were designed in accordance with the applicable regulations of Section 401(a) of the IRC and, therefore, the related trust is exempt from taxation. Subsequent to the issuance of the determination letter, 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 all material respects in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

## NOTE G - PLAN TERMINATION

Although it has not expressed any intent to terminate the Plan or to discontinue its contributions to the Plan, it may do so subject to collective bargaining and the provisions of ERISA. In the event of Plan termination, participants will remain 100% vested in their accounts.

## NOTE H - INFORMATION CERTIFIED BY THE CUSTODIANS

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, PRIAC and Prudential Bank & Trust, F.S.B., the Plan's custodians, have certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments, as shown in the statements of net assets available for benefits as of December 31, 2009 and 2008.

- Net investment income, as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2009.

- Schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2009.

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 and supplemental schedule.

## NOTE I - PARTY-IN-INTEREST TRANSACTIONS

Investment in participant loans, certain Plan investments, and payments of any fees to Plan vendors, including payments to the custodians, qualify as party-in-interest transactions as defined under ERISA guidelines.

## NOTE J - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31:

| | 2009 | 2008 |
|---|---|---|
| Net assets available for benefits per financial statements | $13,724,317 | $12,667,678 |
| Less | | |
| Employee contribution receivable | (3,628) | - |
| Employer contribution receivable | (2,126) | - |
| Net assets available for benefits per Form 5500 | $13,718,563 | $12,667,668 |

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

| | |
|---|---|
| Net increase per financial statements | $1,056,639 |
| Less | |
| Employee contribution receivable | (3,628) |
| Employer contribution receivable | (2,126) |
| Net income per Form 5500 | $1,050,885 |

SUPPLEMENTAL SCHEDULE

**Cerro Flow Products, Inc. (St. Louis Works)**
**Hourly Employees' (USW) Retirement Plan**
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**
**Year ended December 31, 2009**

| (a) | (b) Identity of issue, borrower, lessor or similar party | (c) Description of investment | (d) Cost** | (e) Current value |
|---|---|---|---|---|
| | Unallocated insurance contract | | | |
| * | PRIAC | Guaranteed Income Fund | | $ 9,126,340 |
| | Pooled separate accounts | | | |
| * | PRIAC | Dryden S&P 500 Index Fund | | 1,626,631 |
| * | PRIAC | Balanced I Fund | | 1,235,645 |
| * | PRIAC | Retirement Goal 2020 Fund | | 642,789 |
| * | PRIAC | Retirement Goal 2010 Fund | | 286,060 |
| * | PRIAC | Retirement Goal 2050 Fund | | 11,998 |
| * | PRIAC | Retirement Goal 2030 Fund | | 87,896 |
| * | PRIAC | Small Cap Growth/Times Square Fund | | 255,524 |
| * | PRIAC | Mid Cap Value Fund | | 110,708 |
| * | PRIAC | Core Bond/BSAM Fund | | 50,273 |
| * | PRIAC | AIM Dynamics Account | | 35,870 |
| * | PRIAC | Retirement Goal 2040 Fund | | 16,239 |
| * | PRIAC | Retirement Goal Income Fund | | 1,633 |
| * | PRIAC | SA/OFII Global Strategy | | 169,043 |
| * | PRIAC | Small Cap Value American Cent Fund | | 41,167 |
| * | Various participants | Participant loans (interest rates ranging from from 5.25% to 10.25%) | | 20,747 |
| | | | | $ 13,718,563 |

*Indicates a party-in-interest to the Plan.

**Cost information omitted as the Plan is fully participant directed.

RUN DATE: 01/19/10
CYCLE: 1003YEB
PLAN NBR: 764263

PLAN NAME: CERRO FLOW PRODUCTS, INC.

PLAN SPONSOR EIN: 362943840

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES FOR PLAN YEAR 2009

| IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY | DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST,COLLATERAL, PAR OR MATURITY VALUE | COST | CURRENT VALUE |
|---|---|---|---|
| PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY | GUARANTEED INCOME FUND | 9,126,340 | 9,126,340 |
| PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY | MID CAP VALUE/WELL MGMT | 111,757 | 110,708 |
| PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY | SMALL CAP GROWTH/TIMESSQ | 239,753 | 255,524 |
| PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY | RETIREMENT GOAL 2050 FUND | 9,614 | 11,998 |
| PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY | SA/OFII GLOBAL STRATEGY | 155,002 | 169,043 |
| PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY | AIM DYNAMICS FUND | 39,201 | 35,870 |
| PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY | CORE BOND/PIM FUND | 43,005 | 50,273 |
| PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY | RETIREMENT GOAL 2040 FUND | 15,719 | 16,239 |
| PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY | DRYDEN S&P 500 INDEX FUND | 1,665,439 | 1,626,631 |
| PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY | BALANCED I/WELLINGTON MGT | 1,077,007 | 1,235,645 |
| PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY | SM CAP VAL/AMER CENT FUND | 51,871 | 41,167 |
| PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY | RETIREMENT GOAL INCOME FD | 1,465 | 1,633 |
| PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY | RETIREMENT GOAL 2010 FUND | 275,655 | 286,060 |
| PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY | RETIREMENT GOAL 2020 FUND | 669,194 | 642,789 |
| PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY | RETIREMENT GOAL 2030 FUND | 90,429 | 87,896 |
| PARTICIPANT LOANS | 5.25% - 10.25% | 0 | 20,747 |

# FINANCIAL STATEMENTS AND REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS
# CERRO FLOW PRODUCTS, INC. (ST. LOUIS WORKS) HOURLY EMPLOYEES' (USW) RETIREMENT PLAN
# DECEMBER 31, 2009 AND 2008

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Grant Thornton

# REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Audit • Tax • Advisory

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Plan Administrator
Cerro Flow Products, Inc. (St. Louis Works)
Hourly Employees' (USW) Retirement Plan

We were engaged to audit the financial statements of the Cerro Flow Products, Inc. (St. Louis Works) Hourly Employees' (USW) Retirement Plan (the "Plan") as of December 31, 2009, and for the year then ended, and the supplemental schedule as of December 31, 2009, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management. The statement of net assets available for benefits of the Plan as of December 31, 2008, was reported upon 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 information certified by the custodians. Their report, dated October 13, 2009, indicated that (1) 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 (2) the form and content of the information included in the financial statements, other than that derived from the information certified by the custodians, 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 H, which was certified by Prudential Retirement Insurance and Annuity Company and Prudential Bank & Trust, F.S.B., the custodians of the Plan, except for comparing such information with the related information included in the 2009 financial statements and supplemental schedule. We have been informed by the Plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certifications from the custodians as of and for the year ended December 31, 2009, that the information provided to the Plan administrator by the custodians is complete and accurate.

Because of the significance of the information in the Plan's 2009 financial statements and supplemental schedule that we did not audit, we are unable to, and do not, express an opinion on the accompanying 2009 financial statements and supplemental schedule taken as a whole. The form and content of the information included in the 2009 financial statements and supplemental schedule, other than that derived from the information certified by the custodians, 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 12, 2010

**Cerro Flow Products, Inc. (St. Louis Works)**
**Hourly Employees' (USW) Retirement Plan**
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**
**December 31,**

| | 2009 | 2008 |
|---|---|---|
| Assets | | |
| Investments, at fair value | $ 13,718,563 | $ 12,667,678 |
| Employer contribution receivable | 2,126 | - |
| Employee contribution receivable | 3,628 | - |
| **NET ASSETS AVAILABLE FOR BENEFITS** | $ 13,724,317 | $ 12,667,678 |

The accompanying notes are an integral part of these statements.

**Cerro Flow Products, Inc. (St. Louis Works)**
**Hourly Employees' (USW) Retirement Plan**
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**
**Year ended December 31, 2009**

| | |
|---|---|
| Additions | |
| Investment income | |
| Interest income | $ 274,476 |
| Net appreciation in pooled separate accounts | 834,547 |
| Net investment income | 1,109,023 |
| Contributions | |
| Employer | 371,446 |
| Participant | 384,971 |
| Total contributions | 756,417 |
| Total additions | 1,865,440 |
| Deductions | |
| Benefit and withdrawal payments | 806,999 |
| Administrative expenses | 1,802 |
| Total deductions | 808,801 |
| **NET INCREASE** | 1,056,639 |
| Net assets available for benefits | |
| Beginning of year | 12,667,678 |
| End of year | $ 13,724,317 |

The accompanying notes are an ingegral part of this statement.

## NOTE A - DESCRIPTION OF THE PLAN

The following description of Cerro Flow Products, Inc. (St. Louis Works) Hourly Employees' (USW) Retirement Plan (the "Plan"), which is a defined contribution plan, provided for general information purposes only. Participants should refer to the Plan document for more complete information.

### *General*

The Plan covers all hourly employees of Cerro Flow Products, Inc. (the "Company") who are members covered by the collective bargaining agreement with the United Steelworkers of America (AFL-CIO). Each employee shall become an active participant on the date of his or her employment. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

### *Contributions*

Contributions by participants are voluntary. Each participant may contribute of their eligible compensation an amount in whole percentages for pretax contributions not to exceed $0.60 per Participant Share. A Participant Share is defined as being equivalent to 1 hour of work performed by an employee (e.g., 8 shares accumulated for an 8-hour work day, 40 shares for a 40-hour work week, etc.). The maximum number of hours for which contributions can be made by participants is 2,080 hours. Participants may also make unmatched pretax and after-tax contributions, in increments of whole cents per Participant Share, not to exceed $9.99 per Participant Share, for each pretax and after-tax contribution. Participants age 50 and over may also make catch-up contributions. All employee contributions are subject to applicable Internal Revenue Code ("IRC") limits.

The Plan also provides for required employer retirement and match contributions pursuant to the terms of the collective bargaining agreement. The retirement contributions shall be the sum of $0.70 per hour worked for the period from November 12, 2006 through November 8, 2008, $0.75 per hour worked for the period from November 9, 2008 through November 7, 2009, $0.80 per hour worked for the period from November 8, 2009 through July 3, 2010, and $0.85 per hour worked for the period from July 4, 2010 through the termination or renegotiation of the Collective Bargaining Agreement, not to exceed 2080 hours. The matching contributions are 50% of the aggregate active participants' 401(k) contributions up to a limit of $0.30 per hour worked, not to exceed 2080 hours.

## NOTE A - DESCRIPTION OF THE PLAN - Continued

### *Investment Options*

The participants can select from various fund options offered by the Plan. Participants may change their investment, subject to transfer restrictions that may be imposed by the investment fund company.

### *Participant Accounts*

Each participant's account is credited with the participant's contributions, the Company's contributions, and an allocation of the Plan's earnings (losses), and charged with an allocation of administrative expenses. Allocations are based on participant compensation or account balances, as defined. Income earned from investments is credited to individual account balances on a daily basis.

### *Vesting*

Participants are immediately vested in their voluntary contributions, the Company contribution and any income or loss thereon.

### *Payment of Benefits*

The Plan offers three types of withdrawals: non-hardship (retirement or termination of service) and hardship. Each withdrawal type has specific requirements for eligibility, as defined by the Plan document.

### *Participating Loans*

In the event of severe financial hardship, participants may borrow a minimum of $1,000 reduced by the highest outstanding balance of loans during the one-year period prior to the date the loan is made (but not in excess of 50% of the participant's current account balance or $50,000, whichever is less) from the Plan at interest rates determined in accordance with the Plan. Only one outstanding loan is permitted at a time.

## 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").

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 that 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 affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

### *Investment Valuation and Income Recognition*

The Plan's investments are reported at fair value.

## NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

### *Investment Valuation and Income Recognition - Continued*

The value of the Plan's investments was determined as follows:

- Interest in the unallocated insurance contract - The unallocated insurance contract is a group annuity contract issued by Prudential Retirement Insurance and Annuity Company ("PRIAC") that is backed by the general assets of PRIAC. PRIAC considers this contract to be benefit responsive; however, since there were no specific securities in PRIAC's general account related to this contract, contract value is the best estimate of fair value. Contract value represents deposits made to the contract, plus earnings at guaranteed crediting rates, less withdrawals and fees.

- Interest in pooled separate accounts - The fair value of the shares owned in the pooled separate accounts is based on the NAV of the pooled separate accounts on the last business day of the Plan year. The NAV of the pooled separate accounts 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 pooled separate accounts in order to ensure that the securities liquidations will be carried out in an orderly business manner.

- Loans due from participants are valued at the outstanding loan balances, which approximate fair value.

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

### *Net Appreciation in Fair Value of Investments*

Net realized and unrealized appreciation (depreciation) is recorded in the accompanying statement of changes in net assets available for benefits as net appreciation in pooled separate accounts.

### *Payment of Benefits*

Benefits are recorded when paid.

## NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

### *Administrative Expenses*

Administrative expenses are paid by the Plan sponsor, with the exception of certain transaction fees that are paid by the participant at the time of the particular transaction.

### *Reclassification*

During 2009, it was determined that an investment previously classified as a Level 2 general account investment should have been classified as a Level 3 unallocated insurance contract investment based on the fair value hierarchy. Accordingly, the 2008 fair value disclosure has been reclassified to compare to the current-year presentation.

### *Subsequent Events*

The financial statements and related disclosures include an evaluation of events up through and including October 12, 2010, which is the date the financial statements were available to be issued.

## NOTE C - INVESTMENTS

Investments that represent 5% or more of the Plan's net assets at year-end are as follows:

| | 2009 | 2008 |
|---|---|---|
| PRIAC Guaranteed Income Fund | $9,126,340 | $9,063,578 |
| PRIAC Dryden S&P 500 Index Fund | 1,626,631 | 1,248,779 |
| PRIAC Balanced I Fund | 1,235,645 | 1,109,293 |

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 participants' account balances and the amounts reported in the statements of net assets available for benefits.

## NOTE D - UNALLOCATED INSURANCE CONTRACT

The Plan has a benefit-responsive unallocated insurance contract with PRIAC. PRIAC maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. Interest is credited on contract balances using a single portfolio rate approach. Under this methodology, a single interest rate is applied to all contributions made to the product regardless of the timing of those contributions. Interest crediting rates are reviewed on a semi-annual basis for resetting. When establishing interest credit rates for this product, PRIAC considers many factors, including current economic and market conditions, the general interest rate environment and both the expected and actual experience of a reference portfolio within the issuer's general account. The minimum crediting rate under the contract is 1.5%.

Generally, there are not any events that could limit the ability of the Plan to transact at contract value paid within 90 days or in rare circumstances, contract value paid over time. There are not any events that allow the issuer to terminate the contract and which require the Plan sponsor to settle an amount different than contract value paid either within 90 days or over time.

The investment yields related to the unallocated insurance contract are summarized below:

| | December 31, | |
|---|---|---|
| | 2009 | 2008 |
| Average yield earned by the Plan | 2.80% | 3.55% |
| Average yield credited to participants | 2.80 | 3.55 |

## 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 |
|---|---|---|---|---|
| Pooled separate accounts | | | | |
| Equity investments (a) | $ - | $2,238,943 | $ - | $ 2,238,943 |
| Fixed income investments (b) | - | 50,273 | - | 50,273 |
| Retirement year-based investments (c) | - | 1,044,982 | - | 1,044,982 |
| Balanced investments (d) | - | 1,237,278 | - | 1,237,278 |
| Unallocated insurance contract | - | - | 9,126,340 | 9,126,340 |
| Participant loans | - | - | 20,747 | 20,747 |
| Total assets | $ - | $4,571,476 | $9,147,087 | $13,718,563 |

## 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 |
|---|---|---|---|---|
| Pooled separate accounts | | | | |
| Equity investments (a) | $ - | $1,591,074 | $ - | $ 1,591,074 |
| Fixed income investments (b) | - | 42,293 | - | 42,293 |
| Retirement year-based investments (c) | - | 839,273 | - | 839,273 |
| Balanced investments (d) | - | 1,110,504 | - | 1,110,504 |
| Unallocated insurance contract | - | - | 9,063,578 | 9,063,578 |
| Participant loans | - | - | 20,956 | 20,956 |
| Total assets | $ - | $3,583,144 | $9,084,534 | $12,667,678 |

(a) This class represents investments in actively managed pooled separate accounts that invest primarily in equity securities. The investments may include common stock and options and futures.

(b) This class represents investments in actively managed pooled separate accounts that invest primarily in a variety of fixed income investments, which may include corporate bonds, both U.S. and non-U.S. municipal securities, interest rate swaps, options and futures.

(c) This class represents investments in actively managed pooled separate accounts with investments in both equity and debt securities. The investments may include common stock, corporate bonds, U.S. and non-U.S. municipal securities, interest rate swaps, options and futures.

(d) This class represents investments in actively managed pooled separate accounts with investments in both equity and debt securities.

## NOTE E - FAIR VALUE MEASUREMENTS - Continued

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

| | Unallocated insurance contract | Participant loans |
|---|---|---|
| Balance at December 31, 2008 | $9,063,578 | $20,956 |
| Interest income | 273,317 | - |
| Net purchases and settlements | (210,555) | (209) |
| Balance at December 31, 2009 | $9,126,340 | $20,747 |

## NOTE F - TAX STATUS

The Plan received a determination letter from the Internal Revenue Service dated June 21, 2002, stating that the Plan and related trust were designed in accordance with the applicable regulations of Section 401(a) of the IRC and, therefore, the related trust is exempt from taxation. Subsequent to the issuance of the determination letter, 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 all material respects in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

## NOTE G - PLAN TERMINATION

Although it has not expressed any intent to terminate the Plan or to discontinue its contributions to the Plan, it may do so subject to collective bargaining and the provisions of ERISA. In the event of Plan termination, participants will remain 100% vested in their accounts.

## NOTE H - INFORMATION CERTIFIED BY THE CUSTODIANS

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, PRIAC and Prudential Bank & Trust, F.S.B., the Plan's custodians, have certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments, as shown in the statements of net assets available for benefits as of December 31, 2009 and 2008.

- Net investment income, as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2009.

- Schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2009.

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 and supplemental schedule.

## NOTE I - PARTY-IN-INTEREST TRANSACTIONS

Investment in participant loans, certain Plan investments, and payments of any fees to Plan vendors, including payments to the custodians, qualify as party-in-interest transactions as defined under ERISA guidelines.

## NOTE J - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31:

| | 2009 | 2008 |
|---|---|---|
| Net assets available for benefits per financial statements | $13,724,317 | $12,667,678 |
| Less | | |
| Employee contribution receivable | (3,628) | - |
| Employer contribution receivable | (2,126) | - |
| Net assets available for benefits per Form 5500 | $13,718,563 | $12,667,668 |

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

| | |
|---|---|
| Net increase per financial statements | $1,056,639 |
| Less | |
| Employee contribution receivable | (3,628) |
| Employer contribution receivable | (2,126) |
| Net income per Form 5500 | $1,050,885 |

SUPPLEMENTAL SCHEDULE

**Cerro Flow Products, Inc. (St. Louis Works)**
**Hourly Employees' (USW) Retirement Plan**
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**
**Year ended December 31, 2009**

| (a) | (b) Identity of issue, borrower, lessor or similar party | (c) Description of investment | (d) Cost** | (e) Current value |
|---|---|---|---|---|
| | Unallocated insurance contract | | | |
| * | PRIAC | Guaranteed Income Fund | | $ 9,126,340 |
| | Pooled separate accounts | | | |
| * | PRIAC | Dryden S&P 500 Index Fund | | 1,626,631 |
| * | PRIAC | Balanced I Fund | | 1,235,645 |
| * | PRIAC | Retirement Goal 2020 Fund | | 642,789 |
| * | PRIAC | Retirement Goal 2010 Fund | | 286,060 |
| * | PRIAC | Retirement Goal 2050 Fund | | 11,998 |
| * | PRIAC | Retirement Goal 2030 Fund | | 87,896 |
| * | PRIAC | Small Cap Growth/Times Square Fund | | 255,524 |
| * | PRIAC | Mid Cap Value Fund | | 110,708 |
| * | PRIAC | Core Bond/BSAM Fund | | 50,273 |
| * | PRIAC | AIM Dynamics Account | | 35,870 |
| * | PRIAC | Retirement Goal 2040 Fund | | 16,239 |
| * | PRIAC | Retirement Goal Income Fund | | 1,633 |
| * | PRIAC | SA/OFII Global Strategy | | 169,043 |
| * | PRIAC | Small Cap Value American Cent Fund | | 41,167 |
| * | Various participants | Participant loans (interest rates ranging from from 5.25% to 10.25%) | | 20,747 |
| | | | | $ 13,718,563 |

*Indicates a party-in-interest to the Plan.

**Cost information omitted as the Plan is fully participant directed.

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Form **7004**
(Rev. December 2008)
Department of the Treasury
Internal Revenue Service

# Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns

▶ **File a separate application for each return.**
▶ **See separate instructions.**

OMB No. 1545-0233

**Type or Print**
File by the due date for the return for which an extension is requested. See instructions.

Name: Marmon Holdings, Inc.
**Identifying number:** 36-3104690
Number, street, and room or suite no. (If P.O. box, see instructions.): 181 West Madison Street Ste 2600
City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)): Chicago IL 60602-4510

**Note. See instructions before completing this form.**

**Part I** **Automatic 5-Month Extension** Complete if Filing Form 1065, 1041, or 8804

**1a** Enter the form code for the return that this application is for (see below) . . . .

| Application Is For: | Form Code | Application Is For: | Form Code |
|---|---|---|---|
| Form 1065 | 09 | Form 1041 (estate) | 04 |
| Form 8804 | 31 | Form 1041 (trust) | 05 |

**Part II** **Automatic 6-Month Extension** Complete if Filing Other Forms

**b** Enter the form code for the return that this application is for (see below) . . . . 12

| Application Is For: | Form Code | Application Is For: | Form Code |
|---|---|---|---|
| Form 706-GS(D) | 01 | Form 1120-PC | 21 |
| Form 706-GS(T) | 02 | Form 1120-POL | 22 |
| Form 1041-N | 06 | Form 1120-REIT | 23 |
| Form 1041-QFT | 07 | Form 1120-RIC | 24 |
| Form 1042 | 08 | Form 1120-S | 25 |
| Form 1065-B | 10 | Form 1120-SF | 26 |
| Form 1066 | 11 | Form 3520-A | 27 |
| Form 1120 | 12 | Form 8612 | 28 |
| Form 1120-C | 34 | Form 8613 | 29 |
| Form 1120-F | 15 | Form 8725 | 30 |
| Form 1120-FSC | 16 | Form 8831 | 32 |
| Form 1120-H | 17 | Form 8876 | 33 |
| Form 1120-L | 18 | Form 8924 | 35 |
| Form 1120-ND | 19 | Form 8928 | 36 |
| Form 1120-ND (section 4951 taxes) | 20 | | |

**2** If the organization is a foreign corporation that does not have an office or place of business in the United States, check here . . . . ▶ ☐

**3** If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here . . . . ▶ ☒
If checked, attach a schedule, listing the name, address, and Employer Identification Number (EIN) for each member covered by this application.

**Part III** **All Filers Must Complete This Part**

**4** If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here . . . . ▶ ☐

**5a** This application is for calendar year 20 09, or tax year beginning _____, 20 _____, and ending _____, 20 _____

**b** **Short tax year.** If this tax year is less than 12 months, check the reason:
☐ Initial return ☐ Final return ☐ Change in accounting period ☐ Consolidated return to be filed

| | | | |
|---|---|---|---|
| **6** Tentative total tax . . . . | | **6** | 68,911,341 |
| **7** **Total** payments and credits (see instructions) . . . . | 0 | **7** | 68,911,341 |
| **8** **Balance due.** Subtract line 7 from line 6. **Generally, you must deposit this amount using the Electronic Federal Tax Payment System (EFTPS), a Federal Tax Deposit (FTD) Coupon, or Electronic Funds Withdrawal (EFW)** (see instructions for exceptions) . . . . | | **8** | 0 |

**For Privacy Act and Paperwork Reduction Act Notice, see separate Instructions.** Form **7004** (Rev. 12-2008)


COPY OF EXTENSION E-FILED ON 3/5/2010

# Consolidated Group Member Statement

Form 7004 Attachment
12/08

Name
Address Line 1
Address Line 2
City ST/CNTRY ZIP/PstlCode
Province or State (Foreign Only) EIN

Marmon Holdings, Inc.
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 36-3104690

Aetna Insulated Wire, Inc.
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 20-1847872

Alexander-Otto Company LLC
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 84-1347130

Amarillo Gear Company
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 75-2144782

Amarillo Wind Machine Company
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 77-0221021

Anderson Copper & Brass Co.
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 36-3483349

# Consolidated Group Member Statement

Form 7004 Attachment
12/08

Name
Address Line 1
Address Line 2
City ST/CNTRY ZIP/PstlCode
Province or State (Foreign Only) EIN

AO Construction, Inc.
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 20-5024762

Atlas Bolt & Screw Co.
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 34-1537181

Bushwick Metals, Inc.
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 06-1526350

Cable USA, Inc.
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 65-0881061

Cerro Fabricated Products, Inc.
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 20-0619730

Cerro Flow Products, Inc.
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 37-1225456

# Consolidated Group Member Statement

Form 7004 Attachment
12/08

Name
Address Line 1
Address Line 2
City ST/CNTRY ZIP/PstlCode
Province or State (Foreign Only) EIN

Cerro Trading Company, Inc.
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 36-3114910

Cerro Wire, Inc.
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 36-3205325

CMPC Transition Corp
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 38-3752675

Comtran Corporation
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 04-2860648

Dekoron Unitherm, Inc.
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 20-1865233

Dekoron Wire and Cable, Inc.
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 20-1876801

# Consolidated Group Member Statement

Form 7004 Attachment
12/08

Name
Address Line 1
Address Line 2
City ST/CNTRY ZIP/PstlCode
Province or State (Foreign Only) EIN

| Name / Address | City | ST/CNTRY | ZIP/PstlCode | EIN |
|---|---|---|---|---|
| Ecodyne Corporation<br>181 West Madison Street<br>Ste 2600 | Chicago | IL | 60602-4510 | 36-2694067 |
| Ecodyne Heat Exchangers Inc.<br>181 West Madison Street<br>Ste 2600 | Chicago | IL | 60602-4510 | 61-1550216 |
| Ecodyne MRM, Inc.<br>181 West Madison Street<br>Ste 2600 | Chicago | IL | 60602-4510 | 36-2730138 |
| EcoWater Ripley, Inc.<br>181 West Madison Street<br>Ste 2600 | Chicago | IL | 60602-4510 | 26-1520004 |
| Fontaine Fifth Wheel Company (fka Fontaine Internati<br>181 West Madison Street<br>Ste 2600 | Chicago | IL | 60602-4510 | 36-3362709 |
| Fontaine Modification Co.<br>181 West Madison Street<br>Ste 2600 | Chicago | IL | 60602-4510 | 36-3362764 |

# Consolidated Group Member Statement

Form 7004 Attachment
12/08

Name
Address Line 1
Address Line 2
City ST/CNTRY ZIP/PstlCode
Province or State (Foreign Only) EIN

| Name / Address | City | ST/CNTRY | ZIP/PstlCode | EIN |
|---|---|---|---|---|
| Fontaine Specialized, Inc.<br>181 West Madison Street<br>Ste 2600 | Chicago | IL | 60602-4510 | 63-1089601 |
| Fontaine Spray Suppression Company<br>181 West Madison Street<br>Ste 2600 | Chicago | IL | 60602-4510 | 30-0005920 |
| Fontaine Trailer Company<br>181 West Madison Street<br>Ste 2600 | Chicago | IL | 60602-4510 | 36-3294489 |
| Fontaine Truck Equipment Company<br>181 West Madison Street<br>Ste 2600 | Chicago | IL | 60602-4510 | 63-0750784 |
| Future Metals, Inc.<br>181 West Madison Street<br>Ste 2600 | Chicago | IL | 60602-4510 | 65-0123421 |
| Getz Bros. & Co., Inc.<br>181 West Madison Street<br>Ste 2600 | Chicago | IL | 60602-4510 | 94-1729359 |

# Consolidated Group Member Statement

Form 7004 Attachment
12/08

Name
Address Line 1
Address Line 2
City ST/CNTRY ZIP/PstlCode
Province or State (Foreign Only) EIN

| | | | |
|---|---|---|---|
| Getz Bros. & Co. Zug, Inc.<br>181 West Madison Street<br>Ste 2600<br>Chicago | IL | 60602-4510 | 94-1519438 |
| HG-Power Plant. Inc.<br>181 West Madison Street<br>Ste 2600<br>Chicago | IL | 60602-4510 | 36-3543372 |
| Harbour Industries, Inc.<br>181 West Madison Street<br>Ste 2600<br>Chicago | IL | 60602-4510 | 03-0343995 |
| Hendrix Wire & Cable, Inc.<br>181 West Madison Street<br>Ste 2600<br>Chicago | IL | 60602-4510 | 36-4078119 |
| Impulse NC, Inc.<br>181 West Madison Street<br>Ste 2600<br>Chicago | IL | 60602-4510 | 56-1717365 |
| Intermodal Transfer LLC<br>181 West Madison Street<br>Ste 2600<br>Chicago | IL | 60602-4510 | 68-0360592 |

# Consolidated Group Member Statement

Form 7004 Attachment
12/08

Name
Address Line 1
Address Line 2
City ST/CNTRY ZIP/PstlCode
Province or State (Foreign Only) EIN

J.L. Mining Company
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 55-0668752

Kerite Company, The
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 36-4333144

Koehler-Bright Star, Inc.
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 23-2833579

LA Darling Company
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 04-2294740

Leader Industries, Inc.
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 36-4473608

Lockwood Street Urban Renewal Corporation
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 22-2536243

# Consolidated Group Member Statement

Form 7004 Attachment
12/08

Name
Address Line 1
Address Line 2
City ST/CNTRY ZIP/PstlCode
Province or State (Foreign Only) EIN

MD Spring Valley, Inc.
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 30-0591398

M/K Express Company
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 36-3242330

M/K Express Services Company
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 23-2955263

Marathon Suspension Systems, Inc.
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 35-1692972

MarCap Vendor Finance Corp
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 33-0820929

Marmon-Herrington Company
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 36-3780546

# Consolidated Group Member Statement

Form 7004 Attachment
12/08

Name
Address Line 1
Address Line 2
City ST/CNTRY ZIP/PstlCode
Province or State (Foreign Only) EIN

Marmon/Keystone Corporation
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 25-1209534

Marmon Water Inc.
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 37-1437580

McKenzie Valve & Machining Company
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 36-4117519

Morgantown-National Supply, Inc.
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 36-4003514

Nylok Corporation
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 38-2262466

Owl Wire and Cable, Inc.
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 36-4335235

# Consolidated Group Member Statement

Form 7004 Attachment
12/08

Name
Address Line 1
Address Line 2
City ST/CNTRY ZIP/PstlCode
Province or State (Foreign Only) EIN

Pan American Screw, Inc.
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 23-2213540

Penn Aluminum International, Inc.
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 59-2744550

Penn Coal Land, Inc.
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 36-3972413

Penn Machine Company
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 36-4031415

Penn Pocahontas Coal Co.
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 25-1209148

Perfection Hy-Test Company
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 57-0835032

# Consolidated Group Member Statement

Form 7004 Attachment
12/08

Name
Address Line 1
Address Line 2
City ST/CNTRY ZIP/PstlCode
Province or State (Foreign Only) EIN

Precision Millwork Settings, LLC
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 84-1450840

Prince Castle, Inc.
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 13-3715616

Procrane Holdings, Inc.
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 35-2208667

Railserve, Inc.
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 58-2145131

RSCC Wire & Cable, Inc.
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 11-2551127

Silver King Refrigeration, Inc.
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 41-1957031

# Consolidated Group Member Statement

Form 7004 Attachment
12/08

Name
Address Line 1
Address Line 2
City ST/CNTRY ZIP/PstlCode
Province or State (Foreign Only) EIN

Sterling Crane, Inc.
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 37-1484087

Store Opening Solutions, Inc.
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 62-1728778

Streater, Inc.
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 36-4357172

T I Financial Services, Inc.
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 63-1249981

Thorco Industries, Inc.
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 36-3257622

Tiger-Sunbelt Industries, Inc.
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 62-1750872

# Consolidated Group Member Statement

Form 7004 Attachment
12/08

Name
Address Line 1
Address Line 2
City ST/CNTRY ZIP/PstlCode
Province or State (Foreign Only) EIN

Trackmobile, Inc.
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 36-4336123

TRH Holding Corp.
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 35-2281514

Triangle Suspension Systems, Inc.
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 62-1717916

TSE Brakes, Inc.
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 36-4642937

Unarco Industries, Inc.
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 52-2166647

Uni-Form Components Company
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 76-0422418

# Consolidated Group Member Statement

Form 7004 Attachment
12/08

Name
Address Line 1
Address Line 2
City ST/CNTRY ZIP/PstlCode
Province or State (Foreign Only) EIN

Union Tank Car Company
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 36-3104688

UTLX China Manufacturing Company
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 20-8330924

UTLX Manufacturing, Inc.
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 20-1731226

UTLX Repair Services, Inc.
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 36-3922076

WCTU Railway Company
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 93-6010433

Webb Wheel Products, Inc.
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 36-3739982

# Consolidated Group Member Statement

Form 7004 Attachment
12/08

Name
Address Line 1
Address Line 2
City ST/CNTRY ZIP/PstlCode
Province or State (Foreign Only) EIN

Wells Lamont Corporation
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 36-4264748

Wells Lamont Industry Group
181 West Madison Street
Ste 2600
Chicago IL 60602-4510 36-3454715

cerro
Flow Products LLC®

Always Moving Forward.®

Corporate Headquarters
PO Box 66800
St. Louis, MO 63166-6800
888-237-7611 | 618-337-6000
cerroflow.com

October 14, 2010

To: Rubin Brown LLP,

I, as plan administrator, verify that the explanation that is reproduced below is the explanation concerning your termination reported on the Schedule C (Form 5500) attached to the 2009 Annual Return/Report Form 5500 for the Cerro Flow Products, Inc. (St. Louis Works) Hourly Employees' (USW) Retirement Plan. This Form 5500 is identified in line 2b by the nine-digit EIN 37-1225456, and in line 1b by the three digit PN 002.

Explanation: Resigned Duties

You have the opportunity to comment to the Department of Labor concerning any aspect of this explanation. Comments should include the name, EIN, and PN of the plan and be submitted to:

Office of Enforcement
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, D.C. 20210.

Signature of Plan Administrator

Date 10/14/10