

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2009
		This Form is Open to Public Inspection

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

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>RETIREMENT PLAN FOR LEOPOLD CO., INC. FOR HOURLY PAID EMPLOYEES</u>	1b Three-digit plan number (PN) ► <u>053</u> 1c Effective date of plan <u>01/01/1951</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>ITT CORPORATION C/O F.B. LEOPOLD COMPANY, INC.</u> <u>1133 WESTCHESTER AVENUE</u> <u>WHITE PLAINS, NY 10604</u>	2b Employer Identification Number (EIN) <u>13-5158950</u> 2c Sponsor's telephone number <u>914-641-2000</u> 2d Business code (see instructions) <u>333200</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/07/2010</u>	<u>SHERRI MAGILL</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>11/03/2010</u>	<u>JANICE KLETTNER</u>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") F.B. LEOPOLD COMPANY, INC. 227 S. DIVISION STREET ZELIENOPLE, PA 16063	3b Administrator's EIN 36-3193091 3c Administrator's telephone number 724-452-6300
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	79
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	37
b Retired or separated participants receiving benefits.....	6b	9
c Other retired or separated participants entitled to future benefits.....	6c	24
d Subtotal. Add lines 6a , 6b , and 6c	6d	70
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	5
f Total. Add lines 6d and 6e	6f	75
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1A 1G 3H

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

A Name of plan <u>RETIREMENT PLAN FOR LEOPOLD CO., INC. FOR HOURLY PAID EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>053</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ITT CORPORATION C/O F.B. LEOPOLD COMPANY, INC.</u>	D Employer Identification Number (EIN) <u>13-5158950</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>
2	Assets:
a	Market value 2a <u>1699729</u>
b	Actuarial value 2b <u>1869701</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>14</u> <u>621209</u>
b	For terminated vested participants 3b <u>26</u> <u>285465</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>28824</u>
(2)	Vested benefits 3c(2) <u>938321</u>
(3)	Total active 3c(3) <u>39</u> <u>967145</u>
d	Total 3d <u>79</u> <u>1873819</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>8.09</u> %
6	Target normal cost 6 <u>75436</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>10/05/2010</u>
Signature of actuary	Date
<u>BARBARA H. VAUGHAN</u>	<u>08-04686</u>
Type or print name of actuary	Most recent enrollment number
<u>BUCK CONSULTANTS, LLC</u>	<u>201-902-2300</u>
Firm name	Telephone number (including area code)
<u>500 PLAZA DRIVE</u> <u>SECAUCUS, NJ 07096-1533</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8).....	0	0
10 Interest on item 9 using prior year's actual return of <u>-16.93</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>6.16</u> %		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance.....		0
12 Reduction in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	0

Part III Funding percentages		
14 Funding target attainment percentage.....	14	99.78 %
15 Adjusted funding target attainment percentage.....	15	99.78 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	87.08 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/09/2009	6494				
04/14/2009	31000				
07/15/2009	30224				
10/15/2009	18500				
12/21/2009	66000				
			Totals ►	18(b) 152218	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	144410
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:		

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

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

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

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	75436
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	4118	6267
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	81703
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	81703
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	144410
38 Interest-adjusted excess contributions for current year (see instructions).....	38	62707
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

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

<div>SCHEDULE I (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Financial Information—Small Plan 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.</div>	<div>OMB No. 1210-0110 2009 This Form is Open to Public Inspection</div>
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan RETIREMENT PLAN FOR LEOPOLD CO., INC. FOR HOURLY PAID EMPLOYEES		B Three-digit plan number (PN) ▶ 053
C Plan sponsor's name as shown on line 2a of Form 5500 ITT CORPORATION C/O F.B. LEOPOLD COMPANY, INC.		D Employer Identification Number (EIN) 13-5158950

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.

1 Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
a Total plan assets	1a	1861426	2110484
b Total plan liabilities	1b		
c Net plan assets (subtract line 1b from line 1a)	1c	1861426	2110484
2 Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
a Contributions received or receivable:			
(1) Employers	2a(1)	152218	
(2) Participants	2a(2)		
(3) Others (including rollovers)	2a(3)		
b Noncash contributions	2b		
c Other income	2c	189014	
d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		341232
e Benefits paid (including direct rollovers)	2e	92174	
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Administrative service providers (salaries, fees, and commissions)	2h		
i Other expenses	2i		
j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	2j		92174
k Net income (loss) (subtract line 2j from line 2d)	2k		249058
l Transfers to (from) the plan (see instructions)	2l		

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

		Yes	No	Amount
a Partnership/joint venture interests	3a		X	
b Employer real property	3b		X	
c Real estate (other than employer real property)	3c		X	
d Employer securities	3d		X	
e Participant loans	3e		X	

	Yes	No	Amount
3f Loans (other than to participants)		X	
g Tangible personal property		X	

Part II	Compliance Questions
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4 During the plan year:	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)		X	
e Was the plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?		X	
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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			

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

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

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

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

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

A Name of plan <u>RETIREMENT PLAN FOR LEOPOLD CO., INC. FOR HOURLY PAID EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>053</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ITT CORPORATION C/O F.B. LEOPOLD COMPANY, INC.</u>	D Employer Identification Number (EIN) <u>13-5158950</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>36-1561860</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>3</u>

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

- 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): _____

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

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

A Name of plan RETIREMENT PLAN FOR LEOPOLD CO., INC. FOR HOURLY		B Three-digit plan number (PN) ▶ 053
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ITT Corporation		D Employer Identification Number (EIN) 13-5158950
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value.....		2a	1,699,729
b Actuarial value.....		2b	1,869,701
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment		3a	14
b For terminated vested participants		3b	26
c For active participants:			
(1) Non-vested benefits.....		3c(1)	28,824
(2) Vested benefits.....		3c(2)	938,321
(3) Total active		3c(3)	39
d Total.....		3d	79
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate.....		5	8.09 %
6 Target normal cost.....		6	75,436

Statement by Enrolled Actuary

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

SIGN HERE	(signed) BARBARA H. VAUGHAN	10/05/2010
Signature of actuary		Date
Barbara H. Vaughan		08-04686
Type or print name of actuary		Most recent enrollment number
Buck Consultants, LLC		(201) 902-2300
Firm name		Telephone number (including area code)
500 Plaza Drive		
Secaucus NJ 07096-1533		
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐**For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.****Schedule SB (Form 5500) 2009
v.092308.1**

Part II	Beginning of year carryover and prefunding balances	(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	0	0
10	Interest on item 9 using prior year's actual return of <u>(16.93)</u> %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.16</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	0

Part III	Funding percentages		
14	Funding target attainment percentage.....	14	99.78 %
15	Adjusted funding target attainment percentage.....	15	99.78 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	87.08 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV	Contributions and liquidity shortfalls				
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/09/2009	6,494				
04/14/2009	31,000				
07/15/2009	30,224				
10/15/2009	18,500				
12/21/2009	66,000				
			Totals ▶	18(b)	152,218
				18(c)	0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:			
a	Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	144,410
20 Quarterly contributions and liquidity shortfalls:			
a	Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b	If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c	If 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

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

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	75,436
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	4,118	6,267
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33).....	34	81,703
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	81,703
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	144,410
38 Interest-adjusted excess contributions for current year (see instructions).....	38	62,707
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

RETIREMENT PLAN FOR LEOPOLD CO., INC. FOR HOURLY PAID EMPLOYEES
EIN/PN: 13-5158950 / 053

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

This age is derived by applying, for an employee with the characteristics of an average new entrant to the plan, the following formula, modified so that the “½” is not used for t = FRA-ERA.

$$\sum_{t=0}^{FRA-ERA} ({}_t p_{ERA}) * (q_{ERA+t}^r) * (ERA + t + \frac{1}{2})$$

$$\sum_{t=0}^{FRA-ERA} ({}_t p_{ERA}) * (q_{ERA+t}^r)$$

where

FRA = age by which everyone is assumed to retire
 ERA = age before which nobody is assumed to retire
 ${}_t p_{ERA}$ = probability of surviving at work to age ERA + t
 q_{ERA+t}^r = probability of retiring at age ERA + t

Probability of

<u>Age</u>	<u>Normal Retirement</u>	<u>Early Retirement</u>	<u>Disability</u>
40			0.04%
41			0.04
42			0.04
43			0.05
44			0.06
45			0.08
46			0.11
47			0.13
48			0.15
49			0.18
50			0.21
51			0.25
52			0.29
53			0.34
54			0.39
55		5.00%	0.45
56		5.00	0.52
57		5.00	0.61
58		5.00	0.71
59		6.00	0.84
60		7.00	1.01
61		10.00	1.21
62		20.00	1.44
63		10.00	1.70
64		15.00	2.00
65	70.00%		
66	30.00		
67	30.00		
68	30.00		
69	30.00		
70	100.00		

RETIREMENT PLAN FOR LEOPOLD CO., INC. FOR HOURLY PAID EMPLOYEES
EIN/PN: 13-5158950 / 053

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

Prescribed Funding Assumptions and Methods

Funding discount rates

Current Year:	Yield Curve applicable 2 months prior to the valuation date.	
	Effective Interest Rate	8.09%
Prior Year:	First Segment Rate	5.31%
	Second Segment Rate	5.92%
	Third Segment Rate	6.43%
	Effective Interest Rate	6.16%

Mortality

RP-2000 Mortality Table, with projections specified by IRS Proposed Reg. Section 1.430(h)(3)-1, using a combined static mortality table for both annuitants and non-annuitants.

Actuarial cost method

Unit Credit Method. The Funding Target is the present value of accrued benefits and based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan related expenses to be paid from plan assets during the year.

RETIREMENT PLAN FOR LEOPOLD CO., INC. FOR HOURLY PAID EMPLOYEES
EIN/PN: 13-5158950 / 053

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

Non-Prescribed Funding Assumptions and Methods

Expenses

Expected plan related expenses of \$32,655 were added to Target Normal Cost.

Frequency of optional payment forms

70% of future retirees and terminations are assumed to take a Joint and Survivor 50% Option. Those future retirees who are assumed not to take a Joint and Survivor 50% Option are assumed to take a life annuity, Joint and Survivor 75%, or 100% Option with equal probability. Those terminations who are assumed not to take a Joint and Survivor 50% Option are assumed that 10% will take a life annuity and 20% will take a Joint and Survivor 75% Option.

Marital percentage

85% of participants are assumed to be married at death. Husbands are assumed to be 3 years older.

Retirement rates

Age	Assumption
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	6.00%
60	7.00%
61	10.00%
62	20.00%
63	10.00%
64	15.00%
65	70.00%
66	30.00%
67	30.00%
68	30.00%
69	30.00%
70	100.00%

RETIREMENT PLAN FOR LEOPOLD CO., INC. FOR HOURLY PAID EMPLOYEES
EIN/PN: 13-5158950 / 053

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

Disability rates

Age	Rates
25	0.03%
30	0.03%
35	0.03%
40	0.04%
45	0.08%
50	0.21%
55	0.45%
60	1.01%
65	0.00%

Withdrawal rates⁽¹⁾

Age	Rates
25	8.36%
30	6.30%
35	4.77%
40	3.76%
45	3.00%
50	2.35%
55	2.03%
60	2.30%
65	0.00%

The rates shown are the ultimate withdrawal rates for participants with 3 or more years of service. For ages 45 or less, the rates for the first, second, and third year of employment are the above multiplied by 1.838 plus 0.034, 1.393 plus 0.0056 and 1.240 minus 0.0046, respectively.

⁽¹⁾ For active participants not eligible for retirement.

RETIREMENT PLAN FOR LEOPOLD CO., INC. FOR HOURLY PAID EMPLOYEES
EIN/PN: 13-5158950 / 053

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

Asset valuation method

The Valuation Assets are determined using a method that spreads asset gains/(losses) over 8 quarters. The gain/(loss) for each period is determined as the actual return during the period less the expected return based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third segment rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value. The discounted value of accrued contributions, if any, is included in the Valuation Assets.

The expected return on plan assets is 9.00% per annum, limited by PPA to the applicable Third Segment Rate as follows:

2008 measurement period:	6.43%
2007 measurement period:	6.09%

RETIREMENT PLAN FOR LEOPOLD CO., INC. FOR HOURLY PAID EMPLOYEES
EIN/PN: 13-5158950 / 053

Schedule SB, Part V - Summary of Plan Provisions

Plan Effective Date

January 1, 1951

Last Amended

January 1, 2008

Eligibility

Minimum hours worked: 62.

Entry Date

Effective May 1, 2007, there shall be no further employees eligible to participate in this plan.

Annual compensation

Actual compensation prior to NRD. Compensation is not to exceed \$180,000 for 2002 and 2003, \$170,000 for 2001 and 2000, and \$160,000 in 1999, 1998 and 1997 or \$150,000 in any prior year. For accrued benefits as of 12/31/1993, compensation is not to exceed \$200,000 for 1989 or earlier; \$209,200 for 1990; \$222,220 for 1991; \$228,860 for 1992; and \$235,840 for 1993.

Normal Retirement Pension

Eligibility

Age 65 and 5 years of service.

Basic Monthly Benefit

For each year of service, monthly benefit at retirement as follows:

Annual Rate of Compensation	Annual Benefit Accrual
\$24,800 but less than \$25,400	\$20.50
\$25,400 but less than \$26,000	\$21.00
\$26,000 but less than \$26,600	\$21.50
\$26,600 but less than \$27,200	\$22.00
\$27,200 but less than \$27,800	\$22.50
\$27,800 but less than \$28,400	\$23.00
As of May 1, 1998, for Plan Years beginning on or after January 1, 1999 – the following will also apply:	
\$28,400 but less than \$29,000	\$23.50
\$29,000 but less than \$29,600	\$24.00
\$29,600 but less than \$30,200	\$24.50
\$30,200 but less than \$30,800	\$25.00
\$30,800 but less than \$31,400	\$25.50
\$31,400 and over	\$26.00

RETIREMENT PLAN FOR LEOPOLD CO., INC. FOR HOURLY PAID EMPLOYEES
EIN/PN: 13-5158950 / 053

Schedule SB, Part V - Summary of Plan Provisions

As of May 1, 2003, for Plan Years beginning on or after January 1, 2004 – the following will also apply:	
\$32,000 but less than \$32,600	\$26.50
\$32,600 but less than \$33,200	\$27.00
\$33,200 but less than \$33,800	\$27.50
\$33,800 and over	\$28.00

Early Retirement Pension

Eligibility

Age 55 and 10 years of vesting service.

Benefit

The benefit is reduced by 4% for each year by which retirement age precedes normal retirement age.

Disability Retirement Pension

Eligibility

10 years of service.

Benefit

1 times the current monthly accrued retirement benefit.

Deferred Vested Pension:

Eligibility

100% vesting after five years.

Benefit

The accrued benefit.

Spouse's Benefit

Eligibility

Death upon completion of 5 years of service.

Benefit

Qualified 50% joint and survivor annuity is payable to the surviving spouse, unless waived with spousal consent.

Death Benefit

Eligibility

The beneficiary or beneficiaries of a Participant who is in receipt of benefits from the Plan under Normal, Early, Late, or Disability Retirement.

Benefit

Additional lump sum death benefit equal to \$2,500.

RETIREMENT PLAN FOR LEOPOLD CO., INC. FOR HOURLY PAID EMPLOYEES
EIN/PN: 13-5158950 / 053

Schedule SB, Part V - Summary of Plan Provisions

Normal Form of Benefit

Single

Life annuity.

Married

Reduced qualified 50% joint and survivorship annuity.

RETIREMENT PLAN FOR LEOPOLD CO., INC. FOR HOURLY PAID EMPLOYEES
EIN/PN: 13-5158950 / 053

Schedule SB, line 24- Change in Actuarial Assumptions

Expected plan related expenses were added to Target Normal Cost.

RETIREMENT PLAN FOR LEOPOLD CO., INC. FOR HOURLY PAID EMPLOYEES
EIN/PN: 13-5158950/ 053

Schedule SB, line 25 – Change in Method

The asset method changed to a method that spreads asset gains/(losses) over 8 quarters. The funding discount rate was changed to the yield curve applicable 2 months prior to the valuation date.

RETIREMENT PLAN FOR LEOPOLD CO., INC. FOR HOURLY PAID EMPLOYEES
EIN/PN: 13-5158950 / 053

Schedule SB, Line 26 - Schedule of Active Participant Data

AGE	CREDITED SERVICE										Total
	< 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40+	
< 25	0	0	0	0	0	0	0	0	0	0	0
25 - 29	0	0	1	0	0	0	0	0	0	0	1
30 - 34	0	0	1	1	0	0	0	0	0	0	2
35 - 39	0	0	1	0	0	0	0	0	0	0	1
40 - 44	0	0	5	2	0	0	0	0	0	0	7
45 - 49	0	0	4	1	1	4	1	1	0	0	12
50 - 54	0	0	0	0	2	0	1	2	0	0	5
55 - 59	0	0	0	0	0	1	2	1	1	0	5
60 - 64	0	0	0	0	1	0	0	2	2	1	6
65 - 69	0	0	0	0	0	0	0	0	0	0	0
70+	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	12	4	4	5	4	6	3	1	39

RETIREMENT PLAN FOR LEOPOLD CO., INC. FOR HOURLY PAID EMPLOYEES
EIN/PN: 13-5158950 / 053

Schedule SB, line 32 – Schedule of Amortization Bases

<u>Type of Base</u>	<u>Present Value of any remaining installments</u>	<u>Valuation Date the base was established</u>	<u>Number of years remaining in the amortization period</u>	<u>Amortization installment</u>
1. Shortfall	252,952	1/1/2008	6	50,422
2. Shortfall	(248,834)	1/1/2009	7	(44,155)

RETIREMENT PLAN FOR LEOPOLD CO., INC. FOR HOURLY PAID EMPLOYEES
EIN/PN: 13-5158950 / 053

Schedule SB, line 21- Discount Rate

The discount rate is full yield curve with a 2 month lookback. Line 21b is left blank because EFAST2 generates an error when 2 appears in line 21b and Full Yield Curve is checked in line 21a.

RETIREMENT PLAN FOR LEOPOLD CO., INC. FOR HOURLY PAID EMPLOYEES
EIN/PN: 13-5158950 / 053

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

This age is derived by applying, for an employee with the characteristics of an average new entrant to the plan, the following formula, modified so that the “½” is not used for t = FRA-ERA.

$$\sum_{t=0}^{FRA-ERA} ({}_t p_{ERA}) * (q_{ERA+t}^r) * (ERA + t + \frac{1}{2})$$

$$\sum_{t=0}^{FRA-ERA} ({}_t p_{ERA}) * (q_{ERA+t}^r)$$

where

FRA = age by which everyone is assumed to retire
 ERA = age before which nobody is assumed to retire
 ${}_t p_{ERA}$ = probability of surviving at work to age ERA + t
 q_{ERA+t}^r = probability of retiring at age ERA + t

Probability of

<u>Age</u>	<u>Normal Retirement</u>	<u>Early Retirement</u>	<u>Disability</u>
40			0.04%
41			0.04
42			0.04
43			0.05
44			0.06
45			0.08
46			0.11
47			0.13
48			0.15
49			0.18
50			0.21
51			0.25
52			0.29
53			0.34
54			0.39
55		5.00%	0.45
56		5.00	0.52
57		5.00	0.61
58		5.00	0.71
59		6.00	0.84
60		7.00	1.01
61		10.00	1.21
62		20.00	1.44
63		10.00	1.70
64		15.00	2.00
65	70.00%		
66	30.00		
67	30.00		
68	30.00		
69	30.00		
70	100.00		

RETIREMENT PLAN FOR LEOPOLD CO., INC. FOR HOURLY PAID EMPLOYEES
EIN/PN: 13-5158950 / 053

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

Prescribed Funding Assumptions and Methods

Funding discount rates

Current Year:	Yield Curve applicable 2 months prior to the valuation date.	
	Effective Interest Rate	8.09%
Prior Year:	First Segment Rate	5.31%
	Second Segment Rate	5.92%
	Third Segment Rate	6.43%
	Effective Interest Rate	6.16%

Mortality

RP-2000 Mortality Table, with projections specified by IRS Proposed Reg. Section 1.430(h)(3)-1, using a combined static mortality table for both annuitants and non-annuitants.

Actuarial cost method

Unit Credit Method. The Funding Target is the present value of accrued benefits and based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan related expenses to be paid from plan assets during the year.

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Non-Prescribed Funding Assumptions and Methods

Expenses

Expected plan related expenses of \$32,655 were added to Target Normal Cost.

Frequency of optional payment forms

70% of future retirees and terminations are assumed to take a Joint and Survivor 50% Option. Those future retirees who are assumed not to take a Joint and Survivor 50% Option are assumed to take a life annuity, Joint and Survivor 75%, or 100% Option with equal probability. Those terminations who are assumed not to take a Joint and Survivor 50% Option are assumed that 10% will take a life annuity and 20% will take a Joint and Survivor 75% Option.

Marital percentage

85% of participants are assumed to be married at death. Husbands are assumed to be 3 years older.

Retirement rates

Age	Assumption
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	6.00%
60	7.00%
61	10.00%
62	20.00%
63	10.00%
64	15.00%
65	70.00%
66	30.00%
67	30.00%
68	30.00%
69	30.00%
70	100.00%

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Disability rates

Age	Rates
25	0.03%
30	0.03%
35	0.03%
40	0.04%
45	0.08%
50	0.21%
55	0.45%
60	1.01%
65	0.00%

Withdrawal rates⁽¹⁾

Age	Rates
25	8.36%
30	6.30%
35	4.77%
40	3.76%
45	3.00%
50	2.35%
55	2.03%
60	2.30%
65	0.00%

The rates shown are the ultimate withdrawal rates for participants with 3 or more years of service. For ages 45 or less, the rates for the first, second, and third year of employment are the above multiplied by 1.838 plus 0.034, 1.393 plus 0.0056 and 1.240 minus 0.0046, respectively.

⁽¹⁾ For active participants not eligible for retirement.

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Asset valuation method

The Valuation Assets are determined using a method that spreads asset gains/(losses) over 8 quarters. The gain/(loss) for each period is determined as the actual return during the period less the expected return based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third segment rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value. The discounted value of accrued contributions, if any, is included in the Valuation Assets.

The expected return on plan assets is 9.00% per annum, limited by PPA to the applicable Third Segment Rate as follows:

2008 measurement period:	6.43%
2007 measurement period:	6.09%

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Schedule SB, Part V - Summary of Plan Provisions

Plan Effective Date

January 1, 1951

Last Amended

January 1, 2008

Eligibility

Minimum hours worked: 62.

Entry Date

Effective May 1, 2007, there shall be no further employees eligible to participate in this plan.

Annual compensation

Actual compensation prior to NRD. Compensation is not to exceed \$180,000 for 2002 and 2003, \$170,000 for 2001 and 2000, and \$160,000 in 1999, 1998 and 1997 or \$150,000 in any prior year. For accrued benefits as of 12/31/1993, compensation is not to exceed \$200,000 for 1989 or earlier; \$209,200 for 1990; \$222,220 for 1991; \$228,860 for 1992; and \$235,840 for 1993.

Normal Retirement Pension

Eligibility

Age 65 and 5 years of service.

Basic Monthly Benefit

For each year of service, monthly benefit at retirement as follows:

Annual Rate of Compensation	Annual Benefit Accrual
\$24,800 but less than \$25,400	\$20.50
\$25,400 but less than \$26,000	\$21.00
\$26,000 but less than \$26,600	\$21.50
\$26,600 but less than \$27,200	\$22.00
\$27,200 but less than \$27,800	\$22.50
\$27,800 but less than \$28,400	\$23.00
As of May 1, 1998, for Plan Years beginning on or after January 1, 1999 – the following will also apply:	
\$28,400 but less than \$29,000	\$23.50
\$29,000 but less than \$29,600	\$24.00
\$29,600 but less than \$30,200	\$24.50
\$30,200 but less than \$30,800	\$25.00
\$30,800 but less than \$31,400	\$25.50
\$31,400 and over	\$26.00

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Schedule SB, Part V - Summary of Plan Provisions

As of May 1, 2003, for Plan Years beginning on or after January 1, 2004 – the following will also apply:	
\$32,000 but less than \$32,600	\$26.50
\$32,600 but less than \$33,200	\$27.00
\$33,200 but less than \$33,800	\$27.50
\$33,800 and over	\$28.00

Early Retirement Pension

Eligibility

Age 55 and 10 years of vesting service.

Benefit

The benefit is reduced by 4% for each year by which retirement age precedes normal retirement age.

Disability Retirement Pension

Eligibility

10 years of service.

Benefit

1 times the current monthly accrued retirement benefit.

Deferred Vested Pension:

Eligibility

100% vesting after five years.

Benefit

The accrued benefit.

Spouse's Benefit

Eligibility

Death upon completion of 5 years of service.

Benefit

Qualified 50% joint and survivor annuity is payable to the surviving spouse, unless waived with spousal consent.

Death Benefit

Eligibility

The beneficiary or beneficiaries of a Participant who is in receipt of benefits from the Plan under Normal, Early, Late, or Disability Retirement.

Benefit

Additional lump sum death benefit equal to \$2,500.

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Schedule SB, Part V - Summary of Plan Provisions

Normal Form of Benefit

Single

Life annuity.

Married

Reduced qualified 50% joint and survivorship annuity.

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Schedule SB, line 24- Change in Actuarial Assumptions

Expected plan related expenses were added to Target Normal Cost.

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Schedule SB, line 25 – Change in Method

The asset method changed to a method that spreads asset gains/(losses) over 8 quarters. The funding discount rate was changed to the yield curve applicable 2 months prior to the valuation date.

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Schedule SB, Line 26 - Schedule of Active Participant Data

AGE	CREDITED SERVICE										Total
	< 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40+	
< 25	0	0	0	0	0	0	0	0	0	0	0
25 - 29	0	0	1	0	0	0	0	0	0	0	1
30 - 34	0	0	1	1	0	0	0	0	0	0	2
35 - 39	0	0	1	0	0	0	0	0	0	0	1
40 - 44	0	0	5	2	0	0	0	0	0	0	7
45 - 49	0	0	4	1	1	4	1	1	0	0	12
50 - 54	0	0	0	0	2	0	1	2	0	0	5
55 - 59	0	0	0	0	0	1	2	1	1	0	5
60 - 64	0	0	0	0	1	0	0	2	2	1	6
65 - 69	0	0	0	0	0	0	0	0	0	0	0
70+	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	12	4	4	5	4	6	3	1	39

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Schedule SB, line 32 – Schedule of Amortization Bases

<u>Type of Base</u>	<u>Present Value of any remaining installments</u>	<u>Valuation Date the base was established</u>	<u>Number of years remaining in the amortization period</u>	<u>Amortization installment</u>
1. Shortfall	252,952	1/1/2008	6	50,422
2. Shortfall	(248,834)	1/1/2009	7	(44,155)

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Schedule SB, line 21- Discount Rate

The discount rate is full yield curve with a 2 month lookback. Line 21b is left blank because EFAST2 generates an error when 2 appears in line 21b and Full Yield Curve is checked in line 21a.