

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2009 or fiscal plan year beginning <u>02/01/2009</u> and ending <u>01/31/2010</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 PENSION PLAN FOR EMPLOYEES OF THE ALUMINUM INDUSTRY AND ALLIED INDUSTRIES OF THE GREATER YOUNGSTOWN, OH METROPOLITAN AREA	1b Three-digit plan number (PN) ►	001	
	1c Effective date of plan	02/01/1963	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) AEROLITE EXTRUSION COMPANY 4605 LAKE PARK ROAD YOUNGSTOWN, OH 44512	2b Employer Identification Number (EIN) 34-0753634	2c Sponsor's telephone number 330-782-1127	2d Business code (see instructions) 332900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	11/07/2010	ELENA COUZENS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	11/08/2010	DAVE CAMACCI
	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") ADMIN BRD OF THE PENSION PLAN FOR EMPLOYEES OF ALUMINUM IND & ALLIED SQUARE ONE CENTER 950 YOUNGSTOWN-WARREN ROAD, SUITE A NILES, OH 44446	3b Administrator's EIN 34-6543277 3c Administrator's telephone number 330-505-9140
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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	119
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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	55
b Retired or separated participants receiving benefits.....	6b	21
c Other retired or separated participants entitled to future benefits.....	6c	35
d Subtotal. Add lines 6a , 6b , and 6c	6d	111
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	4
f Total. Add lines 6d and 6e	6f	115
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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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:
 1B 1G

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 02/01/2009 and ending 01/31/2010

▶ **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 PENSION PLAN FOR EMPLOYEES OF THE ALUMINUM INDUSTRY AND ALLIED INDUSTRIES OF THE GREATER YOUNGSTOWN, OH METROPOLITAN AREA	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AEROLITE EXTRUSION COMPANY	D Employer Identification Number (EIN) 34-0753634
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 02 Day 01 Year 2009	
2 Assets:	
a Market value	2a 2034522
b Actuarial value	2b 2237974
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a 26 1239914
b For terminated vested participants	3b 36 360342
c For active participants:	
(1) Non-vested benefits	3c(1) 16849
(2) Vested benefits	3c(2) 1467938
(3) Total active	3c(3) 57 1484787
d Total	3d 119 3085043
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 8.20 %
6 Target normal cost	6 65073

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		11/05/2010
Signature of actuary		Date
DON J. BOETGER		08-03998
Type or print name of actuary		Most recent enrollment number
BOETGER & ASSOCIATES, INC.		814-455-4550
Firm name		Telephone number (including area code)
1030 STATE STREET, SUITE 2 ERIE, PA 16501		
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)	5158	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).....	5158	0
10	Interest on item 9 using prior year's actual return of <u>-26.46</u> %	-1365	
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>6.13</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.....		
12	Reduction in balances due to elections or deemed elections.....	0	
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	3793	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	72.41 %
15	Adjusted funding target attainment percentage.....	15	72.42 %
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	71.00 %
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
05/11/2009	59129				
08/14/2009	59129				
11/13/2009	41432				
02/12/2010	53230				
03/15/2010	37079				
			Totals ►	18(b)	249999
				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 236579
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 64
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	65073
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	850862	171506
b Waiver amortization installment		
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	236579
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	236579
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	236579
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 02/01/2009 and ending 01/31/2010		
A Name of plan PENSION PLAN FOR EMPLOYEES OF THE ALUMINUM INDUSTRY AND ALLIED INDUSTRIES OF THE GREATER YOUNGSTOWN, OH METROPOLITAN AREA		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 AEROLITE EXTRUSION COMPANY		D Employer Identification Number (EIN) 34-0753634

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

PACKER THOMAS

6 FEDERAL PLAZA CENTRAL, SUITE 1000
YOUNGSTOWN, OH 44503

34-1667340

(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?
10	NONE	5526	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	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:

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 02/01/2009 and ending 01/31/2010					
A Name of plan PENSION PLAN FOR EMPLOYEES OF THE ALUMINUM INDUSTRY AND ALLIED INDUSTRIES OF THE GREATER YOUNGSTOWN, OH METROPOLITAN AREA				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 AEROLITE EXTRUSION COMPANY				D Employer Identification Number (EIN) 34-0753634	
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: FTC -ALUMINUM IND. PENSION PLAN					
b Name of sponsor of entity listed in (a): FARMERS TRUST COMPANY					
c EIN-PN 34-1853512-000		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2333899	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in	

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**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 <u>02/01/2009</u> and ending <u>01/31/2010</u>		
A Name of plan <u>PENSION PLAN FOR EMPLOYEES OF THE ALUMINUM INDUSTRY AND ALLIED INDUSTRIES OF THE GREATER YOUNGSTOWN, OH METROPOLITAN AREA</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AEROLITE EXTRUSION COMPANY</u>	D Employer Identification Number (EIN) <u>34-0753634</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	87621	90309
	(2) Participant contributions	1b(2)		
	(3) Other	1b(3)	5312	11403
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1058633	213683
	(2) U.S. Government securities	1c(2)	218180	339356
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)	189009	608917
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)	477291	746216
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	324015
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2036046	2333899

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2036046	2333899
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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)	249999	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		249999
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		246695
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		496694

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	168612	
(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)		168612
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)	12798	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	4079	
(4) Other	2i(4)	13352	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		30229
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		198841

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		297853
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) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: PACKER THOMAS

(2) EIN: 34-1667340

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		400000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

For calendar plan year 2009 or fiscal plan year beginning 02/01/2009 and ending 01/31/2010

A Name of plan <u>PENSION PLAN FOR EMPLOYEES OF THE ALUMINUM INDUSTRY AND ALLIED INDUSTRIES OF THE GREATER YOUNGSTOWN, OH METROPOLITAN AREA</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AEROLITE EXTRUSION COMPANY</u>	D Employer Identification Number (EIN) <u>34-0753634</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>34-1853512</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

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

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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PENSION PLAN FOR EMPLOYEES
OF THE ALUMINUM INDUSTRY
AND ALLIED INDUSTRIES
OF THE GREATER YOUNGSTOWN, OHIO
METROPOLITAN AREA-AEROLITE
EXTRUSION COMPANY

AUDITED FINANCIAL STATEMENTS

Years ended January 31, 2010 and 2009

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REPORT OF INDEPENDENT AUDITORS

ADMINISTRATIVE BOARD
PENSION PLAN FOR EMPLOYEES OF THE ALUMINUM INDUSTRY AND ALLIED
INDUSTRIES OF THE GREATER YOUNGSTOWN, OHIO METROPOLITAN AREA-
AEROLITE EXTRUSION COMPANY
YOUNGSTOWN, OHIO

We were engaged to audit the financial statements of the Pension Plan for Employees of the Aluminum Industry and Allied Industries of the Greater Youngstown, Ohio Metropolitan Area-Aerolite Extrusion Company (the "Plan") as of January 31, 2010 and 2009 and for the years then ended, and the supplemental schedules as of and for the year ended January 31, 2010 as listed in the accompanying index. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Administrative Board instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Farmers Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. Farmers Trust Company held the Plan's investment assets as of January 31, 2010 and 2009 and executed investment transactions for the year ending January 31, 2010 and the period January 1, 2009 to January 31, 2009. We have been informed by the Plan's Administrative Board that National City Bank, Northeast held the Plan's investment assets and executed investment transactions for the period February 1, 2008 to December 31, 2008. The Plan's Administrative Board has obtained a certification from the trustees as of and for the years ended January 31, 2010 and 2009, that the information provided to the Administrative Board by the trustees is complete and accurate.

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



Youngstown, Ohio
November 2, 2010

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**Pension Plan for Employees of the Aluminum Industry and Allied Industries of the
Greater Youngstown, Ohio Metropolitan Area-Aerolite Extrusion Company
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

	January 31,	
	2010	2009
Investments, at fair value		
Cash and cash equivalents	\$ 213,683	\$ 1,058,633
United States Government and Federal Agency securities	339,356	218,180
Corporate bonds	608,917	189,009
Common stock	746,216	477,291
Exchange traded funds	324,015	-
Total	2,232,187	1,943,113
Accrued contribution receivable	90,309	87,621
Accrued investment income	11,403	5,312
NET ASSETS AVAILABLE FOR BENEFITS	\$ 2,333,899	\$ 2,036,046

Pension Plan for Employees of the Aluminum Industry and Allied Industries of the
Greater Youngstown, Ohio Metropolitan Area-Aerolite Extrusion Company

**STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS**

	Years ended January 31,	
	2010	2009
ADDITIONS		
Investment income:		
Net realized and unrealized appreciation (depreciation) in fair value of investments	\$ 197,254	\$ (747,943)
Interest income	35,447	42,927
Dividend income	13,995	17,397
Total investment income	246,696	(687,619)
Employer contributions	249,999	247,269
TOTAL ADDITIONS	496,695	(440,350)
DEDUCTIONS		
Benefits paid to participants	168,612	161,800
Administrative expenses	30,230	30,731
TOTAL DEDUCTIONS	198,842	192,531
NET CHANGE	297,853	(632,881)
NET ASSETS FOR BENEFITS AT BEGINNING OF YEAR	2,036,046	2,668,927
NET ASSETS FOR BENEFITS AT END OF YEAR	\$ 2,333,899	\$ 2,036,046

Pension Plan for Employees of the Aluminum Industry and Allied Industries of the Greater Youngstown, Ohio Metropolitan Area-Aerolite Extrusion Company

NOTES TO FINANCIAL STATEMENTS

January 31, 2010 and 2009

NOTE A – DESCRIPTION OF PLAN

The following description of the Plan provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan covering salaried employees hired before February 1, 2007, with benefits frozen as of February 1, 2007, and all employees covered prior to February 1, 2007 under the collective bargaining agreement between Aerolite Extrusion Company (the "Company") and the United Steel Workers of America, SFL-CIO (the "Union") and who did not elect to participate in the Aerolite Extrusion Company 401(k) Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

The Company's funding policy is to make annual contributions to the plan in amounts that are necessary to provide sufficient assets to meet future benefit payments. The Plan has met the minimum funding requirements established by ERISA.

Vesting

Vesting is achieved after a participant has completed five years of continuous service.

Payment of Benefits

Benefit payments are based on years of service and certain rates agreed to between the Company and the Union. Normal retirement age is upon reaching the age of 62 with 5 or more years of participation; early retirement is upon reaching the age of 60 with 15 years of participation. In the event of death of an active employee, the monthly benefit payable to the beneficiary is equal to the survivor's part of the participant's joint and 50% survivor benefit calculated at earliest retirement age, reduced on an actuary equivalent basis for early commencement and for the 50% joint and survivor form of payment.

Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC's guaranty while other benefits may not be provided for at all.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, to vested participants based upon an actuarial calculation.

Pension Plan for Employees of the Aluminum Industry and Allied Industries of the Greater Youngstown, Ohio Metropolitan Area-Aerolite Extrusion Company

NOTES TO FINANCIAL STATEMENTS

January 31, 2010 and 2009

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in net assets during the reporting period. Actual results could differ from those estimates.

Cash Equivalents

Cash equivalents consist of highly-liquid short-term investments with maturities of three months or less at date of purchase.

Investment Valuation

All of the Plan's net assets are invested in the Collective Trust for the Pension Plans for Employees of the Aluminum Industry and Allied Industries of the Greater Youngstown, Ohio Metropolitan Area ("Collective Trust"). As requested by the Department of Labor, investment in the Collective Trust is based upon the Plan's proportionate share of the underlying assets held by the Collective Trust, which are reported at fair value as determined by the trustee. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note D for discussion of fair value measurements.

Within the Collective Trust, purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

Payments of Benefits

Benefits are recorded when paid.

Administrative Expenses

All administrative and recordkeeping fees are paid by the Collective Trust and expenses related to a specific participating plan are allocated to such plan.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump sum distributions, that are attributable under the Plan's provisions to the services rendered by employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. These values have been calculated using an ongoing plan approach which includes the earned portion of retirement, disability, death, and termination benefits.

**Pension Plan for Employees of the Aluminum Industry and Allied Industries of the Greater
Youngstown, Ohio Metropolitan Area-Aerolite Extrusion Company**

NOTES TO FINANCIAL STATEMENTS

January 31, 2010 and 2009

NOTE C – INVESTMENT IN COLLECTIVE TRUST

The Collective Trust was established for the investment of assets of the Plan and several other plans covered under the Union's collective bargaining agreements. Each participating plan has an undivided interest in the Collective Trust.

The investments of the Collective Trust are maintained in a bank-administered trust. Investment decisions are the responsibility of the trustee. Farmers Trust Company held the Collective Trust's investment assets as of January 31, 2010 and 2009 and executed investment transactions for the year ending January 31, 2010 and the period January 1, 2009 to January 31, 2009. National City Bank, Northeast held the Collective Trust's investment assets and executed investment transactions for the period February 1, 2008 to December 31, 2008.

The Administrative Board has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly the trustee of the trust, has certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits as of January 31, 2010 and 2009 and the supplemental Schedule H, line 4i--Schedule of Assets Held at End of Year as of January 31, 2010, the related investment activity reflected in the statements of changes in net assets available for benefits for the years ended January 31, 2010 and 2009, and the information reflected on the schedule of reportable transactions for the year ended January 31, 2010.

The following table presents the condensed financial information of the Collective Trust prepared on the accrual basis of accounting:

	January 31,	
	2010	2009
ASSETS		
Cash and cash equivalents	\$1,734,269	\$9,166,043
United States government and federal agency securities	2,754,245	1,889,089
Corporate bonds	4,942,023	1,636,510
Common stock	6,056,360	4,132,570
Exchange traded funds	2,629,734	-
	18,116,631	16,824,212
Other assets	861,874	373,720
Indalex, Inc. related plan assets to be distributed to the PBGC	(9,736,977)	-
NET ASSETS OF PARTICIPATING PLANS	\$ 9,241,528	\$17,197,932

**Pension Plan for Employees of the Aluminum Industry and Allied Industries of the Greater
Youngstown, Ohio Metropolitan Area-Aerolite Extrusion Company**

NOTES TO FINANCIAL STATEMENTS

January 31, 2010 and 2009

NOTE C – INVESTMENT IN COLLECTIVE TRUST (continued)

Income and expense of the Collective Trust is as follows:

	Years ended January 31,	
	2010	2009
ADDITIONS		
Investment income:		
Net realized and unrealized appreciation (depreciation) of investments:		
United States government and federal agency securities	\$ (13,836)	\$26,493
Corporate bonds	187,687	(367,223)
Common stock	945,938	(4,353,225)
Exchange traded funds	530,927	(1,856,780)
Interest income	294,836	374,935
Dividend income	116,837	152,417
Total investment income	2,062,389	(6,023,383)
Contributions from participating companies	1,198,555	1,301,688
TOTAL ADDITIONS	3,260,944	(4,721,695)
DEDUCTIONS		
Benefits paid to participants	1,268,200	1,076,999
Transfer of Indalex, Inc. related assets	9,736,977	-
Administrative expenses	212,171	204,421
TOTAL DEDUCTIONS	11,217,348	1,281,420
NET CHANGE	(7,956,404)	(6,003,115)
Net assets of participating plans at beginning of year	17,197,932	23,201,047
NET ASSETS OF PARTICIPATING PLANS AT END OF YEAR	\$ 9,241,528	\$17,197,932

The Plan's share of the Collective Trust's investments, that represent 5% or more of the Plan's net assets are as follows:

	January 31,	
	2010	2009
Federated Ohio Muni Cash	\$ 213,683	\$ -
U.S. Treasury Cash Reserves	-	1,058,632

The Plan's share of the Collective Trust's investments, including gains and losses on investments bought and sold, as well as held during the year appreciated (depreciated) by investment type as follows:

	2010	2009
United States government and federal agency securities	\$ (1,653)	\$ 3,025
Corporate bonds	22,427	(41,928)
Common stock	113,036	(497,038)
Exchange traded funds	63,444	(212,002)
Total	\$ 197,254	\$ (747,943)

**Pension Plan for Employees of the Aluminum Industry and Allied Industries of the Greater
Youngstown, Ohio Metropolitan Area-Aerolite Extrusion Company**

NOTES TO FINANCIAL STATEMENTS

January 31, 2010 and 2009

NOTE C – INVESTMENT IN COLLECTIVE TRUST (continued)

In general, income and expenses of the Collective Trust are allocated to the participating plans based on each plan's relative interest in the assets of the Collective Trust. Contributions, other income, benefit payments, and certain administrative expenses are allocated specifically to each participating plan.

NOTE D – FAIR VALUE MEASUREMENTS

Financial accounting standards establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 fair values are based on unadjusted quoted prices in active markets for identical assets or liabilities. Level 1 assets primarily include exchange traded equity securities, mutual funds and U.S. Treasury bonds. Prices are obtained from readily available sources for market transactions involving identical assets and liabilities.

Fair values for Level 2 inputs are based on inputs other than quoted prices within Level 1 that are observable for the asset, either directly or indirectly. Observable inputs include quoted market prices in active markets for similar assets, quoted prices in markets that are not active for identical or similar assets and other market observable inputs such as interest rate, credit spread and foreign currency exchange rates observable in the marketplace or derived from market transactions. Level 2 assets primarily includes fixed maturity securities (including public and private bonds), equity securities, over-the-counter derivatives, group annuity contracts, pooled separate accounts and other investments. These fair values are generally obtained from third-party pricing services or determined through the use of valuation models or methodologies, including matrix pricing, using substantially all observable inputs. Prices are validated through an investment analyst review process including direct interaction with external sources, recent trade activity or through use of internal models.

Level 3 fair values are based on at least one significant unobservable input for the asset. Level 3 securities contain unobservable market inputs and as a result considerable judgment may be used in determining the fair values. Level 3 assets include certain fixed maturity securities, private equity securities, participant loans and complex derivatives. These fair values are generally obtained through the use of valuation models or methodologies using significant unobservable inputs or broker quotes. In circumstances where broker quotes are used to value an instrument, a nonbinding quote is generally received. Broker quotes are validated through an investment analyst review process, including direct interaction with external sources, through the use of internal models or other relevant information.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at January 31, 2010 and 2009.

Government and federal agency securities: Investments which are traded on a national securities exchange are valued at the last reported sales price on the last business day of the year; investments traded on the over-the-counter market are valued on the last reported bid price.

Corporate bonds: Investments which are not actively traded are valued at the derived price of industry pricing providers on the last business day of the year.

Pension Plan for Employees of the Aluminum Industry and Allied Industries of the Greater
Youngstown, Ohio Metropolitan Area-Aerolite Extrusion Company

NOTES TO FINANCIAL STATEMENTS

January 31, 2010 and 2009

NOTE D – FAIR VALUE MEASUREMENTS (continued)

Common stock: Valued at the closing price reported on the active market on which the individual securities are traded.

Exchange traded funds: Investment fund, holding assets such as stocks and bonds, which is traded in the active market throughout the day and is valued at the closing price reported on the active market.

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

The following tables sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of January 31, 2010 and 2009.

Assets Measured at Fair Value at January 31, 2010 on a Recurring Basis

Description	Level 1	Level 2	Level 3
Cash and cash equivalents	\$ 213,683	\$ -	\$ -
Common stock	746,216	-	-
Government and federal agency securities	339,356	-	-
Corporate bonds	-	608,917	-
Exchange traded funds	324,015	-	-
Total assets at fair value	\$ 1,623,270	\$ 608,917	\$ -

Assets Measured at Fair Value at January 31, 2009 on a Recurring Basis

Description	Level 1	Level 2	Level 3
Cash and cash equivalents	\$ 1,058,633	\$ -	\$ -
Common stock	477,291	-	-
Government and federal agency securities	218,180	-	-
Corporate bonds	-	189,009	-
Total assets at fair value	\$ 1,754,104	\$ 189,009	\$ -

Pension Plan for Employees of the Aluminum Industry and Allied Industries of the Greater Youngstown, Ohio Metropolitan Area-Aerolite Extrusion Company

NOTES TO FINANCIAL STATEMENTS

January 31, 2010 and 2009

NOTE E – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

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

The significant actuarial assumptions used in the valuation as of February 1, 2009 and 2008 were (a) life expectancy of participants (the 2008 Combined Static Mortality Table is used), (b) retirement age assumptions (the assumed average retirement age was 63-1/2), and (c) investment return. The 2009 and 2008 valuations assumed an average rate of return of 7.0%. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The following table presents the Statement of Accumulated Plan Benefits:

	February 1,	
	2009	2008
Actuarial present value of accumulated plan benefits:		
Vested benefits		
Nonactive participants receiving benefits	\$ 1,345,404	\$ 1,305,997
Nonactive participants not receiving benefits	422,333	387,305
Active participants not receiving benefits	1,710,038	1,632,145
	3,477,775	3,325,447
Nonvested benefits of active participants	19,352	25,046
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	\$ 3,497,127	\$ 3,350,493

The following table presents the Statement of Changes in Accumulated Plan Benefits:

	February 1,	
	2009	2008
Actuarial present value of accumulated plan benefits at beginning of year:	\$ 3,350,493	\$3,091,739
Increase (decrease) during the year attributable to:		
Benefits accumulated	80,034	98,748
Interest	228,400	211,113
Benefits paid	(161,800)	(140,002)
Assumption changes	-	35,741
Plan changes	-	53,154
Net increase	146,634	258,754
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR	\$ 3,497,127	\$ 3,350,493

**Pension Plan for Employees of the Aluminum Industry and Allied Industries of the Greater
Youngstown, Ohio Metropolitan Area-Aerolite Extrusion Company**

NOTES TO FINANCIAL STATEMENTS

January 31, 2010 and 2009

NOTE F – TAX STATUS

The Plan obtained its latest IRS determination letter in September 2003, in which the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Administrative Board and the actuary believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

NOTE G – RISK AND UNCERTAINTIES

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

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

NOTE H – TERMINATION OF INDALEX PLANS

On March 20, 2009, Indalex, Inc., one of the participating companies in the Collective Trust, filed for reorganization under the protection of Chapter 11 of the Federal Bankruptcy Code. The Indalex, Inc. plans participating in the Collective Trust are Indalex, Inc.-Girard Extrusion Division, Indalex, Inc.--Niles Extrusion Division, and Aluminum Billets, Inc. (hereinafter collectively referred to as "Indalex Plans"). On July 31, 2009, Indalex Inc. sold substantially all of its assets to a third-party purchaser who did not assume the pension plans. Effective October 30, 2009, the bankruptcy judge approved the conversion of the case from a Chapter 11 to a Chapter 7. The Pension Benefit Guaranty Corporation ("PBGC") terminated the Indalex plans as of July 31, 2009 and the PBGC was appointed trustee on March 23, 2010. Vested benefits of the Indalex Plans are insured by the PBGC subject to certain limitations including a ceiling on the maximum benefits payable which may be lower than what certain Indalex Plan participants would otherwise have received under the Indalex Plans.

At January 31, 2010, the Collective Trust recorded a liability of \$9,736,977 which is the value of the assets allocated to the Indalex Plans as of January 31, 2010, which are to be distributed to the PBGC. In May 2010, a separate trust account was established with the trustee in the name of the Collective Trust and \$8,224,140 in investments were transferred to the new trust account and \$808,909 in cash was transferred in June 2010. On June 25, 2010, \$9,048,964 was transferred from the new trust account to the PBGC. The transfer was comprised of investments of \$7,976,295 and cash of \$1,072,669. The net assets allocated to the Indalex plans were distributed out of the Collective Trust to the new account in accordance with the provisions of the plan documents and actuarial calculations. There was a difference between the amount accrued at January 31, 2010 and the amount transferred to the PBGC in June 2010 as a result of benefit payments being made to the participants from February 1, 2010 through June 2010 and the net realized and unrealized appreciation (depreciation) in fair value of investments from January 31, 2010 to June 2010.

**Pension Plan for Employees of the Aluminum Industry and Allied Industries of the Greater
Youngstown, Ohio Metropolitan Area-Aerolite Extrusion Company**

NOTES TO FINANCIAL STATEMENTS

January 31, 2010 and 2009

NOTE I – SUBSEQUENT EVENTS

Management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through November 2, 2010, which is the date the financial statements were available to be issued. Refer to Note H regarding the termination of the Indalex Plans and the transfer of the Indalex assets to the PBGC in June 2010.

Pension Plan for Employees of the Aluminum Industry and Allied Industries of the
Greater Youngstown, Ohio Metropolitan Area- Aerolite Extrusion Company

**FORM 5500, SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS HELD
AT END OF YEAR**

EIN: 34-0753634

Plan Number: 001

January 31, 2010

(a)	(b)	(c)	(d)	(e)
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	
Federated Ohio Muni Cash	213,683 shares	\$ 213,683	\$ 213,683	
TOTAL CASH AND CASH EQUIVALENTS		213,683	213,683	
Federal Home Loan Bank	2.30%, matures 12/18/12	61,606	61,606	
Federal Home Loan Bank	1.05%, matures 03/09/10	30,803	30,832	
Federal Home Loan Bank	3.25%, matures 02/24/14	30,803	30,861	
Federal Farm Credit Bank	2.00%, matures 01/17/12	30,663	31,366	
Federal National Mortgage Assoc	4.75%, matures 12/15/10	48,288	48,591	
Federal National Mortgage Assoc	3.25%, matures 09/09/14	30,803	31,097	
U.S. Treasury Bond	5.375%, matures 02/15/31	20,374	20,925	
U.S. Treasury Note	6.50%, matures 02/15/10	17,754	16,678	
U.S. Treasury Note	4.25%, matures 08/15/13	16,759	16,131	
U.S. Treasury Note	4.75%, matures 05/15/14	1,315	1,373	
U.S. Treasury Note	4.88%, matures 08/15/16	21,592	22,057	
U.S. Treasury Note	1.63%, matures 01/15/18	25,988	27,839	
TOTAL U.S. GOVERNMENT AND FEDERAL AGENCY SECURITIES		336,748	339,356	
AT&T Incm	4.95%, matures 01/15/13	31,588	33,192	
BP Cap Mkts PLC	3.63%, matures 05/08/14	31,260	32,050	
Caterpillar Financial Services	5.45%, matures 04/15/18	2,073	2,607	
Conocophillips	4.75%, matures 02/01/14	31,511	33,337	
General Electric Co	5.25%, matures 12/6/17	30,630	32,168	
Glaxo Smith Kline	5.65%, matures 5/15/18	33,082	33,539	
Goldman Sachs Group Inc	4.20%, matures 11/15/15	30,803	30,494	
Goldman Sachs Group Inc	4.75%, matures 11/15/17	30,803	29,671	
Hewlett Packard Co	6.13%, matures 03/1/14	33,832	34,837	
JP Morgan Chase & Co	6.00%, matures 01/15/18	30,721	33,280	
JP Morgan Chase & Co	2.13%, matures 06/22/12	30,799	31,510	
Merrill Lynch & Co	6.88%, matures 04/25/18	4,942	5,321	
Morgan Stanley	5.30%, matures 03/01/13	2,064	3,300	
National Rural Utility Corp	3.75%, matures 09/15/10	30,803	31,325	
National Rural Utilities	5.45%, matures 04/10/17	30,073	32,855	
Nationsbank Corp	7.80%, matures 09/15/16	6,686	6,186	
Oracle Corp	5.75%, matures 04/15/18	32,916	33,682	
Pepsico Inc	7.90%, matures 11/01/18	1,844	2,289	
Proctor & Gamble Co	3.50%, matures 02/15/15	31,182	32,034	
SBG Communications Inc	5.63%, matures 06/15/16	31,001	33,848	

Pension Plan for Employees of the Aluminum Industry and Allied Industries of the
Greater Youngstown, Ohio Metropolitan Area- Aerolite Extrusion Company

**FORM 5500, SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS HELD
AT END OF YEAR**

EIN: 34-0753634

Plan Number: 001

January 31, 2010

(a)	(b)	(c)	(d)	(e)
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	
Simon PPTY Group LP	5.30%, matures 05/30/13	2,385	2,637	
Unilever Cap Corp	3.65%, matures 02/15/14	31,277	32,205	
Walt Disney Co	4.50%, matures 12/15/13	32,005	34,148	
Wells Fargo & Co New	4.38%, matures 01/31/13	31,343	32,402	
TOTAL CORPORATE BONDS		585,623	608,917	
3M Company	418 shares	30,508	33,521	
Abbott Labs	285 shares	15,550	15,068	
Apple Computer Inc	234 shares	22,506	44,963	
Aqua America Inc	1,825 shares	31,975	30,283	
Autozone Inc	205 shares	31,276	31,804	
Baxter Intl Inc	531 shares	32,704	30,583	
Caterpillar Inc	516 shares	30,887	26,969	
Cisco Sys Inc	1,467 shares	33,841	32,974	
Chevron Corp	217 shares	15,484	15,684	
Colgate-Palmolive Co	436 shares	32,653	34,907	
Freeport-McMoran Copper & Gold	223 shares	16,830	14,873	
General Mills Inc	549 shares	33,954	39,143	
Goldman Sachs Group Inc	97 shares	14,237	14,384	
Google Inc	90 shares	38,883	47,666	
Hershey Co	513 shares	18,420	18,673	
Johnson & Johnson	381 shares	25,872	23,855	
JP Morgan Chase & Co	370 shares	15,900	14,394	
McDonalds Corp	216 shares	11,863	13,461	
Medco Health Solutions Inc	278 shares	15,474	17,082	
Oracle Corp	1,060 shares	23,139	24,435	
Philip Morris Intl Inc	734 shares	30,709	33,532	
Praxair Inc	407 shares	30,014	30,670	
Price T Rowe Goup Inc	692 shares	31,511	34,359	
Schlumberger LTD	592 shares	40,541	37,570	
Sempra Energy	375 shares	17,445	19,009	
Stericycle Inc	658 shares	31,399	34,780	
TJX Cos Inc New	445 shares	13,786	16,929	
Verizon Communications	498 shares	15,451	14,645	
TOTAL COMMON STOCK		702,812	746,216	

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AT END OF YEAR**

EIN: 34-0753634

Plan Number: 001

January 31, 2010

(a)	(b)	(c)	(d)	(e)
	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
	Ishares Comex Gold	749 shares	69,697	79,357
	Ishares MSCI Emerging Markets	1,598 shares	44,751	61,174
	Ishares MSCI EAFE Index Fund	1,143 shares	47,790	60,006
	Ishares S&P Midcap 400	891 shares	48,806	62,420
	Ishares S&P Smallcap 600 Index	1,152 shares	47,554	61,058
TOTAL EXCHANGE TRADED FUNDS			258,598	324,015
TOTAL INVESTMENTS			\$ 2,097,465	\$ 2,232,187

* Party in interest

At the request of the Department of Labor, the foregoing schedule displays the Plan's undivided interest in the individual investments owned by the Collective Trust, which was calculated by multiplying the Plan's percentage interest (approximately 12%) in the investments of the Collective Trust, at January 31, 2010 by the par/maturity value/shares, cost, and current value of the individual assets owned by the Trust. The Plan does not directly own such assets.

Pension Plan for Employees of the Aluminum Industry and Allied Industries of the
Greater Youngstown, Ohio Metropolitan Area- Aerolite Extrusion Company

**FORM 5500, SCHEDULE H, LINE 4j--SCHEDULE OF
REPORTABLE TRANSACTIONS**

EIN: 34-0753634

Plan Number: 001

January 31, 2010

(a)	(b)			(c)	(d)	(l)
Identity of Party Involved	Description of Assets	Number of Purchases	Number of Sales	Aggregate Purchase Price	Aggregate Sale Prices	Net Gain (Loss) on Sales

Category (i)--Single transactions in excess of 5% of plan assets.

Farmers Trust Co	US Treasury Bill	1	1	\$ 369,396	\$ 369,396	-
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Category (iii)--A series of transactions involving securities of the same issue in excess of 5% of plan assets.

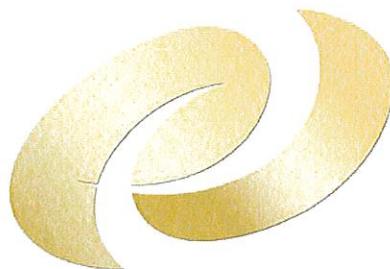
Farmers Trust Co	Federated OH Muni Cash	41	30	470,589	256,906	-
	US Treasury Cash					
Farmers Trust Co	Reserves	75	74	944,053	2,073,303	-
Farmers Trust Co	FHLB Disc NT	1	1	61,566	61,566	-

There were no Category (ii) or (iv) reportable transactions during the plan year.

Column (e) lease rental and Column (f)--Expense incurred with transaction are not applicable to this plan.

At the request of the Department of Labor, the foregoing schedule displays the Plan's undivided interest in the the transactions or series of transactions of the Collective Trust, in excess of 5% of the current value of the assets of said Trust.

The Plan's interest in transactions was calculated by multiplying the Plan's percentage interest (approximately 12%) in the investments of the Collective Trust, at January 31, 2010, by the aggregate purchase and sale prices of transactions reported by the Collective Trust. Such transactions were not directly executed by the Plan.



PACKER THOMAS

Certified Public Accountants & Business Consultants

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**PENSION PLAN FOR EMPLOYEES OF THE ALUMINUM INDUSTRY AND
ALLIED INDUSTRIES OF THE GREATER YOUNGSTOWN, OH METROPOLITAN
AREA – AEROLITE EXTRUSION**

EIN: 34-0753634

PN: 001

**SCHEDULE SB, LINE 22
DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE**

Retirement is assumed to occur after the completion of 5 years of service based on the following rates:

<u>Age</u>	<u>Percentage Retiring</u>
62	25%
63	33%
64	50%
65	100%

Weighted average retirement age = $62 \times 25\% \times 100\% + 63 \times 33\% \times 75\% + 64 \times 50\% \times 50\% + 65 \times 100\% \times 25\% = 63.5$

**PENSION PLAN FOR EMPLOYEES OF THE ALUMINUM INDUSTRY AND
ALLIED INDUSTRIES OF THE GREATER YOUNGSTOWN, OH METROPOLITAN
AREA – AEROLITE EXTRUSION**

EIN: 34-0753634

PN: 001

SCHEDULE SB, PART V

STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Method for Contributions

Contributions required to fund the plan benefits are determined according to the provisions of the Pension Protection Act. The Target Normal Cost is the present value of benefits earned during the plan year. The Funding Target is the present value of benefits earned as of the beginning of the plan year. The excess of the Funding Target over the actuarial value of assets represents the Funding Shortfall.

Method for Accrued Benefits

The actuarial present value of accumulated plan benefits is a measure of plan benefits which have been earned to date. This is not only a valuation of retirement benefits, but also of deferred vested, death, and disability benefits. Earnings and service for benefit purposes expected to be earned after the valuation date are excluded from this value.

The actuarial assumptions used to determine this value are identical to those used for the funding purposes with the exception of an interest rate of 7.0%.

Method of Asset Valuation

The asset valuation method is the “smoothed market value” method, using a smoothing period as described in sec. 430(g)(3)(B) of the Internal Revenue Code. Under this method, the actuarial value of assets is equal to the average of the fair market value of assets on the valuation date and the adjusted fair market value of assets determined from the two immediately preceding valuation dates. The adjusted fair market value of assets is the fair market value of assets at the applicable valuation date adjusted with contributions, distributions and expected earnings to the current valuation date as specified by the Secretary of Treasury. Expected earnings will be determined using the applicable third segment rate.

In general, the actuarial value of assets must fall between 90% and 110% of the market value of assets.

Data

The valuation results are based upon participant census and financial data provided by the plan sponsor. The data was tested for reasonableness and consistency with the prior valuation.

Actuarial Assumptions

The following actuarial assumptions were employed in the determination of the liabilities and annual contributions of the plan as developed in accordance with the funding methods described in this report.

1. The rates of mortality will be in accordance with the Combined Static Mortality Table for males and females.
2. The interest rate used for the valuation of benefits is the Corporate Bond Yield Curve for October 2008 as published by the IRS. The Effective Interest Rate is 6.62%.
3. The rates of withdrawal are based on the scale T-5 from the actuary's pension handbook; rates for sample ages are shown in the following table:

<u>Attained Age</u>	<u>Percentage Assumed to Withdraw Per Year</u>
25	7.7%
30	7.2%
35	6.3%
40	5.2%
45	4.0%
50	2.6%
55	0.9%
60	0.1%
65	0.0%

4. Retirement is assumed to occur after the completion of 5 years of service based on the following rates:

<u>Age</u>	<u>Percentage Retiring</u>
62	25%
63	33%
64	50%
65	100%

5. All plan participants have been included in the funding.
6. As required by Section 415 of the Internal Revenue Code, the determination of a participant's projected retirement benefit has been limited so that the amount does not exceed \$195,000 per year adjusted if necessary to recognize the participant's assumed retirement age, cost of living adjustments on the valuation date and optional forms of payment.

7. Disability prior to retirement is assumed to occur in accordance with the following table:

<u>Attained Age</u>	Percentage Assumed to Become <u>Disabled Per Year</u>	
	<u>Male</u>	<u>Female</u>
30	.071%	.085%
35	.099	.175
40	.162	.315
45	.270	.465
50	.493	.626
55	.914	.805
60	1.470	1.125
65	2.077	1.715

8. The rates of mortality for disabled lives are based on the Disabled Mortality Table per Revenue Ruling 96-7.
9. Cost calculations for surviving spouse's benefits assume that 80% of the active participants are married and that the wife is four years younger than the husband.

**PENSION PLAN FOR EMPLOYEES OF THE ALUMINUM INDUSTRY AND
ALLIED INDUSTRIES OF THE GREATER YOUNGSTOWN, OH METROPOLITAN
AREA – AEROLITE EXTRUSION**

EIN: 34-0753634

PN: 001

**SCHEDULE SB, PART V
SUMMARY OF PLAN PROVISIONS**

Effective Date

February 1, 1963; as last amended and restated effective February 1, 2001. Amended effective February 1, 2007.

Eligibility

All employees of the participating companies who were included in the bargaining unit prior to February 1, 2007 were automatically participants in the plan. Employees were also included under terms of the pension agreement. Effective February 1, 2007, no new participants will be allowed into the plan. The benefits for the salaried participants were frozen as of February 1, 2007.

Retirement Dates

Early - Age 60 and 15 years of continuous service.

Normal - Age 62 and 5 years of participation.

Late - Anytime after Normal Retirement Date.

Disability - 15 years of continuous service if permanently and totally disabled for at least six months.

Retirement and Termination Benefits

Accrued Benefit - A monthly benefit equal to the product of the benefit multiplier in effect as of retirement, termination, disability or death and the participant's years and months of continuous service. Continuous service is years and nearest months of employment completed from date of hire to termination of employment (maximum of 45 years). The negotiated benefit multipliers are as follows:

<u>Effective Date</u>	<u>Benefit Multiplier</u>
February 1, 2003	\$ 19.50
February 1, 2004	20.00
February 1, 2005	21.00
February 1, 2006	22.00
February 1, 2007	23.00
February 1, 2008	24.00
February 1, 2009	25.00

Early Retirement - Accrued benefit actuarially reduced for each month the benefit commencement date precedes normal retirement date.

Normal Retirement - Accrued benefit.

Late Retirement - Accrued benefit determined as of actual retirement date (maximum of 45 years).

Disability - Accrued benefit determined under the normal retirement formula based on service to date of disability.

Vested Termination

A participant is eligible for a deferred vested benefit upon termination of employment after completion of five years of continuous service.

Pre-Retirement Death Benefits

If death occurs prior to completing 5 years of service or while the Member is not married, no benefits shall be payable from this Plan.

Upon the death of a married Member who qualifies for early retirement, the Member's spouse shall receive a monthly benefit for life based on the benefit payable under a Joint and 50% Survivor Annuity which the Member's spouse would receive assuming the Member retired on the day before his death.

The spouse of any married vested participant who was not eligible for early retirement is also eligible for a benefit if the participant should die prior to his normal retirement date. The monthly pension payable at the participant's earliest retirement date will be an amount equal to the benefit calculated as though the participant survived to his earliest retirement age, selected a 50% Qualified Joint and Survivor Annuity, and died on the day after the day of attaining the earliest retirement age.

Employee Contributions

None required.

Payment Forms

Normal: Life Only Annuity, automatically payable as a 50% Joint and Survivor Annuity to married participants.

Optional: Life Annuity
50% Joint and Survivor Spousal Annuity.

**PENSION PLAN FOR EMPLOYEES OF THE ALUMINUM INDUSTRY AND
ALLIED INDUSTRIES OF THE GREATER YOUNGSTOWN, OH METROPOLITAN
AREA – AEROLITE EXTRUSION**

EIN: 34-0753634

PN: 001

SCHEDULE SB, Line 25 – Change in Method

The actuarial value of assets has been determined using the three year smoothing technique outlined in IRS Notice 2009-22. In the prior year, the fair market value of assets was utilized.

**PENSION PLAN FOR EMPLOYEES OF THE ALUMINUM INDUSTRY AND
ALLIED INDUSTRIES OF THE GREATER YOUNGSTOWN, OH METROPOLITAN
AREA – AEROLITE EXTRUSION**

EIN: 34-0753634

PN: 001

**SCHEDULE SB, LINE 32
SCHEDULE OF AMORTIZATION BASES**

Funding Shortfall

1.	Funding Target	\$ 3,085,043
2.	Adjusted Plan Assets	
	a) Actuarial Value of Assets	2,237,974
	b) Funding Standard Carryover Balance	3,793
	c) Prefunding Balance	0
	d) Adjusted Assets: (a) - (b) - (c)	2,234,181
3.	Funding Shortfall(Excess): (1) - (2)(d)	850,862
4.	Exemption From New Shortfall Amortization Base	
	a) Target Liability Percentage	100%
	b) Shortfall Funding Target (1) x (a)	3,085,043
	c) Exempt if (2)(a) $\geq$ (4)(b)	No
5.	Shortfall Amortization Base	\$ 850,862

Shortfall Amortization Charge

<u>Date</u>	<u>Base</u>	<u>Current Amount</u>	<u>Amortization Period Remaining</u>	<u>Shortfall Amortization Charge</u>
2/1/08	\$ 1,088,281	\$ 909,883	6	\$ 182,017
2/1/09	(59,021)	<u>(59,021)</u>	7	<u>(10,511)</u>
	Total	\$ 850,862		\$ 171,506

**Pension Plan for Employees of the Aluminum Industry and Allied Industries of the
Greater Youngstown, OH Metropolitan Area - Aerolite Extrusion Company
EIN: 34-0753634
PN: 001**

Schedule SB, line 26 - Schedule of Active Participant Data as of 2/1/2009

Years of credited service:

Attained Age	Under 1		1 to 4		5 to 9		10 to 14		15 to 19	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		0		0		0		0	
25 to 29	0		0		0		0		0	
30 to 34	0		3		0		1		0	
35 to 39	0		2		1		0		1	
40 to 44	0		0		1		1		2	
45 to 49	0		3		1		4		0	
50 to 54	0		1		1		5		4	
55 to 59	0		1		0		1		0	
60 to 64	0		0		1		1		1	
65 to 69	0		0		0		0		0	
70 & up	0		0		0		0		0	

Years of credited service:

Attained Age	20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		0		0		0		0	
25 to 29	0		0		0		0		0	
30 to 34	0		0		0		0		0	
35 to 39	0		0		0		0		0	
40 to 44	1		0		0		0		0	
45 to 49	2		0		0		0		0	
50 to 54	3		1		2		0		0	
55 to 59	1		1		0		3		1	
60 to 64	0		0		0		1		5	
65 to 69	0		0		0		0		0	
70 & up	0		0		0		0		0	

**PENSION PLAN FOR EMPLOYEES OF THE ALUMINUM INDUSTRY AND
ALLIED INDUSTRIES OF THE GREATER YOUNGSTOWN, OH METROPOLITAN
AREA – AEROLITE EXTRUSION**

EIN: 34-0753634

PN: 001

**Schedule H, line 4i – Schedule of Assets (Held at End of Year)
& Schedule of Assets (Acquired and Disposed of Within Year)**

Please reference the financial statements included in the Accountant's Opinion attachment for the Schedule of Assets (Held at End of Year) and the Schedule of Assets (Acquired and Disposed of Within Year).

**PENSION PLAN FOR EMPLOYEES OF THE ALUMINUM INDUSTRY AND
ALLIED INDUSTRIES OF THE GREATER YOUNGSTOWN, OH METROPOLITAN
AREA – AEROLITE EXTRUSION**

EIN: 34-0753634

PN: 001

Schedule H, line 4j – Schedule of Reportable Transactions

Please reference the financial statements included in the Accountant's Opinion attachment for the Schedule of Reportable Transactions.

**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 02/01/2009 and ending 01/31/2010▶ **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 Pension Plan for Employees of the Aluminum Industry and Allied	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Aerolite Extrusion Company	D Employer Identification Number (EIN) 34-0753634
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other	
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>2</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value.....	2a	2,034,522	
b Actuarial value.....	2b	2,237,974	
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	26	1,239,914
b For terminated vested participants	3b	36	360,342
c For active participants:			
(1) Non-vested benefits.....	3c(1)		16,849
(2) Vested benefits.....	3c(2)		1,467,938
(3) Total active	3c(3)	57	1,484,787
d Total.....	3d	119	3,085,043
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	8.20 %	
6 Target normal cost.....	6	65,073	

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>11/5/10</u>
Don J. Boetger		Date
Type or print name of actuary		08-03998
Boetger & Associates, Inc.		Most recent enrollment number
1030 State Street, Suite 2		(814) 455-4550
Firm name		Telephone number (including area code)
Erie	PA 16501	
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)	5,158	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).....	5,158	0
10 Interest on item 9 using prior year's actual return of <u>26.46</u> %	(1,365)	
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>6.13</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.....		
12 Reduction in balances due to elections or deemed elections.....	0	
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	3,793	0

Part III Funding percentages

14	Funding target attainment percentage.....	14	72.42 %
15	Adjusted funding target attainment percentage.....	15	72.42 %
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	71.00 %
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
05/11/2009	59,129				
08/14/2009	59,129				
11/13/2009	41,432				
02/12/2010	53,230				
03/15/2010	37,079				
			Totals ►	18(b)	249,999
					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	236,579

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 64
22 Weighted average retirement age				22 64
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	65,073
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	850,862	171,506
b Waiver amortization installment		
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	236,579
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	236,579
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	236,579
38 Interest-adjusted excess contributions for current year (see instructions)	38	0
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