

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 06/01/2009 and ending 05/31/2010			
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 SNAP-TITE, INC. PENSION PLAN	1b Three-digit plan number (PN) ▶	014	
	1c Effective date of plan	06/01/1978	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) SNAP-TITE, INC. 8325 HESSINGER DRIVE ERIE, PA 16509	2b Employer Identification Number (EIN) 25-1150085	2c Sponsor's telephone number 814-860-5700	2d Business code (see instructions) 332210

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.	03/08/2011	GARY CLARK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SNAP-TITE, INC. 8325 HESSINGER DRIVE ERIE, PA 16509	3b Administrator's EIN 25-1150085 3c Administrator's telephone number 814-860-5700
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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	768
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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	188
b Retired or separated participants receiving benefits.....	6b	163
c Other retired or separated participants entitled to future benefits.....	6c	394
d Subtotal. Add lines 6a , 6b , and 6c	6d	745
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	19
f Total. Add lines 6d and 6e	6f	764
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

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

1A 1G 1I

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 06/01/2009 and ending 05/31/2010

▶ **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 <u>SNAP-TITE, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>014</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SNAP-TITE, INC.</u>	D Employer Identification Number (EIN) <u>25-1150085</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>06</u> Day <u>01</u> Year <u>2009</u>
2	Assets:
a	Market value 2a <u>16722140</u>
b	Actuarial value 2b <u>18394354</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>175</u> <u>9714043</u>
b	For terminated vested participants 3b <u>378</u> <u>5275647</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>1574</u>
(2)	Vested benefits 3c(2) <u>5688444</u>
(3)	Total active 3c(3) <u>215</u> <u>5690018</u>
d	Total 3d <u>768</u> <u>20679708</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>7.57</u> %
6	Target normal cost 6 <u>30000</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>03/07/2011</u>
Signature of actuary	Date
<u>DON J. BOETGER</u>	<u>08-03998</u>
Type or print name of actuary	Most recent enrollment number
<u>BOETGER & ASSOCIATES, INC.</u>	<u>814-455-4550</u>
Firm name	Telephone number (including area code)
<u>1030 STATE STREET, SUITE 2</u> <u>ERIE, PA 16501</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	6098	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).....	6098	0
10	Interest on item 9 using prior year's actual return of <u>-25.25</u> %	-1540	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		646974
b	Interest on (a) using prior year's effective rate of <u>6.22</u> %		40242
c	Total available at beginning of current plan year to add to prefunding balance		687216
d	Portion of (c) to be added to prefunding balance.....		687216
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	4558	687216

Part III Funding percentages			
14	Funding target attainment percentage.....	14	85.60 %
15	Adjusted funding target attainment percentage.....	15	85.60 %
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	99.68 %
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
08/12/2010	358141				
Totals ►			18(b)	358141	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
b	Contributions made to avoid restrictions adjusted to valuation date	19b
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 328180
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
0	0	0
		(4) 4th 0

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

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

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	
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	30000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1736346	297983
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	327983
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	327983
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	328180
38 Interest-adjusted excess contributions for current year (see instructions).....	38	197
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 06/01/2009 and ending 05/31/2010

A Name of plan SNAP-TITE, INC. PENSION PLAN	B Three-digit plan number (PN) ▶ 014
C Plan sponsor's name as shown on line 2a of Form 5500 SNAP-TITE, INC.	D Employer Identification Number (EIN) 25-1150085

Part I

Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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)

SCHNEIDER DOWNS WEALTH MANAGEMENT

25-1857157

(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?
21	NONE	55200	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOETGER & ASSOCIATES, INC.

25-1809719

(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?
11	NONE	23103	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCGILL, POWER, BELL AND ASSOCIATES

25-1031405

(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	6850	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:

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 06/01/2009 and ending 05/31/2010		
A Name of plan SNAP-TITE, INC. PENSION PLAN	B Three-digit plan number (PN) ►	014
C Plan sponsor's name as shown on line 2a of Form 5500 SNAP-TITE, INC.	D Employer Identification Number (EIN) 25-1150085	

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	693149	358141
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	5774	5774
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	434130	659308
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	431017	445596
(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)	15164003	17604746
(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	16728073	19073565

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	16728073	19073565
---	-----------	----------	----------

Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	358141	
(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)		358141

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	11923	
(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)		11923
(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)		
(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)		

		(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)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		16110
(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)		3123747
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3509921

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1077745	
(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)		1077745
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)	29953	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	56731	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		86684
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1164429

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2345492
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: MCGILL, POWER, BELL AND ASSOCIATES

(2) EIN: 25-1031405

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		3000000
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 06/01/2009 and ending 05/31/2010

A Name of plan <u>SNAP-TITE, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>014</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SNAP-TITE, INC.</u>	D Employer Identification Number (EIN) <u>25-1150085</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>25-1150085</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

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

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

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

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

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

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

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



SNAP-TITE, INC. PENSION PLAN

AUDITED FINANCIAL STATEMENTS

FOR THE YEARS ENDED MAY 31, 2010 AND 2009

SNAP-TITE, INC. PENSION PLAN

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SUPPLEMENTAL SCHEDULES

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AUDITED FINANCIAL STATEMENTS



1920 West 8th Street
Erie, PA 16505
814.453.6594
Fax: 814.455.3642

Independent Auditor's Report

To the Plan Administrative Committee
Snap-tite, Inc.

We have audited the accompanying statements of net assets available for benefits of Snap-tite, Inc. Pension Plan as of May 31, 2010 and 2009 and the related statements of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform our audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control over financial reporting. Accordingly we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the Plan as of May 31, 2010 and 2009 and the changes in its financial status for the years ended May 31, 2010 and 2009 in conformity with accounting principles generally accepted in the United States of America.

Our audits were performed for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule of assets (held at end of year) is presented for the purpose of additional analysis and is not a required part of the basic financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedule has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

McGill, Power, Bell & Associates, LLP

McGill, Power, Bell & Associates, LLP
Erie, Pennsylvania
February 15, 2011

www.mpbcpa.com

SNAP-TITE, INC. PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
MAY 31, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
ASSETS		
INVESTMENTS, at fair value <i>(Note C)</i>		
Registered Investment Company Funds	\$ 17,604,746	\$ 15,164,002
Common Collective Trust Fund	445,596	431,017
Certificates of Deposit	<u>295,026</u>	<u>293,556</u>
TOTAL INVESTMENTS	18,345,368	15,888,575
RECEIVABLES		
Employer's Contribution	358,141	693,149
Accrued Interest	<u>5,774</u>	<u>5,774</u>
TOTAL RECEIVABLES	363,915	698,923
CASH AND CASH EQUIVALENTS	<u>364,282</u>	<u>140,575</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 19,073,565</u></u>	<u><u>\$ 16,728,073</u></u>

See accompanying notes

SNAP-TITE, INC. PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED MAY 31, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
ADDITIONS TO NET ASSETS		
INVESTMENT INCOME(LOSS)		
Net Appreciation(Depreciation) in Fair Value of Investments <i>(Note C)</i>	\$ 2,610,146	\$ (6,451,697)
Dividends and Interest	<u>541,634</u>	<u>841,361</u>
	3,151,780	(5,610,336)
Less - Investment Expenses	<u>56,731</u>	<u>53,819</u>
TOTAL INVESTMENT LOSS	3,095,049	(5,664,155)
CONTRIBUTIONS <i>(Note E)</i>		
Employer	<u>358,141</u>	<u>693,149</u>
TOTAL ADDITIONS	3,453,190	(4,971,006)
DEDUCTIONS FROM NET ASSETS		
Benefit Payments	1,077,745	1,060,512
Administrative Expenses	<u>29,953</u>	<u>29,314</u>
TOTAL DEDUCTIONS	<u>1,107,698</u>	<u>1,089,826</u>
INCREASE(DECREASE) IN NET ASSETS	2,345,492	(6,060,832)
NET ASSETS AVAILABLE FOR BENEFITS		
BEGINNING OF YEAR	<u>16,728,073</u>	<u>22,788,905</u>
END OF YEAR	<u><u>\$ 19,073,565</u></u>	<u><u>\$ 16,728,073</u></u>

See accompanying notes

SNAP-TITE, INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE A GENERAL DESCRIPTION OF THE PLAN

The following brief description of the Snap-tite, Inc. Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a defined benefit pension plan covering the Company's non-union employees (including those who are classified as being in the management group of executives) who had completed one year of service, defined as completion of 1,000 hours of service during the 12 month period following the employee's first hour of service, or any plan year. Entrance dates for the plan were June 1 and December 1.

Effective June 1, 2006, the Plan was amended to freeze all benefit accruals under this Plan. All other terms of the Plan remain unchanged and participants will continue to earn vesting service. In conjunction with this change, the Snap-tite, Inc. 401(k) Plan was enhanced to provide for both an employer matching contribution on employee deferrals and an additional discretionary contribution.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The trustee of the Plan is the Snap-tite, Inc. Pension Committee.

Pension Benefits

Employees with 5 or more years of service are entitled to annual pension benefits beginning at normal retirement age (65) equal to 1% of their average annual compensation for each year of service up to a maximum of 25 years. Average annual compensation is calculated based on the highest 5 consecutive years out of the last 10 years of service. The Plan permits early retirement at ages 60-64, however the accrued benefit is reduced by 3% for each year the benefit commencement date precedes the normal retirement date.

If employees terminate before rendering 5 years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Company's contributions. Employees may elect to receive the value of their accumulated plan benefits as a lump-sum distribution upon retirement or termination, or they may elect to receive their benefits as a life annuity payable monthly from retirement. For each employee electing a life annuity, payments will not be less than the greater of (a) the employee's accumulated contributions plus interest, if any or (b) an annuity for five years. Married employees receive their pension benefits in the form of a joint and survivor annuity, unless their spouse elects to the contrary.

An employee who was employed by Autoclave Engineers, Inc. or National Fire Hose, Inc. earned credited service effective January 1, 1996 and February 1, 1998, respectively.

Death and Disability Benefits

If an active employee dies at age 60 or older, a death benefit equal to 50% of the actuarial value of the employee's pension is paid to the employee's beneficiary. If a vested participant dies prior to age 60, the beneficiary will receive a monthly benefit payable at the member's earliest retirement date in an amount equal to the survivor annuity that would have been paid had the member separated service on the date of death, survived to his earliest retirement date, selected a 50% Qualified Joint and Survivor Annuity and died on the day after attaining the earliest retirement date. Disabled participants receive an accrued benefit reduced by 3% for each of the first 10 years and actuarially for the years beyond 10 that the benefit commencement date precedes the normal retirement date.

SNAP-TITE, INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE B SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Uses of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investment mutual funds are valued based upon quoted market prices using net asset values provided by Charles Schwab Institutional.

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.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. 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. Benefits under the Plan are based on the employees' compensation during their last five years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years ending on the date as of which the benefit information is presented. Benefits payable under all circumstances, retirement, death, disability, and termination of employment are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from Boetger & Associates, Inc. and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits 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 June 1, 2009 were modified to reflect the required assumptions under the Pension Protection Act of 2006. The assumptions used in 2010 and 2009 were (a) life expectancy of participants (the Static Mortality Table for males and females were used), (b) retirement age assumptions (the assumed average retirement age was 65 with 5 years of service), (c) investment return at 8.0% per year, net of expenses, (d) salaries remain constant at the 2006 amount due to the Plan freeze, and (e) rate of withdrawal was based on the scale T-4 from the actuary's pension handbook. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Administrative Expenses

Some administrative expenses are paid by the Plan Sponsor.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

SNAP-TITE, INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE B SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Reclassification

Certain 2009 amounts have been reclassified in the financial statements in order for them to provide comparable presentation between years.

Subsequent Events

In preparing these financial statements, the Company has evaluated events and transactions for potential recognition or disclosure through February 15, 2011, the date the financial statements were available to issue.

NOTE C INVESTMENTS

The following table presents the fair values of investments. Investments that represent 5 percent or more of the Plan's net assets in either year are listed separately.

Investments at Fair Value as Determined by Quoted Market Price at May 31,

	<u>2010</u>	<u>2009</u>
Registered Investment Company Funds -		
DFA US Large Company Fund	\$ 2,291,816	\$ 2,011,665
DFA International Value Fund	902,233	980,801
Vanguard Mid Cap Index Adm Fund	1,378,121	1,023,993
Vanguard Total Bond Market Index	1,347,638	1,117,592
Metropolitan West Total Return Fund	1,827,185	1,854,913
Metropolitan West Low Duration Fund	955,975	831,733
Artisian International Fund	911,696	1,003,340
Loomis Sayles Bond Fund	1,192,354	952,650
Natixis Gateway Fund Y	987,772	1,019,020

The Plan holds a well-diversified portfolio by investing in mutual funds, certificates of deposit and the INVESCO Stable Value Trust, a common collective trust fund of the AMVESCAP National Trust Company that invests primarily in security-backed investment contracts.

During 2010 and 2009 the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated(depreciated) in value by \$2,610,146 and (\$6,451,697), respectively, as follows:

Net Appreciation (Depreciation) in Fair Value

Investments at Fair Value as Determined by Quoted Market Price for the Years Ended May 31,

	<u>2010</u>	<u>2009</u>
Registered Investment Company Funds		
Domestic Equity	\$ 1,362,345	\$ (3,090,205)
Domestic Fixed Income	562,580	(505,238)
International Equity	356,089	(1,983,311)
Real Estate Based	327,662	(881,499)
Certificates of Deposits	<u>1,470</u>	<u>8,556</u>
	<u>\$ 2,610,146</u>	<u>\$ (6,451,697)</u>

SNAP-TITE, INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE D FAIR VALUE MEASUREMENTS

FASB Accounting Standards Codification, investment topic establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under this framework are described as follows:

Level 1

Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2

Inputs to the valuation methodology include -

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

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

Level 3

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

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

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

Mutual Funds: Valued at the net asset value (NAV) of shares held by the plan at year end.

Collective Investment Funds: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

Certificates of Deposits: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

SNAP-TITE, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE D FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of May 31, 2010 and 2009:

Assets at Fair Value as of May 31, 2010

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds:				
Blend Equity Funds	\$ 2,735,118	\$ -	\$ -	\$ 2,735,118
Growth Equity Funds	1,273,198	-	-	1,273,198
Value Equity Funds	1,311,902	-	-	1,311,902
International Funds	3,158,810	-	-	3,158,810
Real Estate Funds	1,120,727	-	-	1,120,727
Long/Short Fund	987,772	-	-	987,772
Commodities Fund	315,946	-	-	315,946
Fixed Income Funds	6,701,273	-	-	6,701,273
Collective Investment Trust	-	445,596	-	445,596
Certificates of Deposits	-	295,026	-	295,026
Totals	<u>\$ 17,604,746</u>	<u>\$ 740,622</u>	<u>\$ -</u>	<u>\$ 18,345,368</u>

Assets at Fair Value as of May 31, 2009

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds:				
Blend Equity Funds	\$ 2,434,617	\$ -	\$ -	\$ 2,434,617
Growth Equity Funds	711,421	-	-	711,421
Value Equity Funds	848,033	-	-	848,033
International Funds	3,234,030	-	-	3,234,030
Real Estate Funds	850,501	-	-	850,501
Long/Short Fund	1,019,020	-	-	1,019,020
Commodities Fund	285,499	-	-	285,499
Fixed Income Funds	5,780,881	-	-	5,780,881
Collective Investment Trust	-	431,017	-	431,017
Certificates of Deposits	-	293,556	-	293,556
Totals	<u>\$ 15,164,002</u>	<u>\$ 724,573</u>	<u>\$ -</u>	<u>\$ 15,888,575</u>

SNAP-TITE, INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE E FUNDING POLICY

It is the policy of Snap-tite, Inc. (the Company) to fund at least the minimum contribution required by ERISA, although amounts higher than that minimum could be funded for 2010 and 2009. The Company elected to make a contribution of \$358,141 and \$693,149 for 2010 and 2009, respectively. The Plan met the minimum funding requirements of ERISA.

The Plan no longer provides for contributions from employees of the Company. Autoclave Engineers employees' accumulated contributions, which were discontinued in 1996, can be withdrawn from the Plan any time upon request from the participant. Present employees' accumulated contributions at May 31, 2010 and 2009 were \$539,507 and \$563,998 respectively, including interest credited at an interest rate of 7.5% compounded annually.

NOTE F TAX STATUS OF THE PLAN

The Internal Revenue Service has determined and informed the Company by a letter dated December 18, 2003, that the Plan, as then designed, is in compliance with the applicable requirements of the Internal Revenue Code. The Plan administrator and the Plan's tax counsel believe that the Plan currently is designed and being operated in compliance with the applicable requirements of the IRC and that, therefore, the Plan qualifies under Section 401(a) and the related trust is tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements. The open audit periods are 2007, 2008, 2009, and 2010. The Plan follows the topic of Income Taxes from the FASB Accounting Standards Codification ("FASB ASC") with regard to the accounting and recognition of income tax positions taken or expected to be taken in the Plan's tax returns.

NOTE G ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits as of June 1, is:

	2010	2009
Vested Benefits -		
Retired Participants and Beneficiaries	\$ 9,878,865	\$ 9,278,193
All Other Participants	5,328,177	5,011,133
Active Participants	<u>5,273,333</u>	<u>5,402,268</u>
	20,480,375	19,691,594
Non-Vested Benefits	<u>580</u>	<u>1,496</u>
	<u>\$ 20,480,955</u>	<u>\$ 19,693,090</u>

The changes in actuarial present value of accumulated plan benefits resulted from the following:

	2010	2009
Actuarial Present Value of Accumulated Plan Benefits as of June 1,	\$ 19,693,090	\$ 19,057,273
Increase (Decrease) Attributable to:		
Additional Benefits Accumulated and Actuarial Gain/Loss	131,114	217,703
Interest Due to Decrease in Discount Period	1,528,745	1,478,626
Benefits Paid to Participants	(1,077,745)	(1,060,512)
Plan Changes	<u>205,751</u>	<u>-</u>
Actuarial Present Value of Accumulated Plan Benefits as of June 1,	<u>\$ 20,480,955</u>	<u>\$ 19,693,090</u>

SNAP-TITE, INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE H PLAN TERMINATION

The Company anticipates and believes that the Plan will continue without interruption, but reserves the right to discontinue it at any time. In the event of discontinuance, the Plan provides that net assets be allocated among participants and beneficiaries in the order provided in the Employee Retirement Income Security Act of 1974 (ERISA). To the extent unfunded vested benefits exist and subject to specified limitations, ERISA provides for payment by the Pension Benefit Guaranty Corporation (PBGC). Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

NOTE I RISKS AND UNCERTAINTIES

The Plan invests in various investment securities, which 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.

The Plan invests in securities with contractual cash flows, such as asset backed securities, collateralized mortgage obligations and commercial mortgage backed securities, including securities backed by subprime mortgage loans. The value, liquidity and related income of these securities are sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the 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 J SUBSEQUENT EVENT

The Board of Directors adopted a Supplemental Incentive Program in effect from March 1, 2011 through June 1, 2011 for non-highly compensated employees with at least 35 years of experience to retire early without any reduction in benefits. Qualified early retirees will also receive an additional supplemental benefit until age 65.

SUPPLEMENTAL SCHEDULE

SNAP-TITE, INC. PENSION PLAN

EIN #25-1150085 PLAN #014

SCHEDULE OF ASSETS (HELD AT END OF YEAR); SCHEDULE H, PART IV, LINE 4i

May 31, 2010

(a)	(b) Identity	(c) Description	(d) Cost	(e) Current Value
	Loomis, Sayles & Co.	Loomis Sayles Bond Class I	\$ 1,203,373	\$ 1,192,354
	Metropolitan West Management, LLC	Metropolitan West Low Duration	1,079,851	955,975
	Metropolitan West Management, LLC	Metropolitan West Total Return	1,740,130	1,827,185
	Dimensional Fund Advisors, LP.	DFA US Large Cap Value	1,097,034	888,746
	Dimensional Fund Advisors, LP.	DFA US Large Company	2,660,957	2,291,816
	The Vanguard Group, Inc.	Vanguard Mid Cap Index Adm	1,461,137	1,378,121
	Dimensional Fund Advisors, LP.	DFA US Small Cap	518,266	443,302
	Dimensional Fund Advisors, LP.	DFA US Small Cap Value	568,496	423,156
	Artisan Funds, Inc.	Artisan International Fund	1,382,650	911,696
	Dimensional Fund Advisors, LP.	DFA Emerging Markets Value	615,051	711,913
	Dimensional Fund Advisors, LP.	DFA International Small Cap Value	885,287	632,968
	Dimensional Fund Advisors, LP.	DFA International Value	1,217,225	902,233
	Cohen & Steers Securities, LLC.	Cohen & Steers Intl Realty	343,774	235,056
	Cohen & Steers Securities, LLC.	Cohen & Steers Realty Shares	1,168,061	885,671
	The Vanguard Group, Inc.	Vanguard Morgan Growth	760,613	682,626
	The Vanguard Group, Inc.	Total Bond Market	1,280,000	1,347,638
	Natixis Global Management, L.P.	Gateway Fund Class Y	1,128,616	987,772
	PIMCO Funds	Pimco Commodity Real Rtn Stat	547,757	315,946
	Brown Capital Management, Inc.	Brown Cap Mgmt Small Co	345,000	358,991
	Harbor Funds	Harbor Capital Appreciation Inst	228,000	231,581
	AMVESCAP National Trust Co.	INVESCO Stable Value Trust	445,596	445,596
	Capital One NA	Certificate of Deposit, 4.1% Due 6/6/11	95,000	98,037
	Discover Bank NA	Certificate of Deposit, 4.45% Due 6/4/12	94,240	100,295
	Parkway Bank & Trust	Certificate of Deposit, 4.0% Due 12/13/10	95,000	96,694
TOTAL INVESTMENTS			<u>\$ 20,961,114</u>	<u>\$ 18,345,368</u>

* Party-in-interest

See Independent Auditor's Report.

SNAP-TITE, INC. PENSION PLAN
EIN: 25-1150085
PN: 014

SCHEDULE SB, Line 22 – Description of Weighted Average Retirement Age

The normal retirement age is age 65.

SNAP-TITE, INC. PENSION PLAN

EIN: 25-1150085

PN: 014

**SCHEDULE SB, PART V
STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS**

Method for Contributions

Contributions required to fund 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 that the interest assumption equals 8.00%.

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 2008 Static Mortality Table for males and females.
2. The interest rate used for the valuation of benefits is the Corporate Bond Yield Curve for March 2009 as published by the IRS. The Effective Interest Rate is 7.57%.
3. The rates of withdrawal are based on the scale T-4 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	5.3%
30	5.1%
35	4.7%
40	4.2%
45	3.5%
50	2.5%
55	0.9%
60	0.1%
65	0.0%

4. Salary growth assumed to equal 0.0% per year.
5. Retirement will occur at the later of age 65 or 5 years of service.
6. All plan participants have been included in the funding.
7. 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.
8. The rates of disability are assumed in accordance with the Sarason United Auto Workers 1955 Table.
9. The rates of mortality for disabled lives are based on the Disability Mortality Table per Revenue Ruling 96-7.
10. Cost Calculations for surviving spouse's benefits assume that 85% of the active participants are married and that the wife is three years younger than the husband.

SNAP-TITE, INC. PENSION PLAN
EIN: 25-1150085
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SCHEDULE SB, PART V
SUMMARY OF PLAN PROVISIONS

Effective Date

June 1, 1963; as and last amended and restated effective June 1, 2001. Amended effective June 1, 2008.

Eligibility

All non-union employees are eligible to participate on the June 1 or December 1 following completion of one (1) year of service. Plan was frozen to all new participants effective May 31, 2006.

An employee who was employed by Autoclave Engineers, Inc. shall commence earning Credited Service effective January 1, 1996.

An Employee who was employed by National Fire Hose, Inc. shall commence earning Credited Service effective February 1, 1998.

Service

Eligibility - Completion of 1,000 Hours of Service during the 12 month period following employee's first hour of service, or any Plan Year.

Credited Service - Years and months of employment completed prior to June 1, 1975. A year of service shall be credited for each Plan Year after June 1, 1975 in which the employee works 1,000 Hours of Service. If the member works less than 1,000 hours in the last Plan Year, he will receive credit for any month that he works 83 Hours of Service. Service prior to June 1, 1978 is excluded for benefit accrual purposes for Airmatic-Allied Employees as of that date. Credited Service was frozen as of May 31, 2006.

Compensation

Compensation - Gross calendar year compensation.

Average Annual Compensation - Average of the highest 5 consecutive calendar years' compensation in the last 10 calendar years preceding date of determination.

Retirement Dates

Early - Age 60 with 5 years of service.

Normal - Age 65 with 5 years of service.

Late - Anytime after Normal Retirement Date.

Disability - Receiving Social Security disability benefits.

Retirement and Termination Benefits

Accrued Benefit - For employees who were under the Office and Salaried Plan: Equal to the greater of (a) or (b)

- (a) the Accrued Benefit to June 1, 1975 under the Group Annuity contract plus 1% of final Average Annual Compensation times the number of years of credited service since June 1, 1975 up to 25 years.
- (b) the Projected Benefit under the prior Group Annuity contract (Table I of the plan document) times the ratio of service to date over potential service up to Normal Retirement Date.

For employees who were under the Executive Plan and all other employees joining the Plan on or after June 1, 1978: Equal to 1% of Average Annual Compensation times the number of years of Credited Service up to a maximum of 25 years.

Early Retirement - Accrued benefit reduced by 3% for each year the benefit commencement date precedes normal retirement date.

Normal Retirement - Accrued benefit.

Late Retirement - Actuarial equivalent of benefit that would have been payable at normal retirement date.

Disability - Accrued benefit reduced by 3% for each of the first 10 years and actuarially for years beyond 10 that benefit commencement date precedes normal retirement date.

Vested Termination

Accrued benefit at date of termination times the percentage vested.

Vesting Schedule

A participant is 100% vested in his accrued benefit upon completion of 5 years of Credited Service.

Pre-Retirement Death Benefits

In the case of any Participant or Terminated Participant who dies prior to the commencement of benefits under this Plan when he is vested in any portion of his Accrued Benefit, a Death Benefit shall be payable to his surviving Spouse in accordance with paragraph (a) or (b) below as applicable.

- (a) If a Participant dies after the Earliest Retirement Age, the Participant's surviving Spouse (if any) will receive the same benefit that would have been payable if the Participant had retired with an immediate Qualified Joint and Survivor Annuity on the day before the Participant's date of death.

The spouse may elect to start benefits later than the date on which payments would have been made to the surviving Spouse under a Qualified Joint and Survivor Annuity. If payments are delayed, they shall be adjusted using the early retirement factors.

- (b) If a Participant dies on or before the Earliest Retirement Age, the Participant's surviving Spouse (if any) will receive the same benefit that would be payable if the Participant had:
 - (i) separated from Service on the date of death,
 - (ii) survived to the Earliest Retirement Age,
 - (iii) retired with an immediate Qualified Joint and Survivor Annuity at the Earliest Retirement Age, and
 - (iv) died on the day after the Earliest Retirement Age.

If a Participant's death occurs after his Normal Retirement Date and before he actually retires payments shall be made to his spouse as if the Participant had retired on his date of death and selected the one-hundred percent (100%) Contingent Annuitant Option to his Spouse.

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 with five (5) years certain and guaranteed.

Life Annuity with ten (10) years certain and guaranteed.

75% Joint and Survivor Spousal Annuity.

100% Joint and Survivor Spousal Annuity.

Snap-tite Inc. Pension Plan

EIN: 25-1150085

PN: 014

Schedule SB, line 26 - Schedule of Active Participant Data as of June 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		3		0		0	
30 to 34	0		1		5		3		0	
35 to 39	0		0		5		13		1	
40 to 44	0		2		5		19		1	
45 to 49	0		0		7		22		1	
50 to 54	0		0		6		31		4	
55 to 59	0		0		5		28		0	
60 to 64	0		0		4		15		0	
65 to 69	0		0		0		0		1	
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	4		0		0		0		0	
45 to 49	4		3		0		0		0	
50 to 54	1		4		3		0		0	
55 to 59	2		3		2		2		0	
60 to 64	1		2		2		0		0	
65 to 69	0		0		0		0		0	
70 & up	0		0		0		0		0	

SNAP-TITE, INC. PENSION PLAN
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SCHEDULE SB, LINE 32
SCHEDULE OF AMORTIZATION BASES

1.	Funding Target	\$	20,679,708
2.	Adjusted Plan Assets		
	a) Actuarial Value of Assets		18,394,354
	b) Funding Standard Carryover Balance		4,558
	c) Prefunding Balance		687,216
	d) Adjusted Assets: (a) - (b) - (c)		17,702,580
3.	Funding Shortfall / (Excess): (1) - (2)(d)		2,977,128
4.	Exemption From New Shortfall Amortization Base		
	a) Target Liability Percentage		94%
	b) Shortfall Funding Target (1) x (a)		19,438,926
	c) Exempt if [(2)(a) - (2)(c)] ≥ (4)(b)		No
5.	Shortfall Amortization Base: 4(b) - 2(d)	\$	1,736,346

Shortfall Amortization Charge

<u>Date</u>	<u>Base</u>	<u>Current Amount</u>	<u>Amortization Period Remaining</u>	<u>Shortfall Amortization Charge</u>
6/1/09	\$1,736,346	\$1,736,346	7	\$297,983

SNAP-TITE, INC. PENSION PLAN
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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).

SNAP-TITE, INC. PENSION PLAN
EIN: 25-1150085
PN: 014

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 06/01/2009 and ending 05/31/2010

▶ **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.

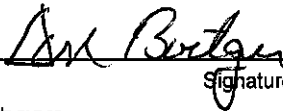
A Name of plan Snap-Tite, Inc. Pension Plan	B Three-digit plan number (PN) ▶ 014
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Snap-Tite, Inc.	D Employer Identification Number (EIN) 25-1150085
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>6</u> Day <u>1</u> Year <u>2009</u>		
2 Assets:		
a Market value.....	2a	16,722,140
b Actuarial value.....	2b	18,394,354
3 Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	175
b For terminated vested participants.....	3b	378
c For active participants:		
(1) Non-vested benefits.....	3c(1)	1,574
(2) Vested benefits.....	3c(2)	5,688,444
(3) Total active.....	3c(3)	215
d Total.....	3d	768
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	7.57 %
6 Target normal cost.....	6	30,000

Statement by Enrolled Actuary

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

**SIGN
HERE**

Signature of actuary

Don J. Boetger

Type or print name of actuary

Boetger & Associates, Inc.

1030 State Street, Suite 2 Firm name

Erie PA 16501

Address of the firm

3/7/11

Date

08-03998

Most recent enrollment number

(814) 455-4550

Telephone number (including area code)

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)	6,098	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)	6,098	0
10 Interest on item 9 using prior year's actual return of <u>(25.25)%</u>	(1,540)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		646,974
b Interest on (a) using prior year's effective rate of <u>6.22 %</u>		40,242
c Total available at beginning of current plan year to add to prefunding balance		687,216
d Portion of (c) to be added to prefunding balance		687,216
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	4,558	687,216

Part III Funding percentages

14 Funding target attainment percentage	14	85.60 %
15 Adjusted funding target attainment percentage	15	85.60 %
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	99.68 %
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
08/12/2010	358,141				
Totals ▶			18(b)	358,141	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	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	328,180

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

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

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

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

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	
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	30,000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1,736,346	297,983
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	327,983
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	327,983
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	328,180
38 Interest-adjusted excess contributions for current year (see instructions)	38	197
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