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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection</b> |
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| <b>Part I</b>                                                                              | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2009 or fiscal plan year beginning 06/01/2009 and ending 05/31/2010 |                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                        | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| <b>B</b> This return/report is:                                                            | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                 | <input checked="" type="checkbox"/>                                                                                                                                                                                                       |
| <b>D</b> Check box if filing under:                                                        | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                                   |                                                                                                                                                                                      |
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| <b>Part II</b>                                                                                                                                                                                                    | <b>Basic Plan Information</b> —enter all requested information                                                                                                                       |
| <b>1a</b> Name of plan<br>PENSION PLAN FOR HOURLY EMPLOYEES OF LUDLOW COMPOSITES CORP.                                                                                                                            | <b>1b</b> Three-digit plan number (PN) ▶ 013                                                                                                                                         |
|                                                                                                                                                                                                                   | <b>1c</b> Effective date of plan<br>05/08/1972                                                                                                                                       |
| <b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.)<br>LUDLOW COMPOSITES CORP.<br><br>2100 COMMERCE DRIVE<br>FREMONT, OH 43420-1048 | <b>2b</b> Employer Identification Number (EIN)<br>34-1441580<br><br><b>2c</b> Sponsor's telephone number<br>419-332-5531<br><br><b>2d</b> Business code (see instructions)<br>339900 |

**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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 03/15/2011 | HANS NIENABER                                                |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                         |                                                                                                               |
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| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>LUDLOW COMPOSITES CORP.<br><br>2100 COMMERCE DRIVE<br>FREMONT, OH 43420-1048 | <b>3b</b> Administrator's EIN<br>34-1441580<br><br><b>3c</b> Administrator's telephone number<br>419-332-5531 |
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|                                                                                                                                                                                                                       |                                   |
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| <b>4</b> 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:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
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|                                                                         |          |     |
|-------------------------------------------------------------------------|----------|-----|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 131 |
|-------------------------------------------------------------------------|----------|-----|

|                                                                                                                                                        |           |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |     |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 50  |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 29  |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 29  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 108 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 8   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 116 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> |     |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> | 2   |

|                                                                                                                                      |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) ..... | <b>7</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
 1B 1G 1I

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

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                 |                                                                                                |
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| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div> |
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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<br>PENSION PLAN FOR HOURLY EMPLOYEES OF LUDLOW COMPOSITES CORP.               | B Three-digit plan number (PN) 013                   |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>LUDLOW COMPOSITES CORP. | D Employer Identification Number (EIN)<br>34-1441580 |

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 06 Day 01 Year 2009                                                                                                                                    |                            |                    |
| 2 Assets:                                                                                                                                                                                |                            |                    |
| a Market value                                                                                                                                                                           | 2a                         | 1085712            |
| b Actuarial value                                                                                                                                                                        | 2b                         | 1085712            |
| 3 Funding target/participant count breakdown                                                                                                                                             | (1) Number of participants | (2) Funding Target |
| a For retired participants and beneficiaries receiving payment                                                                                                                           | 3a 38                      | 539856             |
| b For terminated vested participants                                                                                                                                                     | 3b 35                      | 143867             |
| c For active participants:                                                                                                                                                               |                            |                    |
| (1) Non-vested benefits                                                                                                                                                                  | 3c(1)                      | 29493              |
| (2) Vested benefits                                                                                                                                                                      | 3c(2)                      | 493123             |
| (3) Total active                                                                                                                                                                         | 3c(3) 58                   | 522616             |
| d Total                                                                                                                                                                                  | 3d 131                     | 1206339            |
| 4 If the plan is at-risk, check the box and complete items (a) and (b) <input type="checkbox"/>                                                                                          |                            |                    |
| 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                          | 7.52 %             |
| 6 Target normal cost                                                                                                                                                                     | 6                          | 0                  |

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.

|                          |                                                                                                                                                                                                                                                                                     |                                                                                                                                                        |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN<br/>HERE</div> | <div>03/01/2011</div> <div>Signature of actuary</div> <div>HANS NIENABER</div> <div>Type or print name of actuary</div> <div>CUNI, RUST &amp; STRENK</div> <div>Firm name</div> <div>4540 COOPER ROAD, SUITE 304<br/>CINCINNATI, OH 45242-5617</div> <div>Address of the firm</div> | <div>Date</div> <div>08-05737</div> <div>Most recent enrollment number</div> <div>513-891-0270</div> <div>Telephone number (including area code)</div> |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|

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 ☐

| Part II Beginning of year carryover and prefunding balances                                       |                       |                        |
|---------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                   | (a) Carryover balance | (b) Prefunding balance |
| 7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) ..... | 0                     | 0                      |
| 8 Portion used to offset prior year's funding requirement (Item 35 from prior year) .....         | 0                     | 0                      |
| 9 Amount remaining (Item 7 minus item 8).....                                                     | 0                     | 0                      |
| 10 Interest on item 9 using prior year's actual return of <u>-12.73</u> % .....                   | 0                     | 0                      |
| 11 Prior year's excess contributions to be added to prefunding balance:                           |                       |                        |
| a Excess contributions (Item 38 from prior year) .....                                            |                       | 7807                   |
| b Interest on (a) using prior year's effective rate of <u>6.19</u> % .....                        |                       | 483                    |
| c Total available at beginning of current plan year to add to prefunding balance .....            |                       | 8290                   |
| d Portion of (c) to be added to prefunding balance.....                                           |                       | 8290                   |
| 12 Reduction in balances due to elections or deemed elections.....                                | 0                     | 8290                   |
| 13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....              | 0                     | 0                      |

| Part III Funding percentages                                                                                                                                       |    |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|
| 14 Funding target attainment percentage.....                                                                                                                       | 14 | 90.00 % |
| 15 Adjusted funding target attainment percentage.....                                                                                                              | 15 | 90.00 % |
| 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 | 95.59 % |
| 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<br>(MM-DD-YYYY)                                                          | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 09/24/2009                                                                        | 7840                              | 0                               |                          |                                   |                                 |
| 02/15/2011                                                                        | 701                               | 0                               |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
| Totals ►                                                                          |                                   |                                 | 18(b)                    | 8541                              | 18(c)                           |

|                                                                                                                               |                                                                     |      |
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| 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |                                                                     |      |
| a Contributions allocated toward unpaid minimum required contribution from prior years.....                                   | 19a                                                                 | 0    |
| b Contributions made to avoid restrictions adjusted to valuation date .....                                                   | 19b                                                                 | 0    |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....               | 19c                                                                 | 8280 |
| 20 Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |      |
| a Did the plan have a "funding shortfall" for the prior year? .....                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |      |
| b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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**

|                                                                                                                                                                                              |                   |                   |                   |                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|-------------------|----------------------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                   |                   |                   |                                                                |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>% | 2nd segment:<br>% | 3rd segment:<br>% | <input checked="" type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                   |                   |                   | <b>21b</b> 2                                                   |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                   |                   |                   | <b>22</b> 64                                                   |
| <b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                   |                   |                   |                                                                |

**Part VI Miscellaneous items**

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

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

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

**Part VIII Minimum required contribution for current year**

|                                                                                                                                                                                      |                     |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|
| <b>31</b> Target normal cost, adjusted, if applicable (see instructions).....                                                                                                        | <b>31</b>           | 0                  |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 48247               | 8280               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |
| <b>33</b> 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 ..... | <b>33</b>           |                    |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....                                                   | <b>34</b>           | 8280               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance |
| <b>35</b> Balances used to offset funding requirement .....                                                                                                                          | 0                   | 0                  |
| <b>36</b> Additional cash requirement (item 34 minus item 35).....                                                                                                                   | <b>36</b>           | 8280               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....                                                   | <b>37</b>           | 8280               |
| <b>38</b> Interest-adjusted excess contributions for current year (see instructions).....                                                                                            | <b>38</b>           | 0                  |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....                                                                       | <b>39</b>           | 0                  |
| <b>40</b> Unpaid minimum required contribution for all years .....                                                                                                                   | <b>40</b>           |                    |

|                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                            |
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| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection.</b> |
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|                                                                                                 |                                                             |     |
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| For calendar plan year 2009 or fiscal plan year beginning 06/01/2009 and ending 05/31/2010      |                                                             |     |
| <b>A</b> Name of plan<br>PENSION PLAN FOR HOURLY EMPLOYEES OF LUDLOW COMPOSITES CORP.           | <b>B</b> Three-digit plan number (PN) ▶                     | 013 |
|                                                                                                 |                                                             |     |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>LUDLOW COMPOSITES CORP. | <b>D</b> Employer Identification Number (EIN)<br>34-1441580 |     |

|                                                                                  |                                                                                                                                                                                  |                                                                                                            |  |
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| <b>Part I</b>                                                                    | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |                                                                                                            |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: THE PREMIER TRUST FUND OF FMT     |                                                                                                                                                                                  |                                                                                                            |  |
| <b>b</b> Name of sponsor of entity listed in (a): FIRST MERCANTILE TRUST COMPANY |                                                                                                                                                                                  |                                                                                                            |  |
| <b>c</b> EIN-PN 62-1549435-001                                                   | <b>d</b> Entity code C                                                                                                                                                           | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 992010 |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                   |                                                                                                                                                                                  |                                                                                                            |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                |                                                                                                                                                                                  |                                                                                                            |  |
| <b>c</b> EIN-PN                                                                  | <b>d</b> Entity code                                                                                                                                                             | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)        |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                   |                                                                                                                                                                                  |                                                                                                            |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                |                                                                                                                                                                                  |                                                                                                            |  |
| <b>c</b> EIN-PN                                                                  | <b>d</b> Entity code                                                                                                                                                             | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)        |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                   |                                                                                                                                                                                  |                                                                                                            |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                |                                                                                                                                                                                  |                                                                                                            |  |
| <b>c</b> EIN-PN                                                                  | <b>d</b> Entity code                                                                                                                                                             | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)        |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                   |                                                                                                                                                                                  |                                                                                                            |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                |                                                                                                                                                                                  |                                                                                                            |  |
| <b>c</b> EIN-PN                                                                  | <b>d</b> Entity code                                                                                                                                                             | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)        |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                   |                                                                                                                                                                                  |                                                                                                            |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                |                                                                                                                                                                                  |                                                                                                            |  |
| <b>c</b> EIN-PN                                                                  | <b>d</b> Entity code                                                                                                                                                             | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)        |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                   |                                                                                                                                                                                  |                                                                                                            |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                |                                                                                                                                                                                  |                                                                                                            |  |
| <b>c</b> EIN-PN                                                                  | <b>d</b> Entity code                                                                                                                                                             | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)        |  |

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

**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

|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                      |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br>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).<br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                      | <b>2009</b>                                   |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                      | <b>This Form is Open to Public Inspection</b> |

|                                                                                            |                                                             |     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2009 or fiscal plan year beginning 06/01/2009 and ending 05/31/2010 |                                                             |     |
| <b>A</b> Name of plan<br>PENSION PLAN FOR HOURLY EMPLOYEES OF LUDLOW COMPOSITES CORP.      | <b>B</b> Three-digit plan number (PN) ►                     | 013 |
|                                                                                            |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>LUDLOW COMPOSITES CORP.   | <b>D</b> Employer Identification Number (EIN)<br>34-1441580 |     |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       | 0                     | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 20256                 | 701             |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    | 1077984               | 992010          |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 1098240               | 992711          |

**Liabilities**

|                                                                           |           |       |       |
|---------------------------------------------------------------------------|-----------|-------|-------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |       |       |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 10947 | 17165 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |       |       |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |       |       |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 10947 | 17165 |

**Net Assets**

|                                                           |           |         |        |
|-----------------------------------------------------------|-----------|---------|--------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 1087293 | 975546 |
|-----------------------------------------------------------|-----------|---------|--------|

**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: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 8541       |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 8541      |

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

|                                                                                                      |                 |  |   |
|------------------------------------------------------------------------------------------------------|-----------------|--|---|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> |  |   |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> |  |   |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> |  |   |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |  |   |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> |  |   |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> |  |   |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |  | 0 |

|                                                                                           |                 |  |   |
|-------------------------------------------------------------------------------------------|-----------------|--|---|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | <b>2b(2)(A)</b> |  |   |
| <b>(B)</b> Common stock .....                                                             | <b>2b(2)(B)</b> |  |   |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | <b>2b(2)(C)</b> |  |   |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |  | 0 |

|                 |              |  |  |
|-----------------|--------------|--|--|
| (3) Rents ..... | <b>2b(3)</b> |  |  |
|-----------------|--------------|--|--|

|                                                                                           |                 |  |   |
|-------------------------------------------------------------------------------------------|-----------------|--|---|
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | <b>2b(4)(A)</b> |  |   |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | <b>2b(4)(B)</b> |  |   |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | <b>2b(4)(C)</b> |  | 0 |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 0         |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            | 122178    |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            |           |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 130719    |

**Expenses**

|                                                                                            |              |        |        |
|--------------------------------------------------------------------------------------------|--------------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 242466 |        |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> |        |        |
| (3) Other .....                                                                            | <b>2e(3)</b> |        |        |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |        | 242466 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |        |        |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |        |        |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |        |        |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> |        |        |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> |        |        |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> |        |        |
| (4) Other .....                                                                            | <b>2i(4)</b> |        |        |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |        | 0      |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |        | 242466 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | -111747 |
| <b>l</b> Transfers of assets:                                                 |              |  |         |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  |         |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |         |

**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: PLANTE & MORAN, PLLC

(2) EIN: 38-1357951

**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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>a</b> 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>b</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  |        |
| <b>c</b> 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  |        |
| <b>d</b> 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  |        |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |        |
| <b>g</b> 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  |        |
| <b>h</b> 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  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |        |
| <b>j</b> 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   |    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     |    |        |
| <b>n</b> 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) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2009 or fiscal plan year beginning 06/01/2009 and ending 05/31/2010

|                                                                                                 |                                                                    |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>PENSION PLAN FOR HOURLY EMPLOYEES OF LUDLOW COMPOSITES CORP.</u>    | <b>B</b> Three-digit plan number (PN) ▶<br><u>013</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>LUDLOW COMPOSITES CORP.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>34-1441580</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u>  |
| <b>2</b> 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):<br><br>EIN(s): <u>62-1549435</u> |          |           |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |           |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> | <u>13</u> |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                             |                                         |                             |                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes            | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                                         |                             |                                         |
| <b>5</b> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                                         |                             |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year .....                                                                                                                                                                                                                                                                                 | <b>6a</b>                               |                             |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                               |                             |                                         |
| <b>c</b> 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).....                                                                                                                                                                                                             | <b>6c</b>                               |                             |                                         |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                                         |                             |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes            | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <b>8</b> 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?.....                                                                                                     | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                                |                                   |                                   |                               |                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> 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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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): \_\_\_\_\_

**Ludlow Composites Corporation Pension Plan  
for the Hourly Employees of  
Ludlow Composites Corporation**

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**Financial Report  
May 31, 2010**

# **Ludlow Composites Corporation Pension Plan for the Hourly Employees of Ludlow Composites Corporation**

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| <b>Schedule of Assets Held at End of Year</b>                    | <b>Schedule I</b> |
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**Independent Auditor's Report**

To the Pension Committee  
Ludlow Composites Corporation Pension Plan  
for the Hourly Employees of  
Ludlow Composites Corporation

We were engaged to audit the financial statements and supplemental schedules of Ludlow Composites Corporation Pension Plan for the Hourly Employees of Ludlow Composites Corporation (the "Plan") as of May 31, 2010 and 2009 and for the years then ended as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by First Mercantile Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of May 31, 2010 and 2009 and for the years then ended that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*Plante & Moran, PLLC*

Toledo, Ohio  
March 3, 2011

# **Ludlow Composites Corporation Pension Plan for the Hourly Employees of Ludlow Composites Corporation**

## **Statement of Net Assets Available for Benefits**

|                                                                                                    | <u>May 31, 2010</u>      | <u>May 31, 2009</u>        |
|----------------------------------------------------------------------------------------------------|--------------------------|----------------------------|
| <b>Assets</b>                                                                                      |                          |                            |
| Investments - At fair value - Common trust fund - The Premier Trust Fund of First Mercantile Trust | \$ 992,010               | \$ 1,077,984               |
| Receivables - Employer contributions receivable                                                    | <u>701</u>               | <u>20,256</u>              |
| Total assets                                                                                       | 992,711                  | 1,098,240                  |
| <b>Liabilities</b> - Other payables                                                                | <u>17,165</u>            | <u>10,947</u>              |
| <b>Net Assets Available for Benefits</b>                                                           | <u><b>\$ 975,546</b></u> | <u><b>\$ 1,087,293</b></u> |

# Ludlow Composites Corporation Pension Plan for the Hourly Employees of Ludlow Composites Corporation

## Statement of Changes in Net Assets Available for Benefits

|                                                                                             | Year Ended               |                            |
|---------------------------------------------------------------------------------------------|--------------------------|----------------------------|
|                                                                                             | May 31, 2010             | May 31, 2009               |
| <b>Additions to Net Assets</b>                                                              |                          |                            |
| Contributions                                                                               | \$ 8,541                 | \$ 41,424                  |
| Investment income - Net appreciation (depreciation) in fair value of the common trust fund  | 122,178                  | (172,447)                  |
| Total additions - Net                                                                       | 130,719                  | (131,023)                  |
| <b>Deductions from Net Assets</b> - Benefits paid directly to participants or beneficiaries | 242,466                  | 74,886                     |
| <b>Net Decrease</b>                                                                         | (111,747)                | (205,909)                  |
| <b>Net Assets Available for Benefits</b>                                                    |                          |                            |
| Beginning of year                                                                           | 1,087,293                | 1,293,202                  |
| End of year                                                                                 | <u><u>\$ 975,546</u></u> | <u><u>\$ 1,087,293</u></u> |

# **Ludlow Composites Corporation Pension Plan for the Hourly Employees of Ludlow Composites Corporation**

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**Notes to Financial Statements  
May 31, 2010 and 2009**

## **Note 1 - Plan Description**

The following description of Ludlow Composites Corporation Pension Plan for the Hourly Employees of Ludlow Composites Corporation (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

**General** - The Plan is a defined benefit plan covering all hourly employees of Ludlow Composites Corporation (the "Company") who have completed one year of service and are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

**Pension Benefits** - Participants are entitled to monthly pension benefits beginning at normal retirement age (65) equal to the participant's years of credited service multiplied by an amount set forth in the plan agreement. Such amount varies with a participant's retirement date and ranges from \$6.50 to \$10.00 per year of credited service. The Plan was frozen to new participants and accumulation of benefits effective January 31, 2009.

The Plan permits early retirement at age 62 and completion of 20 years of service. Accrued benefits become 20 percent vested after completion of three years of credited service and increase in 20 percent increments until an employee is fully vested after seven years.

The standard form of pension benefit commences on the participant's normal retirement date (date of participant's 65th birthday). Unless otherwise elected, a participant who is married on the "annuity starting date" and who retires under the Plan receives the value of his or her benefit in the form of a joint and survivor annuity.

**Death Benefits** - In certain circumstances, if an active or terminated employee who has a vested interest in the Plan dies prior to his or her normal retirement age, the surviving spouse or designated beneficiary shall receive a survivor benefit, as defined in the Plan.

**Disability Benefits** - The Plan provides for a disability retirement pension that is a monthly pension, payable for life, which is equal to the participant's accrued monthly benefit as of the date of disability.

## **Note 2 - Summary of Significant Accounting Policies**

**Investment Valuation** - Investments in the common trust fund are valued at the fund's net asset values (fair value) on the last business day of the fiscal year based on the fair market value of the underlying assets. See Note 7 for additional information.

# **Ludlow Composites Corporation Pension Plan for the Hourly Employees of Ludlow Composites Corporation**

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## **Notes to Financial Statements May 31, 2010 and 2009**

### **Note 2 - Summary of Significant Accounting Policies (Continued)**

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

**Contributions** - The Company contributes such amounts as are deemed necessary on an actuarial basis to provide assets sufficient enough to meet the benefits to be paid to the plan participants. The Plan meets minimum funding standards established under ERISA. The annual contributions to the Plan are designed to fund the Plan's normal costs currently and amortize past service liabilities over 30 years.

**Benefit Payments** - Benefits are recorded when paid.

**Administrative Expenses** - For the years ended May 31, 2010 and 2009, certain administrative and advisory costs were paid by the Company as directed by the plan administrator.

**Use of Estimates** - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Significant estimates are used in the calculation of the accumulated plan benefits.

**Actuarial Assumptions** - The actuarial present value of accumulated plan benefits is determined by an actuary from Cuni, Rust & Strenk Actuarial Consulting and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and probability of payment between the valuation date and the expected date of payment.

# **Ludlow Composites Corporation Pension Plan for the Hourly Employees of Ludlow Composites Corporation**

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## **Notes to Financial Statements May 31, 2010 and 2009**

### **Note 2 - Summary of Significant Accounting Policies (Continued)**

The significant actuarial assumptions used in the valuation of the Plan at May 31, 2010 and 2009 are summarized as follows:

|                       |                                                                                                                                  |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------|
| Actuarial cost method | - Projected unit credit                                                                                                          |
| Discount rate         | - 6.55 percent and 6.75 percent for May 31, 2010 and 2009, respectively                                                          |
| Mortality basis       | - IRS 2010 Combined Static Mortality Table for May 31, 2010 and IRS 2009 Combined Static Mortality Table for May 31, 2009        |
| Rate of retirement    | - 32 percent for age 62, 10 percent for ages 63-64, 70 percent for age 65, 40 percent for ages 66-70, and 100 percent for age 71 |

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.

**Risks and Uncertainties** - Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee compensation and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. 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 statement of net assets available for benefits.

**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 by the employees to the valuation date. These include benefits expected to be paid to:

- a. Retired or terminated employees or their beneficiaries
- b. Beneficiaries of employees who have died
- c. Present employees or their beneficiaries

# **Ludlow Composites Corporation Pension Plan for the Hourly Employees of Ludlow Composites Corporation**

## **Notes to Financial Statements May 31, 2010 and 2009**

### **Note 2 - Summary of Significant Accounting Policies (Continued)**

Benefits payable under all circumstances such as retirement, death, disability, and termination of employment are included, to the extent they are deemed attributable, to employee service rendered to the valuation date.

**Subsequent Events** - The financial statements and related disclosures include evaluation of events up through and including March 3, 2011, which is the date the financial statements were available to be issued.

### **Note 3 - Unaudited Investment Information**

The trustee of the Plan, First Mercantile Trust Company, holds the Plan's investments and executes all investment transactions. The investment balances and related investment results included in the accompanying financial statements and supplemental schedules of assets held at end of year and reportable transactions are based solely on information provided by First Mercantile Trust Company. Additionally, the Plan invests in certain assets managed by First Mercantile Trust Company.

### **Note 4 - Actuarial Information**

The actuarial present value of accumulated plan benefits is determined by consulting actuaries from Cuni, Rust & Strenk Actuarial Consulting. The calculations of the estimated present value of accumulated plan benefits attributable to participants in the Plan, which were made as of and for the years ended May 31, 2010 and 2009, the most recent actuarial valuations, are as follows:

|                                                            | 2010                | 2009                |
|------------------------------------------------------------|---------------------|---------------------|
| Actuarial present value of accumulated plan benefits:      |                     |                     |
| Vested benefits:                                           |                     |                     |
| Participants currently receiving benefit payments          | \$ 540,381          | \$ 547,255          |
| Other vested participants                                  | 585,025             | 696,622             |
| Total vested benefits                                      | 1,125,406           | 1,243,877           |
| Nonvested benefits                                         | 25,320              | 30,838              |
| Total actuarial present value of accumulated plan benefits | <u>\$ 1,150,726</u> | <u>\$ 1,274,715</u> |

# Ludlow Composites Corporation Pension Plan for the Hourly Employees of Ludlow Composites Corporation

## Notes to Financial Statements May 31, 2010 and 2009

### Note 4 - Actuarial Information (Continued)

|                                                                    | 2010                | 2009                |
|--------------------------------------------------------------------|---------------------|---------------------|
| Actuarial present value of accumulated plan benefits -             |                     |                     |
| Beginning of year                                                  | \$ 1,274,715        | \$ 1,235,345        |
| Increase (decrease) during the year attributable to:               |                     |                     |
| Benefits accumulated                                               | 37,590              | 30,359              |
| Interest due to the decrease in the discount period                | 80,887              | 83,897              |
| Benefits paid                                                      | <u>(242,466)</u>    | <u>(74,886)</u>     |
| Net (decrease) increase                                            | <u>(123,989)</u>    | <u>39,370</u>       |
| Actuarial present value of accumulated plan benefits - End of year | <u>\$ 1,150,726</u> | <u>\$ 1,274,715</u> |

### Note 5 - Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Provide benefits for all participants or beneficiaries whose benefits have been, or could have been, in pay status for the entire three-year period prior to termination, based on the plan provisions in effect during the five-year period ending on such date under which such benefit would be the least
2. Provide all other benefits guaranteed under Title IV of the Employee Retirement Income Security Act of 1974 (without regard to the limitation of Section 4022(b)(3) or the limitation on benefits payable to "substantial owners" of Section 4022(b)(5))
3. Provide all other vested benefits other than those becoming nonforfeitable solely on account of the termination of the Plan
4. Provide all other benefits under the Plan

The Pension Benefit Guaranty Corporation (PBGC) guarantees the payment of all nonforfeitable basic benefits subject to certain limitations prescribed by ERISA. 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 those benefits and may also depend on the level of benefits guaranteed by the PBGC.

# **Ludlow Composites Corporation Pension Plan for the Hourly Employees of Ludlow Composites Corporation**

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## **Notes to Financial Statements May 31, 2010 and 2009**

### **Note 6 - Tax Status**

The Plan has received a determination letter from the Internal Revenue Service indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

### **Note 7 - Fair Value Measurements**

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value.

The following tables present information about the Plan's assets measured at fair value on a recurring basis at May 31, 2010 and 2009 and the valuation techniques used by the Plan to determine those fair values.

**Level 1** - In general, fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

**Level 2** - Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets and other inputs such as interest rates and yield curves that are observable at commonly quoted intervals.

**Level 3** - Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

In instances where inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

# **Ludlow Composites Corporation Pension Plan for the Hourly Employees of Ludlow Composites Corporation**

## **Notes to Financial Statements May 31, 2010 and 2009**

### **Note 7 - Fair Value Measurements (Continued)**

#### **Assets Measured at Fair Value on a Recurring Basis at May 31, 2010**

|                                                      | <u>Level 2</u>    |
|------------------------------------------------------|-------------------|
| The Premier Trust Fund of First Mercantile Trust (1) | <u>\$ 992,010</u> |

#### **Assets Measured at Fair Value on a Recurring Basis at May 31, 2009**

|                                                      | <u>Level 2</u>      |
|------------------------------------------------------|---------------------|
| The Premier Trust Fund of First Mercantile Trust (1) | <u>\$ 1,077,984</u> |

- (1) This investment is an actively managed common collective trust fund that invests primarily in equity securities which may include common stocks, options, and futures. Investments are valued at the net asset value per share multiplied by the number of shares held as of the measurement date.

# **Ludlow Composites Corporation Pension Plan for the Hourly Employees of Ludlow Composites Corporation**

**Schedule of Assets Held at End of Year  
Form 5500, Schedule H, Line 4i  
EIN 34-1441580, Plan No. 013  
May 31, 2010**

| <u>(a)(b)</u><br><u>Identity of Issuer</u> | <u>(c)</u><br><u>Description of Investment</u>                          | <u>(d)</u><br><u>Cost</u> | <u>(e)</u><br><u>Current Value</u> |
|--------------------------------------------|-------------------------------------------------------------------------|---------------------------|------------------------------------|
| First Mercantile Trust<br>Company          | Common trust fund - The Premier<br>Trust Fund of First Mercantile Trust | <u>\$ 975,801</u>         | <u>\$ 992,010</u>                  |

# Ludlow Composites Corporation Pension Plan for the Hourly Employees of Ludlow Composites Corporation

## Schedule of Reportable Transactions Form 5500, Schedule H, Line 4j EIN 34-1441580, Plan No. 013 Year Ended May 31, 2010

| (a)<br>Identity of Party Involved                                                                                                                                                           | (b)<br>Description of Asset                                                                        | (c)<br>Purchase Price | (d)<br>Selling Price | (g)<br>Cost of Asset | (h)<br>Current Value of<br>Asset on<br>Transaction Date | (i)<br>Net Gain |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------|----------------------|----------------------|---------------------------------------------------------|-----------------|
| Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets: |                                                                                                    |                       |                      |                      |                                                         |                 |
| First Mercantile Trust Company                                                                                                                                                              | Common trust fund - The Premier Trust Fund of First Mercantile Trust - Purchases - 12 transactions | \$ 34,314             | \$ -                 | \$ 34,314            | \$ 34,314                                               | \$ -            |
| First Mercantile Trust Company                                                                                                                                                              | Common trust fund - The Premier Trust Fund of First Mercantile Trust - Sales - 22 transactions     | -                     | 242,466              | 216,756              | 242,466                                                 | 25,710          |

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

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2009</div><br><br>This Form is Open to Public Inspection |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Part I Annual Report Identification Information**

For the 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.**

|                                                                                                                                                                                                                                 |                                                                                                                                                                                        |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>1a</b> Name of plan<br>Pension Plan for Hourly Employees of Ludlow Composites Corp.                                                                                                                                          | <b>1b</b> Three-digit plan number (PN) ►                                                                                                                                               | 013 |
| <b>1c</b> Effective date of plan<br>05/08/1972                                                                                                                                                                                  |                                                                                                                                                                                        |     |
| <b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.)<br><br>Ludlow Composites Corp.<br><br><br>2100 Commerce Drive<br><br>US Fremont OH 43420-1048 | <b>2b</b> Employer identification Number (EIN)<br>34-1441580<br><br><b>2c</b> Sponsor's telephone number<br>(419) 332-5531<br><br><b>2d</b> Business code (see instructions)<br>339900 |     |

**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<br>HERE |                                    | 3/10/11 | Scott Messina                                                |
|              | Signature of plan administrator    | Date    | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE |                                    | 3/10/11 | Scott Messina                                                |
|              | Signature of employer/plan sponsor | Date    | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE |                                    |         |                                                              |
|              | Signature of DFE                   | Date    | Enter name of individual signing as DFE                      |

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

Form 5500 (2009)  
v.092307.1

**3a** Plan administrator's name and address (if same as plan sponsor, enter "Same")  
Same

**3b** Administrator's EIN

**3c** Administrator's telephone number

**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

**a** Sponsor's name

**4b** EIN

**4c** PN

**5** Total number of participants at the beginning of the plan year . . . . . **5** 131

**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** 50

**b** Retired or separated participants receiving benefits . . . . . **6b** 29

**c** Other retired or separated participants entitled to future benefits . . . . . **6c** 29

**d** Subtotal. Add lines 6a, 6b and 6c . . . . . **6d** 108

**e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits . . . . . **6e** 8

**f** Total. Add lines 6d and 6e . . . . . **6f** 116

**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** 2

**7** Enter the total number of employers obligated to contribute to the plan (only multiemployer complete this item) . . . **7**

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1B 1G 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

**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 Information)

**2009 Schedule SB, line 22 -- Description of Weighted Average Retirement Age**  
**Plan Name: Pension Plan for Hourly Employees of Ludlow Composites Corporation**  
**EIN: 34-1441580**  
**PN: 013**

| (A)            | (B)              | (C)                | (D)                      | (E)                      |
|----------------|------------------|--------------------|--------------------------|--------------------------|
| Retirement Age | Retirement Rates | Fraction Remaining | Probability Distribution | Sum Weighted Average Age |
| <62            | 0.00%            | 1.00000            |                          |                          |
| 62             | 32.00%           | 0.68000            | 32.00%                   | 19.84000                 |
| 63             | 10.00%           | 0.61200            | 6.80%                    | 4.28400                  |
| 64             | 10.00%           | 0.55080            | 6.12%                    | 3.91680                  |
| 65             | 70.00%           | 0.16524            | 38.56%                   | 25.06140                 |
| 66             | 40.00%           | 0.09914            | 6.61%                    | 4.36234                  |
| 67             | 40.00%           | 0.05949            | 3.97%                    | 2.65706                  |
| 68             | 40.00%           | 0.03569            | 2.38%                    | 1.61803                  |
| 69             | 40.00%           | 0.02142            | 1.43%                    | 0.98509                  |
| 70             | 40.00%           | 0.01285            | 0.86%                    | 0.59962                  |
| 71             | 100.00%          | 0.00000            | 1.28%                    | 0.91228                  |

**Weighted Average Retirement Age**

**64.2**

The Retirement Rates (Column B) at each Early Retirement Age (Column A) are converted to a probability distribution (Column D). The products of Column A and Column D are summed to determine the resulting Weighted Average Retirement Age.

**2009 Schedule SB, Line 25- Change in Method**

**Plan Name: Pension Plan for Hourly Employees of Ludlow Composites Corp.**

**EIN: 34-1441580**

**PN: 013**

Effective with the June 1, 2009 valuation, the following methods were changed:

- The interest rates used to determine the Target liability were changed from the tiered segment rates as of the valuation date to the IRS full yield curve for the second month prior to the valuation date as indicated above and in accordance with IRS regulations.

**2009 Schedule SB, line 19 – Discounted Employer Contributions.**

**Plan Name: Pension Plan for Hourly Employees of Ludlow Composites Corp.**

**EIN: 34-1441580**

**PN: 013**

Effective Interest Rate: 7.52%

Valdate for contributions: 6/1/2009

|       | <u>Date</u> | <u>Amount</u>    | <u># Days to</u><br><u>6/1/2009</u> | <u>Discounted</u><br><u>Contributions @</u><br><u>7.52%</u> |   |
|-------|-------------|------------------|-------------------------------------|-------------------------------------------------------------|---|
|       | 09/24/2009  | \$ 7,840.00      | 115                                 | \$ 7,661.00                                                 | * |
|       | 02/15/2011  | <u>\$ 701.00</u> | 624                                 | <u>\$ 619.00</u>                                            |   |
| TOTAL |             | \$ 8,541.00      |                                     | \$ 8,280.00                                                 |   |

\* Includes \$2.00 additional discount for late quarterly interest.

**2009 Schedule SB, Line 32 --Schedule of Amortization Bases**

**Plan Name: Pension Plan for Hourly Employees of Ludlow Composites Corporation**

**EIN: 34-1441580**

**PN: 013**

| <u>Type</u> | Present Value<br>of Remaining<br><u>Installments</u> | Date<br><u>Established</u> | Rem.<br><u>Years</u> | Amortization<br><u>Installment</u> |
|-------------|------------------------------------------------------|----------------------------|----------------------|------------------------------------|
| Shortfall   | \$ 48,247                                            | 06/01/2009                 | 7                    | \$ 8,280                           |
|             | <u>\$ 48,247</u>                                     |                            |                      | <u>\$ 8,280</u>                    |

**2009 Schedule SB, Part V – Summary of Plan Provisions**

**Plan Name: Pension Plan for Hourly Employees of Ludlow Composites Corporation**

**EIN: 34-1441580**

**PN: 013**

1. Effective Date: May 8, 1976; restated effective June 1, 2003.
2. Plan Year: June 1<sup>st</sup> through May 31<sup>st</sup>.
3. Eligibility for Participation: Employees will participate in the Plan on the June 1 or December 1 following completion of 1,000 hours of service during the Anniversary Year and attained age 21.  
  
No new participants will enter the Plan after January 31, 2009.
4. Vesting Service: Completion of 1,000 Hours of Service in a Plan Year.
5. Credited Service: Credited Service is granted according to the following schedule:

| <u>Straight-Time<br/>Hours Paid in<br/>Calendar Year</u> | <u>Years of<br/>Credited<br/>Service</u> |
|----------------------------------------------------------|------------------------------------------|
| 501 - 719                                                | .3                                       |
| 720 - 899                                                | .4                                       |
| 900 - 1079                                               | .5                                       |
| 1080 - 1259                                              | .6                                       |
| 1260 - 1439                                              | .7                                       |
| 1440 - 1619                                              | .8                                       |
| 1620 - 1799                                              | .9                                       |
| 1800 or more                                             | 1.0                                      |

Participants who are no longer hourly do not benefit from the “active” benefit unit increases and accrue no further credited service. They do accrue vesting service.

A participant’s Years of Credited Service shall not be increased for any period of service after January 31, 2009.

**2009 Schedule SB, Part V – Summary of Plan Provisions**

**Plan Name: Pension Plan for Hourly Employees of Ludlow Composites Corporation**

**EIN: 34-1441580**

**PN: 013**

**6. Normal Retirement:**

- a. Eligibility Age 65.
- b. Monthly Benefit A monthly pension payable, rounded to the nearest dollar, for life equal to
  - (i) \$6.50 for each year of Credited Service prior to September 1, 1992 plus
  - (ii) \$7.00 for each year of Credited Service after September 1, 1992 and before September 1, 1997 plus
  - (iii) \$8.00 for each year of Credited Service after September 1, 1997 and before September 1, 1998 plus
  - (iv) \$9.00 for each year of service after September 1, 1998 and before September 1, 1999 plus
  - (v) \$10.00 for each year of service after September 1, 1999.

The Plan is frozen effective January 31, 2009. No Participant will accrue additional benefits after January 31, 2009.

**7. Early Retirement:**

- a. Eligibility Age 62 and 20 Years of Vesting Service.
- b. Monthly Benefit Calculated as for Normal Retirement with no reduction for early commencement.

**2009 Schedule SB, Part V – Summary of Plan Provisions**

**Plan Name: Pension Plan for Hourly Employees of Ludlow Composites Corporation**

**EIN: 34-1441580**

**PN: 013**

**8. Vested Retirement:**

**a. Eligibility**

3 Years of Vesting Service.

**b. Monthly Benefit**

Calculated as for Normal Retirement based on percent of vesting earned. Participant may elect to receive benefit calculated as for Early Retirement.

| <u>Years of Vesting Service</u> | <u>Nonforfeitable Percentage</u> |
|---------------------------------|----------------------------------|
| Less than 3                     | 0%                               |
| 3                               | 20%                              |
| 4                               | 40%                              |
| 5                               | 60%                              |
| 6                               | 80%                              |
| 7 or more                       | 100%                             |

**9. Late Retirement Benefit:**

Greater of the Accrued benefit as of actual retirement date or the actuarial equivalent of the Accrued Benefit payable as of the participant's Normal Retirement Date.

**10. Pre-Retirement Death:**

**a. Eligibility**

3 Years of Vesting Service.

**b. Monthly Benefit**

Calculated as if the participant had terminated employment on his date of death, survived to his earliest retirement date and retired with a Joint & 50% annuity.

Participants who die while still employed will be paid the maximum of the above or the present value of their accrued benefit.

**2009 Schedule SB, Part V – Summary of Plan Provisions**

**Plan Name: Pension Plan for Hourly Employees of Ludlow Composites Corporation**

**EIN: 34-1441580**

**PN: 013**

11. Payment Forms:

- |             |                                                                                     |
|-------------|-------------------------------------------------------------------------------------|
| a. Normal   | Life Annuity.                                                                       |
| b. Optional | Actuarially Equivalent Life with 10 Years Certain,<br>50% Joint & Survivor Annuity. |

12. Actuarial Equivalency:

- |                         |                                                                                                                                                            |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| a. Other Than Lump Sums | Revenue Ruling 2001-62 Mortality Table at the 30-Year Treasury rate for the April prior to the Plan Year, or 8%, whichever results in the greater benefit. |
| b. Lump Sums            | IRS applicable mortality table and IRS applicable interest rates for the April prior to the Plan Year.                                                     |

13. Changes Since Last Year:

The Plan is frozen effective January 31, 2009. No additional participants will enter the Plan after January 31, 2009, and no participant will accrue additional benefits after January 31, 2009.

**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.

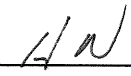
|                                                                                                                                                                                                                                                                                                                     |  |                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>Pension Plan for Hourly Employees of Ludlow Composites Corp.                                                                                                                                                                                                                               |  | <b>B</b> Three-digit plan number (PN) ► 013                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ<br>Ludlow Composites Corp.                                                                                                                                                                                                                 |  | <b>D</b> Employer Identification Number (EIN)<br>34-1441580 |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B <input type="checkbox"/> F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |  |                                                             |

**Part I Basic Information**

|                                                                                                                                                                                                 |              |                            |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------|--------------------|
| <b>1</b> Enter the valuation date: Month 06 Day 01 Year 2009                                                                                                                                    |              |                            |                    |
| <b>2</b> Assets:                                                                                                                                                                                |              |                            |                    |
| <b>a</b> Market value                                                                                                                                                                           | <b>2a</b>    | 1,085,712                  |                    |
| <b>b</b> Actuarial value                                                                                                                                                                        | <b>2b</b>    | 1,085,712                  |                    |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                             |              | (1) Number of participants | (2) Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment                                                                                                                           | <b>3a</b>    | 38                         | 539,856            |
| <b>b</b> For terminated vested participants                                                                                                                                                     | <b>3b</b>    | 35                         | 143,867            |
| <b>c</b> For active participants:                                                                                                                                                               |              |                            |                    |
| (1) Non-vested benefits                                                                                                                                                                         | <b>3c(1)</b> |                            | 29,493             |
| (2) Vested benefits                                                                                                                                                                             | <b>3c(2)</b> |                            | 493,123            |
| (3) Total active                                                                                                                                                                                | <b>3c(3)</b> | 58                         | 522,616            |
| <b>d</b> Total                                                                                                                                                                                  | <b>3d</b>    | 131                        | 1,206,339          |
| <b>4</b> If the plan is at-risk, check the box and complete lines a and b <input type="checkbox"/>                                                                                              |              |                            |                    |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions                                                                                                                             |              | <b>4a</b>                  |                    |
| <b>b</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 |              | <b>4b</b>                  |                    |
| <b>5</b> Effective interest rate                                                                                                                                                                |              | <b>5</b>                   | 7.52               |
| <b>6</b> Target normal cost                                                                                                                                                                     |              | <b>6</b>                   | 0                  |

**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.

|                               |                                                                                     |                                        |
|-------------------------------|-------------------------------------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>              |  | 03/01/2011                             |
| Signature of actuary          |                                                                                     | Date                                   |
| Hans Nienaber                 |                                                                                     | 08-05737                               |
| Type or print name of actuary |                                                                                     | Most recent enrollment number          |
| Cuni, Rust & Strenk           |                                                                                     | (513) 891-0270                         |
| Firm name                     |                                                                                     | Telephone number (including area code) |
| 4540 Cooper Road, Suite 304   |                                                                                     |                                        |
| US Cincinnati                 | OH 45242-5617                                                                       |                                        |
| 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 |
|--------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (item 13 from prior year) . . . . . | 0                     | 0                      |
| <b>8</b> Portion used to offset prior year's funding requirement (item 35 from prior year) . . . . .         | 0                     | 0                      |
| <b>9</b> Amount remaining (item 7 minus item 8) . . . . .                                                    | 0                     | 0                      |
| <b>10</b> Interest on item 9 using prior year's actual return of <u>-12.73</u> % . . . . .                   | 0                     | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                               |                       |                        |
| <b>a</b> Excess contributions (item 38 from prior year) . . . . .                                            |                       | 7,807                  |
| <b>b</b> Interest on (a) using prior year's effective rate of <u>6.19</u> % . . . . .                        |                       | 483                    |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance . . . . .            |                       | 8,290                  |
| <b>d</b> Portion of item (c) to be added to prefunding balance . . . . .                                     |                       | 8,290                  |
| <b>12</b> Reduction in balances due to elections or deemed elections . . . . .                               | 0                     | 8,290                  |
| <b>13</b> Balance at beginning of current year (item 9 + item 10 + item 11d - item 12) . . . . .             | 0                     | 0                      |

**Part III Funding percentages**

|                                                                                                                                                                                |           |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage . . . . .                                                                                                                       | <b>14</b> | 90.00 % |
| <b>15</b> Adjusted funding target attainment percentage . . . . .                                                                                                              | <b>15</b> | 90.00 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement . . . . . | <b>16</b> | 95.59 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage . . . . .                                        | <b>17</b> | %       |

**Part IV Contributions and liquidity shortfalls****18** Contributions made to the plan for the the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 09/24/2009               | 7,840                             |                                 |                          |                                   |                                 |
| 02/15/2011               | 701                               |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶ 18(b)</b>    |                                   |                                 |                          | 8,541                             | <b>18(c)</b>                    |

**19** Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                                             |            |       |
|-----------------------------------------------------------------------------------------------------------------------------|------------|-------|
| <b>a</b> Contributions allocated toward unpaid minimum required contribution from prior years . . . . .                     | <b>19a</b> | 0     |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date . . . . .                                      | <b>19b</b> | 0     |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date . . . . . | <b>19c</b> | 8,280 |

**20** Quarterly contributions and liquidity shortfall(s):

- 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**

|                                                                                                                                                                                                |                  |                  |                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------|----------------------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                       |                  |                  |                                                                |
| <b>a</b> Segment rates:                                                                                                                                                                        | 1st segment<br>% | 2nd segment<br>% | 3rd segment<br>%                                               |
|                                                                                                                                                                                                |                  |                  | <input checked="" type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) . . . . .                                                                                                                                               |                  |                  | <b>21b</b> 2                                                   |
| <b>22</b> Weighted average retirement age . . . . .                                                                                                                                            |                  |                  | <b>22</b> 64                                                   |
| <b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed -- combined <input type="checkbox"/> Prescribed -- separate <input type="checkbox"/> Substitute |                  |                  |                                                                |

**Part VI Miscellaneous items**

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

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

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

**Part VIII Minimum required contribution for current year**

|                                                                                                                                                                                          |  |                     |                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------|--------------------|
| <b>31</b> Target normal cost, adjusted, if applicable (see instructions) . . . . .                                                                                                       |  | <b>31</b>           | 0                  |
| <b>32</b> Amortization installments:                                                                                                                                                     |  | Outstanding Balance | Installment        |
| <b>a</b> Net shortfall amortization installment . . . . .                                                                                                                                |  | 48,247              | 8,280              |
| <b>b</b> Waiver amortization installment . . . . .                                                                                                                                       |  | 0                   | 0                  |
| <b>33</b> 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 . . . . . |  | <b>33</b>           |                    |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33). . . . .                                                   |  | <b>34</b>           | 8,280              |
|                                                                                                                                                                                          |  | Carryover balance   | Prefunding Balance |
| <b>35</b> Balances used to offset funding requirement . . . . .                                                                                                                          |  | 0                   | 0                  |
| <b>36</b> Additional cash requirement (item 34 minus item 35) . . . . .                                                                                                                  |  | <b>36</b>           | 8,280              |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c) . . . . .                                                  |  | <b>37</b>           | 8,280              |
| <b>38</b> Interest-adjusted excess contributions for current year (see instructions) . . . . .                                                                                           |  | <b>38</b>           | 0                  |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) . . . . .                                                                      |  | <b>39</b>           |                    |
| <b>40</b> Unpaid minimum required contribution for all years . . . . .                                                                                                                   |  | <b>40</b>           |                    |

**2009 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**  
**Plan Name: Pension Plan for Hourly Employees of Ludlow Composites Corporation**  
**EIN: 34-1441580**  
**PN: 013**

1. Interest Rates:

| Target Liability | Spot Rates – April 2009 Yield Curve |
|------------------|-------------------------------------|
| i. Year 1        | 4.96%                               |
| ii. Year 2       | 5.50%                               |
| iii. Year 3      | 6.13%                               |
| iv. Year 4       | 6.67%                               |
| v. Year 5        | 7.05%                               |
| vi. Year 6       | 7.29%                               |

2. Mortality Rates:

|                     |                                           |
|---------------------|-------------------------------------------|
| a. Target Liability | IRS 2009 Combined Static Mortality Table. |
| b. Lump sums        | IRS 2009 Applicable Morality Table.       |

3. Retirement Rates:

| <u>Age</u> | <u>Rate</u> |
|------------|-------------|
| 62         | 0.32        |
| 63         | 0.10        |
| 64         | 0.10        |
| 65         | 0.70        |
| 66         | 0.40        |
| 67         | 0.40        |
| 68         | 0.40        |
| 69         | 0.40        |
| 70         | 0.40        |
| 71         | 1.00        |

**2009 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**  
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**PN: 013**

4. Termination Rates:

Six-Year Select and Ultimate Table

| <u>Age</u> | <u>Ultimate Rate</u> |
|------------|----------------------|
| 25         | 0.064                |
| 30         | 0.046                |
| 35         | 0.028                |
| 40         | 0.028                |
| 45         | 0.028                |
| 50         | 0.028                |
| 55         | 0.028                |
| 60         | 0.028                |

5. Disability Rates:

| <u>Age</u> | <u>Rate</u> |
|------------|-------------|
| 25         | 0.0006      |
| 30         | 0.0006      |
| 35         | 0.0008      |
| 40         | 0.0012      |
| 45         | 0.0023      |
| 50         | 0.0052      |
| 55         | 0.0107      |
| 60         | 0.0248      |

6. Expense Load:

None. Administrative expenses are paid by the Plan Sponsor.

7. Percent Married/Spousal Age:

85% of males and 50% of females are assumed to be married, with wives 3 years younger than their husbands.

8. Actuarial Cost Method:

PPA Funding Method.

**2009 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**  
**Plan Name: Pension Plan for Hourly Employees of Ludlow Composites Corporation**  
**EIN: 34-1441580**  
**PN: 013**

9. Asset Valuation Method: Market Value.

10. Fiscal Year: June 1, 2009 through December 31, 2009.

11. Changes Since Last Year: The interest rates used to determine the Target liability were updated to the April 2009 Yield Curve as indicated above and in accordance with IRS regulations.

The mortality table was updated to the IRS 2009 Combined Static Mortality Table in accordance with IRS regulations.

For lump sums, the mortality table was updated to the IRS 2009 Applicable Mortality Table.

**Schedule SB, Line 26 – Schedule of Active Participant Data**

**Plan Name: Pension Plan for Hourly Employees of Ludlow Composites Corporation**

**EIN: 34-1441580**

**PN: 013**

Years of Credited Service:

| Attained<br>Age | Under 1           | 1 to 4            | 5 to 9            | 10 to 14          | 15 to 19          | 20 to 24          | 25 to 29          | 30 to 34          | 35 to 39          | 40 & up           |
|-----------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
|                 | Avg.<br>No. Comp. | Avg.<br>No. Comp. | Avg.<br>No. Comp. | Avg.<br>No. Comp. | Avg.<br>No. Comp. | Avg.<br>No. Comp. | Avg.<br>No. Comp. | Avg.<br>No. Comp. | Avg.<br>No. Comp. | Avg.<br>No. Comp. |
| Under 25        | 0                 | 0                 | 0                 | 0                 | 0                 | 0                 | 0                 | 0                 | 0                 | 0                 |
| 25 to 29        | 0                 | 0                 | 0                 | 0                 | 0                 | 0                 | 0                 | 0                 | 0                 | 0                 |
| 30 to 34        | 0                 | 0                 | 1                 | 0                 | 0                 | 0                 | 0                 | 0                 | 0                 | 0                 |
| 35 to 39        | 0                 | 0                 | 1                 | 4                 | 0                 | 0                 | 0                 | 0                 | 0                 | 0                 |
| 40 to 44        | 0                 | 1                 | 3                 | 4                 | 2                 | 0                 | 0                 | 0                 | 0                 | 0                 |
| 45 to 49        | 0                 | 0                 | 3                 | 1                 | 4                 | 1                 | 0                 | 0                 | 0                 | 0                 |
| 50 to 54        | 0                 | 1                 | 1                 | 4                 | 2                 | 0                 | 0                 | 4                 | 1                 | 0                 |
| 55 to 59        | 0                 | 0                 | 0                 | 1                 | 4                 | 0                 | 1                 | 2                 | 1                 | 0                 |
| 60 to 64        | 0                 | 1                 | 1                 | 0                 | 0                 | 0                 | 0                 | 0                 | 2                 | 3                 |
| 65 to 69        | 0                 | 0                 | 0                 | 0                 | 2                 | 0                 | 0                 | 0                 | 1                 | 0                 |
| 70 & up         | 0                 | 0                 | 0                 | 0                 | 1                 | 0                 | 0                 | 0                 | 0                 | 0                 |

# **Ludlow Composites Corporation Pension Plan for the Hourly Employees of Ludlow Composites Corporation**

**Schedule of Assets Held at End of Year  
Form 5500, Schedule H, Line 4i  
EIN 34-1441580, Plan No. 013  
May 31, 2010**

| <u>(a)(b)</u><br><u>Identity of Issuer</u> | <u>(c)</u><br><u>Description of Investment</u>                          | <u>(d)</u><br><u>Cost</u> | <u>(e)</u><br><u>Current Value</u> |
|--------------------------------------------|-------------------------------------------------------------------------|---------------------------|------------------------------------|
| First Mercantile Trust<br>Company          | Common trust fund - The Premier<br>Trust Fund of First Mercantile Trust | <u>\$ 975,801</u>         | <u>\$ 992,010</u>                  |

# Ludlow Composites Corporation Pension Plan for the Hourly Employees of Ludlow Composites Corporation

## Schedule of Reportable Transactions Form 5500, Schedule H, Line 4j EIN 34-1441580, Plan No. 013 Year Ended May 31, 2010

| (a)<br>Identity of Party Involved                                                                                                                                                           | (b)<br>Description of Asset                                                                        | (c)<br>Purchase Price | (d)<br>Selling Price | (g)<br>Cost of Asset | (h)<br>Current Value of<br>Asset on<br>Transaction Date | (i)<br>Net Gain |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------|----------------------|----------------------|---------------------------------------------------------|-----------------|
| Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets: |                                                                                                    |                       |                      |                      |                                                         |                 |
| First Mercantile Trust Company                                                                                                                                                              | Common trust fund - The Premier Trust Fund of First Mercantile Trust - Purchases - 12 transactions | \$ 34,314             | \$ -                 | \$ 34,314            | \$ 34,314                                               | \$ -            |
| First Mercantile Trust Company                                                                                                                                                              | Common trust fund - The Premier Trust Fund of First Mercantile Trust - Sales - 22 transactions     | -                     | 242,466              | 216,756              | 242,466                                                 | 25,710          |

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