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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500-SF</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>Short Form Annual Return/Report of Small Employee Benefit Plan</b><br><br>This form is required to be filed under sections 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>Complete all entries in accordance with the instructions to the Form 5500-SF.</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 09/01/2009 and ending 08/31/2010 |                                                                                                                                                                                                                             |
| <b>A</b> This return/report is for:                                                        | <input checked="" type="checkbox"/> single-employer plan <input type="checkbox"/> multiple-employer plan (not multiemployer) <input type="checkbox"/> one-participant plan                                                  |
| <b>B</b> This return/report is for:                                                        | <input type="checkbox"/> first return/report <input type="checkbox"/> final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> short plan year return/report (less than 12 months) |
| <b>C</b> Check box if filing under:                                                        | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program<br><input type="checkbox"/> special extension (enter description)                          |

|                                                                                                                                                                                                                      |                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>Part II</b>                                                                                                                                                                                                       | <b>Basic Plan Information</b> —enter all requested information      |
| <b>1a</b> Name of plan<br>ROTEX, INC. PENSION PLAN                                                                                                                                                                   | <b>1b</b> Three-digit plan number (PN) ▶ 001                        |
|                                                                                                                                                                                                                      | <b>1c</b> Effective date of plan 09/01/1960                         |
| <b>2a</b> Plan sponsor's name and address (employer, if for single-employer plan)<br>ROTEX GLOBAL LLC<br><br>1230 KNOWLTON STREET<br>CINCINNATI, OH 45223                                                            | <b>2b</b> Employer Identification Number (EIN) 20-8587160           |
|                                                                                                                                                                                                                      | <b>2c</b> Plan sponsor's telephone number 513-541-1236              |
|                                                                                                                                                                                                                      | <b>2d</b> Business code (see instructions) 333200                   |
| <b>3a</b> Plan administrator's name and address (if same as Plan sponsor, enter "Same")<br>ROTEX GLOBAL LLC 1230 KNOWLTON STREET<br>CINCINNATI, OH 45223                                                             | <b>3b</b> Administrator's EIN 20-8587160                            |
|                                                                                                                                                                                                                      | <b>3c</b> Administrator's telephone number 513-541-1236             |
| <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. Sponsor's name               | <b>4b</b> EIN<br><b>4c</b> PN                                       |
| <b>5a</b> Total number of participants at the beginning of the plan year .....                                                                                                                                       | <b>5a</b> 74                                                        |
| <b>b</b> Total number of participants at the end of the plan year .....                                                                                                                                              | <b>5b</b> 75                                                        |
| <b>c</b> Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....                                                                    | <b>5c</b>                                                           |
| <b>6a</b> Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) .....                                                                                                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.                                                                                                            |                                                                     |

|                                                                                                     |                              |                       |                 |
|-----------------------------------------------------------------------------------------------------|------------------------------|-----------------------|-----------------|
| <b>Part III</b>                                                                                     | <b>Financial Information</b> |                       |                 |
| <b>7</b> Plan Assets and Liabilities                                                                |                              | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total plan assets .....                                                                    | <b>7a</b>                    | 2171252               | 2091633         |
| <b>b</b> Total plan liabilities .....                                                               | <b>7b</b>                    |                       |                 |
| <b>c</b> Net plan assets (subtract line 7b from line 7a).....                                       | <b>7c</b>                    | 2171252               | 2091633         |
| <b>8</b> Income, Expenses, and Transfers for this Plan Year                                         |                              | (a) Amount            | (b) Total       |
| <b>a</b> Contributions received or receivable from:                                                 |                              |                       |                 |
| (1) Employers .....                                                                                 | <b>8a(1)</b>                 |                       |                 |
| (2) Participants .....                                                                              | <b>8a(2)</b>                 |                       |                 |
| (3) Others (including rollovers).....                                                               | <b>8a(3)</b>                 |                       |                 |
| <b>b</b> Other income (loss).....                                                                   | <b>8b</b>                    | 144434                |                 |
| <b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....                                 | <b>8c</b>                    |                       | 144434          |
| <b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)..... | <b>8d</b>                    | 224053                |                 |
| <b>e</b> Certain deemed and/or corrective distributions (see instructions)....                      | <b>8e</b>                    |                       |                 |
| <b>f</b> Administrative service providers (salaries, fees, commissions).....                        | <b>8f</b>                    |                       |                 |
| <b>g</b> Other expenses.....                                                                        | <b>8g</b>                    |                       |                 |
| <b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g).....                                         | <b>8h</b>                    |                       | 224053          |
| <b>i</b> Net income (loss) (subtract line 8h from line 8c).....                                     | <b>8i</b>                    |                       | -79619          |
| <b>j</b> Transfers to (from) the plan (see instructions) .....                                      | <b>8j</b>                    |                       |                 |

**Part IV Plan Characteristics****9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1G 1I

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

|                                                                                                                                                                                                                                          | Yes | No | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>10</b> During the plan year:                                                                                                                                                                                                          |     |    |        |
| <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? (See instructions and DOL's Voluntary Fiduciary Correction Program) .....                      |     | X  |        |
| <b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....                                                                                                     |     | X  |        |
| <b>c</b> Was the plan covered by a fidelity bond? .....                                                                                                                                                                                  | X   |    | 100000 |
| <b>d</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>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) ..... |     | X  |        |
| <b>f</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                       |     | X  |        |
| <b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year end.) .....                                                                                                                                         |     | X  |        |
| <b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                             |     |    |        |
| <b>i</b> If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....                                                      |     |    |        |

**Part VI Pension Funding Compliance**

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))..... ☒ Yes ☐ No

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No  
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

**a** 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 letter ruling granting the waiver. .... Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

|                                                                                                                                                    |            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>b</b> Enter the minimum required contribution for this plan year.....                                                                           | <b>12b</b> |  |
| <b>c</b> Enter the amount contributed by the employer to the plan for this plan year.....                                                          | <b>12c</b> |  |
| <b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) ..... | <b>12d</b> |  |

**e** Will the minimum funding amount reported on line 12d be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A

**Part VII Plan Terminations and Transfers of Assets**

**13a** Has a resolution to terminate the plan been adopted during the plan year or any prior year? ..... ☐ Yes ☒ No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a** \_\_\_\_\_

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ..... ☐ Yes ☒ No

**c** 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.)

| <b>13c(1)</b> Name of plan(s): | <b>13c(2)</b> EIN(s) | <b>13c(3)</b> PN(s) |
|--------------------------------|----------------------|---------------------|
|                                |                      |                     |
|                                |                      |                     |

**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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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. | 06/15/2011 | ROBERT W DIECKMAN JR                                         |
|                  | 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>SCHEDULE SB</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>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</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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For calendar plan year 2009 or fiscal plan year beginning 09/01/2009 and ending 08/31/2010

▶ **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><u>ROTEX, INC. PENSION PLAN</u>                                                                                  | <b>B</b> Three-digit plan number (PN) ▶ <u>001</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>ROTEX GLOBAL LLC</u>                                       | <b>D</b> Employer Identification Number (EIN)<br><u>20-8587160</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|                                                                                                                                                                                                       |                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                         | <b>Basic Information</b>                      |
| <b>1</b> Enter the valuation date: Month <u>09</u> Day <u>01</u> Year <u>2009</u>                                                                                                                     |                                               |
| <b>2</b> Assets:                                                                                                                                                                                      |                                               |
| <b>a</b> Market value .....                                                                                                                                                                           | <b>2a</b> <u>2171252</u>                      |
| <b>b</b> Actuarial value .....                                                                                                                                                                        | <b>2b</b> <u>2388377</u>                      |
| <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> <u>31</u> <u>1949721</u>            |
| <b>b</b> For terminated vested participants .....                                                                                                                                                     | <b>3b</b> <u>11</u> <u>148446</u>             |
| <b>c</b> For active participants:                                                                                                                                                                     |                                               |
| (1) Non-vested benefits .....                                                                                                                                                                         | <b>3c(1)</b> <u>865003</u>                    |
| (2) Vested benefits .....                                                                                                                                                                             | <b>3c(2)</b> <u>120772</u>                    |
| (3) Total active .....                                                                                                                                                                                | <b>3c(3)</b> <u>32</u> <u>985775</u>          |
| <b>d</b> Total .....                                                                                                                                                                                  | <b>3d</b> <u>74</u> <u>3083942</u>            |
| <b>4</b> If the plan is at-risk, check the box and complete items (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> <u>6.98</u> %                        |
| <b>6</b> Target normal cost .....                                                                                                                                                                     | <b>6</b> <u>0</u>                             |

**Statement by Enrolled Actuary**

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

|                                                                                   |                                                      |
|-----------------------------------------------------------------------------------|------------------------------------------------------|
| <b>SIGN HERE</b>                                                                  |                                                      |
| Signature of actuary<br><u>JOHN BLANKENSHIP</u>                                   | Date<br><u>11-04180</u>                              |
| Type or print name of actuary<br><u>BUCK CONSULTANTS, LLC</u>                     | Most recent enrollment number<br><u>513-784-0005</u> |
| Firm name<br><u>720 E PETE ROSE WAY, SUITE 300</u><br><u>CINCINNATI, OH 45202</u> | Telephone number (including area code)               |
| Address of the firm                                                               |                                                      |

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

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

**Schedule SB (Form 5500) 2009**  
**v.092308.1**

| Part II Beginning of year carryover and prefunding balances |                                                                                                 | (a) Carryover balance | (b) Prefunding balance |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| 7                                                           | Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) ..... | 117990                | 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).....                                                     | 117990                | 0                      |
| 10                                                          | Interest on item 9 using prior year's actual return of <u>-12.47</u> % .....                    | -14713                |                        |
| 11                                                          | Prior year's excess contributions to be added to prefunding balance:                            |                       |                        |
| a                                                           | Excess contributions (Item 38 from prior year) .....                                            |                       | 0                      |
| b                                                           | Interest on (a) using prior year's effective rate of _____ % .....                              |                       | 0                      |
| c                                                           | Total available at beginning of current plan year to add to prefunding balance .....            |                       | 0                      |
| d                                                           | Portion of (c) to be added to prefunding balance.....                                           |                       |                        |
| 12                                                          | Reduction in balances due to elections or deemed elections.....                                 | 0                     |                        |
| 13                                                          | Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....               | 103277                | 0                      |

| Part III Funding percentages |                                                                                                                                                                 |    |         |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|
| 14                           | Funding target attainment percentage.....                                                                                                                       | 14 | 74.09 % |
| 15                           | Adjusted funding target attainment percentage.....                                                                                                              | 15 | 74.09 % |
| 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 | 96.42 % |
| 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 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
| Totals ►                                                                          |                                   |                                 | 18(b)                    | 0                                 | 18(c) 0                         |

|                                                                                                                               |                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |                                                                     |
| a Contributions allocated toward unpaid minimum required contribution from prior years.....                                   | 19a                                                                 |
| b Contributions made to avoid restrictions adjusted to valuation date .....                                                   | 19b                                                                 |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....               | 19c                                                                 |
| 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 checked="" type="checkbox"/> Yes <input 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 |
|                                                            |         |         |         |

**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>                                                     |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                   |                   |                   | <b>22</b> 62                                                   |
| <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> |   |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)..... | <b>29</b> |   |
| <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 .....                                                                                                                                | 613805              | 103210             |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       |                     |                    |
| <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>           | 103210             |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance |
| <b>35</b> Balances used to offset funding requirement .....                                                                                                                          | 103210              |                    |
| <b>36</b> Additional cash requirement (item 34 minus item 35).....                                                                                                                   | <b>36</b>           | 0                  |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....                                                   | <b>37</b>           |                    |
| <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>           | 0                  |

**SCHEDULE SB, LINE 22 - DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE  
ROTEX, INC. PENSION PLAN**

**EIN/PN: 20-8587160 / 001**

The Plan assumes retirement for all participants to occur at age 62.

ATTACHMENT TO 2009 SCHEDULE SB, LINE 23 – STATEMENT OF ACTUARIAL ASSUMPTIONS

## Appendix A: Actuarial Assumptions and Methods

### *Prescribed Funding/PBGC Assumptions and Methods*

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#### Funding interest rates

|               |                                     |       |
|---------------|-------------------------------------|-------|
| Current Year: | Full Yield Curve for April 30, 2009 |       |
|               | Effective Interest Rate             | 6.98% |
| Prior Year:   | Full Yield Curve For July 31, 2008  |       |
|               | Effective Interest Rate             | 6.84% |

#### PBGC variable premium

|               |                     |       |
|---------------|---------------------|-------|
| Current Year: | First Segment Rate  | 3.08% |
|               | Second Segment Rate | 5.94% |
|               | Third Segment Rate  | 6.21% |
| Prior Year:   | First Segment Rate  | 5.21% |
|               | Second Segment Rate | 6.87% |
|               | Third Segment Rate  | 6.91% |

#### Mortality

|               | Current Year                                 | Prior Year                                   |
|---------------|----------------------------------------------|----------------------------------------------|
| Annuitant     | IRS 2009 Optional Small Plan Mortality Table | IRS 2008 Optional Small Plan Mortality Table |
| Non-annuitant | IRS 2009 Optional Small Plan Mortality Table | IRS 2008 Optional Small Plan Mortality Table |

## Appendix A: Actuarial Assumptions and Methods

### *Economic Assumptions*

---

**Salary Increase Rate** None

**Special Payment** Actual vacation rate as of December 31, 2004 is used.

### *Non-economic Assumptions*

---

**Expenses** All plan expenses are assumed to be paid by the company.

**Disability rates** None assumed.

#### **Marital percentage**

80% of participants are assumed to be married at death. Husbands are assumed to be 3 years older than their wives.

### *Non-economic Assumptions*

---

**Retirement rates** Less than 30 years of service – 100% retire at Age 65.

30 years of service or more – graded as follows:

| Age | Assumption |
|-----|------------|
| 60  | 2%         |
| 61  | 2%         |
| 62  | 10%        |
| 63  | 10%        |
| 64  | 10%        |
| 65  | 100%       |

#### **Withdrawal rates<sup>(1)</sup>**

Table T-3 termination rates from the Actuary's Pension Handbook. Specimen rates are as follows:

| Age | 0-4 Years |
|-----|-----------|
| 25  | 5.3%      |
| 40  | 3.8%      |
| 55  | 0.3%      |

---

<sup>(1)</sup> For active participants not eligible for retirement.

# **Appendix A: Actuarial Assumptions and Methods**

## **Methods**

---

### **Actuarial cost method**

For minimum required and maximum contribution purposes:

The Funding Target is the present value of accrued benefits and based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, including the effect of expected compensation increases during the year.

### **Asset valuation method**

The Valuation Assets are determined using a method that spreads asset gains/(losses) over 2 years. The gain/(loss) for each period is determined as the actual return during the period less the expected return based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third segment rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value. Accrued contributions, if any, are included in the Valuation Assets.

## ROTEX, INC. PENSION PLAN

EIN/PN: 20-8587160 / 001

### ATTACHMENT TO 2009 SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

## ***Appendix B: Summary of Plan Provisions***

|                         |                                                                                                                                                                                                                                  |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Effective Date</b>   | Initial Plan: September 1, 1960                                                                                                                                                                                                  |
| <b>Plan Year</b>        | September 1 through the following August 31                                                                                                                                                                                      |
| <b>Plan Sponsor</b>     | Rotex Global LLC                                                                                                                                                                                                                 |
| <b>Benefit Freeze</b>   | The Plan was amended to freeze benefit accruals as of December 31, 2004.                                                                                                                                                         |
| <b>Covered Employee</b> | Any employee of the Plan Sponsor who is covered by the labor agreement between the Plan Sponsor and the United Steelworkers of America.                                                                                          |
| <b>Credited Service</b> | The period of a Participant's employment, excluding service lost as a result of a break in service as determined in accordance with the Plan.                                                                                    |
| <b>Monthly Earnings</b> | The Participant's Monthly Earnings averaged over the last 120 calendar months of Credited Service prior to his date of retirement or earlier date of severance, adjusted to reflect absence as a result of layoff or disability. |

### **Normal Retirement Provision**

Normal Retirement Date: The first date of the calendar month following the later of the Participant's 65<sup>th</sup> birthday and his completion of 5 years of Credited Service.

Normal Annuity Form: A monthly benefit, payable for the remainder of the Participant's lifetime.

Normal Retirement Benefit: The greater of A or B

- A. 1% of the Participant's Average Monthly Earnings multiplied by his number of years and fractions of Credited Service, reduced by \$80 if the Participant receives benefits under Title II of the Social Security Act.
- B. Benefit Multiplier times the Participant's Credited Service (Up to a maximum of 40 years of service)

| <u>Effective Date</u> | <u>Benefit Multiplier</u> |
|-----------------------|---------------------------|
| 9/1/2000              | \$26.35                   |
| 9/1/2001              | \$27.10                   |
| 9/1/2002              | \$27.85                   |
| 9/1/2003              | \$28.60                   |

**Accrued Benefit** A monthly benefit, payable at Normal Retirement Date in the Normal Annuity Form, equal to the Normal Retirement Benefit determined as of the date in question.

## **Appendix B: Summary of Plan Provisions**

### **Special Payment**

- Eligibility: Retirement other than as a disabled Participant or as a vested terminated Participant.
- Benefit: In lieu of the first 3 months of the Normal Retirement Benefit, a benefit payable to 3 months equal to 13 weeks' vacation pay less the vacation pay received during the Participant's last year of service. As of December 31, 2004, the pay rate used to determine the special payment was frozen for all future payments at the rate in effect for 2004.

### **30 Year Retirement Provision**

- Eligibility: Completion of 30 years of Credited Service
- Benefit: The Accrued Benefit payable as of the date the Participant retired.

### **60/10 Retirement Provision**

- Eligibility: Attainment of age 60 and completion of 10 years of Credited Service.
- Benefit: The Accrued Benefit payable at age 65 or earlier with an actuarial reduction in accordance with the table in the Plan.

### **75/80 Retirement Provision**

- Eligibility: Completion of 15 years of Credited Service, either age plus service equals 80 or age 55 and age plus service equals 75, and either layoff, disability, termination as results of permanent shutdown of a plant, or the Participant considers it to be in his interest to retire.
- Benefit: The Accrued Benefit payable as of the date the Participant retired.

### **Disability Provision**

- Eligibility: Completion of 10 years of Credited Service.
- Benefit: The greater of \$100 or the Accrued Benefit, payable from disability retirement to age 65, with the Accrued Benefit payable after attainment of age 65.

### **Death Benefit Provision**

- Eligibility: Completion of 5 years of Credited Service and married.
- Benefit: A monthly benefit, payable for the life of the spouse, equal to the Accrued Benefit multiplied by the appropriate percentage in the Plan, payable commencing the month after the Participant's death if the Participant was in active employment and was either age 60 or was age 55 with 15 years of Credited Service or was age 40 with 20 years of Credited Service, otherwise at the later of the Participant's death or age 65 (with the spouse being able to receive the benefit as early as the Participant's 60<sup>th</sup> birthday but subject to a further reduction).

## ***Appendix B: Summary of Plan Provisions***

### **Termination of Employment Provision**

Eligibility: Completion of 5 years of Credited Service.

Benefit: The Accrued Benefit, payable at age 65 or, if later, after application for benefits.

**ROTEX, INC. PENSION PLAN**

**EIN/PN: 20-8587160 / 001**

**ATTACHMENT TO 2009 SCHEDULE SB, LINE 25 – CHANGE IN METHOD**

The following assumptions or methods were changed in accordance with requirements of PPA:

- The applicable funding interest rates were changed from the Full Yield Curve with a 1 month look back to the Full Yield Curve with a 4 month look back.

**ROTEX, INC. PENSION PLAN**

**EIN/PN: 20-8587160 / 001**

**ATTACHMENT TO 2009 SCHEDULE SB, LINE 26 – SCHEDULE OF ACTIVE PARTICIPANT DATA**

Years of credited service:

|                 | Under<br>1 |               | 1 to<br>4 |               | 5 to<br>9 |               | 10<br>to<br>14 |               | 15<br>to<br>19 |               | 20<br>to<br>24 |               | 25<br>to<br>29 |               | 30<br>to<br>34 |               | 35<br>to<br>39 |               | 40<br>&<br>up |               | Total |
|-----------------|------------|---------------|-----------|---------------|-----------|---------------|----------------|---------------|----------------|---------------|----------------|---------------|----------------|---------------|----------------|---------------|----------------|---------------|---------------|---------------|-------|
| Attained<br>Age | No.        | Avg.<br>Comp. | No.       | Avg.<br>Comp. | No.       | Avg.<br>Comp. | No.            | Avg.<br>Comp. | No.            | Avg.<br>Comp. | No.            | Avg.<br>Comp. | No.            | Avg.<br>Comp. | No.            | Avg.<br>Comp. | No.            | Avg.<br>Comp. | No.           | Avg.<br>Comp. | No.   |
| Under 25        | 0          |               | 0         |               | 0         |               | 0              |               | 0              |               | 0              |               | 0              |               | 0              |               | 0              |               | 0             |               | 0     |
| 25 to 29        | 0          |               | 0         |               | 0         |               | 0              |               | 0              |               | 0              |               | 0              |               | 0              |               | 0              |               | 0             |               | 0     |
| 30 to 34        | 0          |               | 0         |               | 0         |               | 0              |               | 0              |               | 0              |               | 0              |               | 0              |               | 0              |               | 0             |               | 0     |
| 35 to 39        | 0          |               | 0         |               | 1         |               | 0              |               | 0              |               | 0              |               | 0              |               | 0              |               | 0              |               | 0             |               | 1     |
| 40 to 44        | 0          |               | 1         |               | 3         |               | 2              |               | 1              |               | 0              |               | 0              |               | 0              |               | 0              |               | 0             |               | 7     |
| 45 to 49        | 0          |               | 0         |               | 2         |               | 1              |               | 2              |               | 0              |               | 0              |               | 0              |               | 0              |               | 0             |               | 5     |
| 50 to 54        | 0          |               | 1         |               | 3         |               | 2              |               | 1              |               | 0              |               | 2              |               | 0              |               | 0              |               | 0             |               | 9     |
| 55 to 59        | 0          |               | 0         |               | 1         |               | 2              |               | 0              |               | 0              |               | 1              |               | 1              |               | 0              |               | 0             |               | 5     |
| 60 to 64        | 0          |               | 0         |               | 0         |               | 1              |               | 2              |               | 0              |               | 0              |               | 1              |               | 0              |               | 0             |               | 4     |
| 65 to 69        | 0          |               | 0         |               | 0         |               | 0              |               | 0              |               | 0              |               | 0              |               | 0              |               | 1              |               | 0             |               | 1     |
| 70 & up         | 0          |               | 0         |               | 0         |               | 0              |               | 0              |               | 0              |               | 0              |               | 0              |               | 0              |               | 0             |               | 0     |
| Total           | 0          |               | 2         |               | 10        |               | 8              |               | 6              |               | 0              |               | 3              |               | 2              |               | 1              |               | 0             |               | 32    |

**ROTEX, INC. PENSION PLAN**

**EIN/PN: 20-8587160 / 001**

**ATTACHMENT TO 2009 SCHEDULE SB, PART 32 – SCHEDULE OF SHORTFALL AMORTIZATION BASES**

**2.4 Shortfall Amortization Summary**

| Date Established  | Initial Amount | Remaining Installments | Shortfall Amortization Installment | Present Value of Remaining Installments as of September 1, 2009 |
|-------------------|----------------|------------------------|------------------------------------|-----------------------------------------------------------------|
| September 1, 2008 | \$ 0           | 6                      | \$ 0                               | \$ 0                                                            |
| September 1, 2009 | \$ 613,805     | 7                      | <u>\$ 103,210</u>                  | <u>\$ 613,805</u>                                               |
| Total charge      |                |                        | \$ 103,210                         | \$ 613,805                                                      |

**ROTEX, INC. PENSION PLAN**

**EIN/PN: 20-8587160 / 001**

**ATTACHMENT TO 2009 SCHEDULE SB, LINE 21(b) – EXPLANATION OF APPLICABLE MONTH FOR DISCOUNT RATE**

The plan used the full yield curve with a four month lookback as allowed by IRS guidance. However, line 21b was left blank in order to avoid EFAST filing problems.

**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 09/01/2009 and ending 08/31/2010

▶ **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><br>Rotex, Inc. Pension Plan                                                                                     | <b>B</b> Three-digit plan number (PN) ▶<br><br>001                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>Rotex Global LLC                                          | <b>D</b> Employer Identification Number (EIN)<br><br>20-8587160                                                                                         |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

**Part I Basic Information**

|                                                                                                                                                                                                 |                            |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------|
| <b>1</b> Enter the valuation date: Month <u>9</u> Day <u>1</u> Year <u>2009</u>                                                                                                                 |                            |                    |
| <b>2</b> Assets:                                                                                                                                                                                |                            |                    |
| <b>a</b> Market value                                                                                                                                                                           | <b>2a</b>                  | 2,171,252          |
| <b>b</b> Actuarial value                                                                                                                                                                        | <b>2b</b>                  | 2,388,377          |
| <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> 31               | 1,949,721          |
| <b>b</b> For terminated vested participants                                                                                                                                                     | <b>3b</b> 11               | 148,446            |
| <b>c</b> For active participants:                                                                                                                                                               |                            |                    |
| (1) Non-vested benefits                                                                                                                                                                         | <b>3c(1)</b>               | 865,003            |
| (2) Vested benefits                                                                                                                                                                             | <b>3c(2)</b>               | 120,772            |
| (3) Total active                                                                                                                                                                                | <b>3c(3)</b> 32            | 985,775            |
| <b>d</b> Total                                                                                                                                                                                  | <b>3d</b> 74               | 3,083,942          |
| <b>4</b> If the plan is at-risk, check the box and complete items (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>                   | 6.98 %             |
| <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.

**SIGN  
HERE**  
Signature of actuary

John Blankenship

Type or print name of actuary

Buck Consultants, LLC

Firm name

720 E Pete Rose Way, Suite 300

Cincinnati

OH 45202

Address of the firm

June 9, 2011

Date

11-04180

Most recent enrollment number

(513) 784-0005

Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2009  
v.092308.1

**Part II Beginning of year carryover and prefunding balances**

|                                                                                                          | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) ..... | 117,990               | 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).....                                                     | 117,990               | 0                      |
| <b>10</b> Interest on item 9 using prior year's actual return of <u>(12.47)%</u> .....                   | (14,713)              |                        |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                           |                       |                        |
| <b>a</b> Excess contributions (Item 38 from prior year) .....                                            |                       | 0                      |
| <b>b</b> Interest on (a) using prior year's effective rate of _____ % .....                              |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....            |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance.....                                           |                       |                        |
| <b>12</b> Reduction in balances due to elections or deemed elections.....                                | 0                     |                        |
| <b>13</b> Balance at beginning of current year (item 9 + item 10 + item 11d - item 12) .....             | 103,277               | 0                      |

**Part III Funding percentages**

|                                                                                                                                                                            |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage.....                                                                                                                        | <b>14</b> | 74.09 % |
| <b>15</b> Adjusted funding target attainment percentage.....                                                                                                               | <b>15</b> | 74.09 % |
| <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> | 96.42 % |
| <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 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 |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b> 0                  |

**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> |  |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                     | <b>19b</b> |  |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date..... | <b>19c</b> |  |

**20** Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of Quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---------|---------|---------|---------|
|         |         |         |         |

**Part V Assumptions used to determine funding target and target normal cost****21** Discount rate:**a** Segment rates:1st segment:  
%2nd segment:  
%3rd segment:  
%☒ N/A, full yield curve used**b** Applicable month (enter code) .....**21b****22** Weighted average retirement age .....**22**

62

**23** Mortality table(s) (see instructions) ☒ Prescribed - combined☐ Prescribed - separate☐ Substitute**Part VI Miscellaneous items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... ☒ Yes ☐ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... ☒ Yes ☐ No**27** If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment .....**27****Part VII Reconciliation of unpaid minimum required contributions for prior years****28** Unpaid minimum required contribution for all prior years .....**28****29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) .....**29****30** Remaining amount of unpaid minimum required contributions (item 28 minus item 29) .....**30**

0

**Part VIII Minimum required contribution for current year****31** Target normal cost, adjusted, if applicable (see instructions) .....**31**

0

**32** Amortization installments:

Outstanding Balance

Installment

**a** Net shortfall amortization installment .....

613,805

103,210

**b** Waiver amortization installment .....**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount .....**33****34** Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33) .....**34**

103,210

**35** Balances used to offset funding requirement .....

Carryover balance

Prefunding balance

Total balance

103,210

103,210

**36** Additional cash requirement (item 34 minus item 35) .....**36**

0

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c) .....**37****38** Interest-adjusted excess contributions for current year (see instructions) .....**38**

0

**39** Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) .....**39**

0

**40** Unpaid minimum required contribution for all years .....**40**

0