

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 09/01/2009 and ending 08/31/2010	
A	This return/report is for: ☐ a multiemployer plan; ☒ a single-employer plan; ☐ a multiple-employer plan; or ☐ a DFE (specify) ____
B	This return/report is: ☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan EXOTIC METALS FORMING COMPANY LLC PROFIT SHARING RETIREMENT AND 401K PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 09/01/1976
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) EXOTIC METALS FORMING COMPANY LLC 5411 S 226TH ST KENT, WA 98032-1891	2b Employer Identification Number (EIN) 47-0880702
		2c Sponsor's telephone number 253-395-3710
		2d Business code (see instructions) 336410

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	06/15/2011	DEBBY YACONETTI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

EXOTIC METALS FORMING COMPANY LLC

5411 S 226TH ST
KENT, WA 98032-1891**3b** Administrator's EIN

47-0880702

3c Administrator's telephone number

253-395-3710

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**

564

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**

537

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

5

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

101

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

643

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

0

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

643

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g**

571

h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....**6h**

27

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans 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:

2E 2G 2J

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 Schedules)

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

For calendar plan year 2009 or fiscal plan year beginning 09/01/2009 and ending 08/31/2010

A Name of plan EXOTIC METALS FORMING COMPANY LLC PROFIT SHARING RETIREMENT AND 401K PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 EXOTIC METALS FORMING COMPANY LLC	D Employer Identification Number (EIN) 47-0880702

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

RUSSELL TRUST COMPANY

91-1116938

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 68	NONE	312347	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHWEST PLAN SERVICES

91-2090931

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	NONE	46572	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 09/01/2009 and ending 08/31/2010		
A Name of plan EXOTIC METALS FORMING COMPANY LLC PROFIT SHARING RETIREMENT AND 401K PLAN		B Three-digit plan number (PN) ► 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 EXOTIC METALS FORMING COMPANY LLC		D Employer Identification Number (EIN) 47-0880702
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL BALANCED FUND		
b Name of sponsor of entity listed in (a): FRANK RUSSELL INVESTMENT MANAGEMENT		
c EIN-PN 91-1117282-022	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23029213
a Name of MTIA, CCT, PSA, or 103-12 IE: AGGRESSIVE BALANCED FUND		
b Name of sponsor of entity listed in (a): FRANK RUSSELL INVESTMENT MANAGEMENT		
c EIN-PN 91-1117282-028	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14360803
a Name of MTIA, CCT, PSA, or 103-12 IE: DOMESTIC CONSERVATIVE FUND		
b Name of sponsor of entity listed in (a): FRANK RUSSELL INVESTMENT MANAGEMENT		
c EIN-PN 91-1117282-026	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4568338
a Name of MTIA, CCT, PSA, or 103-12 IE: BALANCED INCOME FUND		
b Name of sponsor of entity listed in (a): FRANK RUSSELL INVESTMENT MANAGEMENT		
c EIN-PN 91-1117282-030	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2086483
a Name of MTIA, CCT, PSA, or 103-12 IE: SHORT TERM INVESTMENT FUND		
b Name of sponsor of entity listed in (a): FRANK RUSSELL INVESTMENT MANAGEMENT		
c EIN-PN 91-1117282-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4407215
a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX FUND		
b Name of sponsor of entity listed in (a): FRANK RUSSELL INVESTMENT MANAGEMENT		
c EIN-PN 91-1117282-016	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 746024
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL FUND		
b Name of sponsor of entity listed in (a): FRANK RUSSELL INVESTMENT MANAGEMENT		
c EIN-PN 91-1117282-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 355671
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		

a Name of MTIA, CCT, PSA, or 103-12 IE: **MULTI-MANAGER BOND FUND****b** Name of sponsor of entity listed in (a):**FRANK RUSSELL INVESTMENT MANAGEMENT****c** EIN-PN **91-1117282-038****d** Entity
code **C****e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**3193257****a** Name of MTIA, CCT, PSA, or 103-12 IE: **SMALL CAP FUND****b** Name of sponsor of entity listed in (a):**FRANK RUSSELL INVESTMENT MANAGEMENT****c** EIN-PN **91-1117282-029****d** Entity
code **C****e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**1172914****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
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

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

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

For calendar plan year 2009 or fiscal plan year beginning <u>09/01/2009</u> and ending <u>08/31/2010</u>		
A Name of plan <u>EXOTIC METALS FORMING COMPANY LLC PROFIT SHARING RETIREMENT AND 401K PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>EXOTIC METALS FORMING COMPANY LLC</u>	D Employer Identification Number (EIN) <u>47-0880702</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	<u>2437181</u>	<u>4042258</u>
(2) Participant contributions	1b(2)	<u>42748</u>	<u>39576</u>
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	<u>841528</u>	<u>955442</u>
(9) Value of interest in common/collective trusts	1c(9)	<u>49452301</u>	<u>53920107</u>
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	52773758	58957383

Liabilities

g Benefit claims payable	1g	13675	39708
h Operating payables	1h	11447	24141
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	25122	63849

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	52748636	58893534
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	4042258	
(B) Participants	2a(1)(B)	568289	
(C) Others (including rollovers)	2a(1)(C)	5906	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4616453

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	54678	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		54678

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

(3) Rents	2b(3)		
-----------------	--------------	--	--

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

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		3668758
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		8339889

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1836072	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1836072
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	46572	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	312347	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		358919
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2194991

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		6144898
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: CLARK NUBER, PS

(2) EIN: 91-1194016

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 09/01/2009 and ending 08/31/2010

A Name of plan <u>EXOTIC METALS FORMING COMPANY LLC PROFIT SHARING RETIREMENT AND 401K PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>EXOTIC METALS FORMING COMPANY LLC</u>	D Employer Identification Number (EIN) <u>47-0880702</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>06-1602303</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

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

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

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

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

***EXOTIC METALS FORMING COMPANY LLC
PROFIT SHARING RETIREMENT
AND 401(k) PLAN***

Financial Statements

For the Year Ended August 31, 2010

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Assets Held for Investment Purposes as of August 31, 2010	10

Independent Auditors' Report***To the Plan Administrator
Exotic Metals Forming Company LLC Profit Sharing Retirement and 401(k) Plan
Kent, Washington***Certified Public
Accountants
and Consultants

We were engaged to audit the accompanying statements of net assets available for benefits of Exotic Metals Forming Company LLC Profit Sharing Retirement and 401(k) Plan (the Plan) as of August 31, 2010 and 2009, and the related statement of changes in net assets available for benefits and supplementary information as of and for the year ended August 31, 2010. These financial statements and supplementary information 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 5, which was certified by Russell Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplementary information. 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 a certification from the trustee as of August 31, 2010 and 2009, and for the year ended August 31, 2010, 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 supplementary information taken as a whole. The form and content of the information included in the financial statements and supplementary information, 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.

Certified Public Accountants
June 9, 2011

EXOTIC METALS FORMING COMPANY LLC
PROFIT SHARING RETIREMENT AND 401(k) PLAN

Statements of Net Assets Available for Benefits

	<i>As of August 31,</i>	<u>2010</u>	<u>2009</u>
Assets:			
Investments, at fair value-			
Common collective trust funds		\$ 53,920,107	\$ 49,452,301
Loans to participants		<u>955,442</u>	<u>841,528</u>
Total investments		<u>54,875,549</u>	<u>50,293,829</u>
Contributions receivable-			
Employer		4,042,258	2,437,181
Employee		<u>39,576</u>	<u>42,748</u>
Total receivables		<u>4,081,834</u>	<u>2,479,929</u>
Total Assets		<u>58,957,383</u>	<u>52,773,758</u>
Liabilities:			
Excess contributions payable		28,438	13,675
Administrative fees payable		11,270	11,447
Benefits payable		<u>24,141</u>	
Total Liabilities		<u>63,849</u>	<u>25,122</u>
Net Assets Available for Benefits		<u>\$ 58,893,534</u>	<u>\$ 52,748,636</u>

See accompanying notes.

**EXOTIC METALS FORMING COMPANY LLC
PROFIT SHARING RETIREMENT AND 401(k) PLAN**

Statement of Changes in Net Assets Available for Benefits

	<i>For the year ended August 31,</i>	<u>2010</u>
Additions to Net Assets:		
Contributions-		
Employer	\$ 4,042,258	
Employee	568,289	
Rollover	<u>5,906</u>	
Total contributions		4,616,453
Investment income-		
Interest	54,678	
Net appreciation in the fair value of investments	<u>3,668,758</u>	
Total investment income		<u>3,723,436</u>
Total Additions		8,339,889
Deductions from Net Assets:		
Benefits paid to participants	1,836,072	
Administrative expenses	<u>358,919</u>	
Total Deductions		2,194,991
Net Increase in Net Assets Available for Benefits		<u>6,144,898</u>
Net Assets Available for Benefits:		
Beginning of year		<u>52,748,636</u>
End of Year		<u><u>\$ 58,893,534</u></u>

See accompanying notes.

**EXOTIC METALS FORMING COMPANY LLC
PROFIT SHARING RETIREMENT AND 401(k) PLAN**

Notes to Financial Statements

Note 1 - Description of the Plan and Accounting Policies

The following description of the Exotic Metals Forming Company LLC Profit Sharing Retirement and 401(k) Plan (the Plan) provides only general information. Participants should refer to the plan document for more complete information regarding the Plan's definitions, benefits, eligibility, and other matters.

General - The Plan is a defined contribution plan under the provisions of Section 401(a) of the Internal Revenue Code (IRC). All employees of Exotic Metals Forming Company LLC (the Company) who have completed the required period of service, as defined by the Plan, are eligible to participate. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Plan Administration - The Plan is administered by an Administrative Committee. The Russell Trust Company serves as the trustee of the Plan.

Contributions - Participants may defer up to 75% of eligible compensation as defined by IRC section 415. In addition, the Company may elect to declare a cash bonus based on the profitability of the Company. The allocation of the cash bonus among eligible employees is calculated based upon a weighted formula which factors eligible compensation and years of service of a participant in proportion to the total eligible compensation and years of service of all participants. Eligible employees may elect to contribute up to 100% of their cash bonus to the Plan. Both employee elective deferrals and cash bonus contributions are subject to limitations imposed by the IRC. Participants are also allowed to rollover contributions from other qualified employer-sponsored retirement plans.

The Company may also elect to contribute an annual discretionary profit sharing amount to eligible employees by resolution of its Board of Directors or other governing body or person. The profit sharing contribution is allocated as of the last day of the plan year to the account of each active eligible participant who completes at least 1,000 hours of service and is employed on the last day of the plan year. The actual allocation will occur no later than November 30th the following Plan year. The Company made a discretionary profit sharing contribution of 15% of each participant's eligible compensation for the plan year ended August 31, 2010.

Participant Accounts - Each participant's account is credited with an allocation of (a) the employee's contribution, (b) the Company's contribution, (c) Plan earnings or losses, and (d) forfeitures of terminated participants' nonvested amounts. Plan earnings or losses are allocated to participants' accounts daily. The allocation of earnings and losses is based on each participant's weighted account balance as a percentage of all participants' account balances for a fund.

Investment Options - Participants may direct their contributions and related earnings into investment options in 1% increments. Investment options are common collective trust funds held and managed by Russell Trust Company. Participants may change their deferral percentage and the allocation of contributions among various investments.

Payment of Benefits - A participant's 401(k) account balance may be distributed upon termination, retirement, death, disability, financial hardship, or for military reservists that are ordered to serve more than 179 days on active duty. Upon termination of service, participants may elect to have their vested account balance distributed. Retirement benefits are payable at the normal retirement age of 65 or upon the early retirement age of 55, provided the early retiree has 15 years of service. At retirement or upon death or disability, benefits may be distributed in either a total or partial lump sum payment or in installments fixed by the recipient. Terminated participants with account balances of \$1,000 or less are subject to mandatory distributions.

EXOTIC METALS FORMING COMPANY LLC
PROFIT SHARING RETIREMENT AND 401(k) PLAN

Notes to Financial Statements

Note 1 - Continued

Vesting - Participants are always 100% vested in their own employee deferral accounts. The Plan outlines the following vesting schedule for employees who had completed an hour of service on or before the first day of the plan year, September 1, 2007, as follows:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 1 year	0%
1 year	10
2 years	20
3 years	40
4 years	60
5 years	80
6 years	100

The following vesting schedule applies to newly hired employees not previously employed by the Company and those that had not completed an hour of service on or before September 1, 2007:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 1 year	0%
1 year	10
2 years	20
3 years	30
4 years	40
5 years	60
6 years	80
7 years	100

Loans to Participants - Participants may borrow from their accounts up to \$50,000 or 50% of their vested account balance, whichever is less. Loans must be repaid within 5 years. The loans are secured by the balance in the participant's account and bear interest at the prime rate plus 2% per annum on the date of the loan commitment. Interest rates on loans at August 31, 2010, were between 5.25% and 7.00%. Principal and interest is paid ratably through bi-weekly payroll deductions.

Forfeitures - Unvested amounts are forfeited by terminated participants the earlier of either a five year break in service or a distribution of a participant's account balance. Forfeited amounts will be re-instated to employees who return to service prior to a five year break. Forfeitures by nonvested participants will be redistributed to active participant accounts. Amounts forfeited under the Plan shall constitute an addition to the amount otherwise contributed by the Company and shall be allocated among participants in the same ratio that each eligible participant's compensation bears to the total compensation of all eligible participants for such plan year. Participants receiving their first allocation of the Company contribution shall not share in forfeitures allocated at that time. Amounts forfeited during the year ended August 31, 2010, totaled \$192,360. Forfeited amounts unallocated to participant accounts at August 31, 2010 and 2009, totaled \$192,360 and \$296,843, respectively.

EXOTIC METALS FORMING COMPANY LLC
PROFIT SHARING RETIREMENT AND 401(k) PLAN

Notes to Financial Statements

Note 1 - Continued

Administrative Expenses - Certain administrative expenses of the Plan are paid by the Company. Recordkeeping, trustee, and investment management fees are paid by the Plan.

Subsequent Events - The Plan's management has evaluated subsequent events through June 9, 2011, the date on which the Plan's financial statements were available to be issued.

Note 2 - Summary of Significant Accounting Policies

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

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 amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Payment of Benefits - Benefits paid to participants are recognized in the financial statements when they are paid. At August 31, 2010, there were no distributions that had been requested for payment by participants, but had not yet been paid out (2009 - \$0).

Investment Valuation and Income Recognition - The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Purchases and sales are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Note 3 - Fair Value Measurements

Generally Accepted Accounting Principles (GAAP) establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy under GAAP are described as follows:

Level 1 - Unadjusted quoted prices available in active markets for identical assets or liabilities;

Level 2 - Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices in active markets for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities; or

Level 3 - Unobservable inputs that are significant to the fair value measurement.

EXOTIC METALS FORMING COMPANY LLC
PROFIT SHARING RETIREMENT AND 401(k) PLAN

Notes to Financial Statements

Note 3 - Continued

A financial instrument's level within the fair value hierarchy is based upon the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Collective Trust Fund - Valued using the net asset value (NAV) provided by the fund's trustee. The NAV is based on the fair value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of units outstanding at the valuation date. The fund is traded on a private market that is not active; however, the unit price is based primarily on observable market data of the fund's underlying assets.

Participant Loans - Valued at their outstanding balance, which approximates fair value.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of August 31, 2010 (Level 1, 2, and 3 are defined above):

<i>Fair Value Measurements as of August 31, 2010</i>				
	<i>(Level 1)</i>	<i>(Level 2)</i>	<i>(Level 3)</i>	<i>Total</i>
Collective Trust Funds-				
Fixed income	\$ 12,168,810	\$ -	\$ -	\$ 12,168,810
Balanced	39,476,688			39,476,688
Equity	1,918,938			1,918,938
International equity	355,671			355,671
Participant loans			955,442	955,442
	<u>\$ 53,920,107</u>	<u>\$ -</u>	<u>\$ 955,442</u>	<u>\$ 54,875,549</u>

<i>Fair Value Measurements as of August 31, 2009</i>				
	<i>(Level 1)</i>	<i>(Level 2)</i>	<i>(Level 3)</i>	<i>Total</i>
Collective trust funds	<u>\$ 49,452,301</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 49,452,301</u>

A reconciliation of the beginning and ending balances for fair value measurements made using significant unobservable inputs (Level 3) is as follows for the year ended August 31, 2010:

	<i>2010</i>
Balance as of August 31, 2009	\$ 841,528
Issuances, repayments, and settlements, net	<u>113,914</u>
Balance as of August 31, 2010	<u>\$ 955,442</u>

**EXOTIC METALS FORMING COMPANY LLC
PROFIT SHARING RETIREMENT AND 401(k) PLAN**

Notes to Financial Statements

Note 4 - Investments

The Plan's investments are self-directed by participants and held by Russell Trust Company. Investments held by the Plan that represent 5% or more of total net assets available for plan benefits as of August 31, 2010 and 2009 are summarized below:

	<u>2010</u>	<u>2009</u>
Russell Common Collective Trust Funds-		
Global Balanced Fund	\$ 29,029,402	\$ 20,620,199
Aggressive Balanced Fund	14,360,803	15,519,061
Domestic Conservative Fund	4,568,338	3,847,318
Short Term Investment Fund	4,407,215	7,741,519
Bond Fund	3,193,257	*

* Does not represent 5% or more of the Plan's net assets for that year.

Note 5 - Information Certified by Trustee

The Plan's management elected the method of compliance permitted by Section 2520.103-8 for the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Under this provision of ERISA, certain information certified by Russell Trust Company need not be subjected to independent audit.

The plan administrator has obtained certification from the trustee, Russell Trust Company that the following information included in the Plan's financial statements and supplementary information is complete and accurate:

- Fair value of investments as of August 31, 2010 and 2009;
- Investment and other income for the plan year ended August 31, 2010; and
- Investment transactions for the plan year ended August 31, 2010

Note 6 - Party-in-Interest

Plan investments are common collective trust funds managed by Russell Trust Company. In addition, Russell Trust Company serves as trustee and performs various maintenance and administrative services for the Plan. Therefore, these transactions qualify as party-in-interest transactions. Fees paid to Russell Trust Company totaled \$312,347 for the year ended August 31, 2010. Northwest Plan Services serves as the recordkeeper for the Plan and is also considered a party-in-interest. Fees paid to Northwest Plan Services totaled \$46,572 for the year ended August 31, 2010.

Note 7 - Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan document to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts, and the assets will be distributed to participants in proportion to their respective account balances.

**EXOTIC METALS FORMING COMPANY LLC
PROFIT SHARING RETIREMENT AND 401(k) PLAN**

Notes to Financial Statements

Note 8 - Federal Income Taxes

The Plan obtained its latest determination letter on November 21, 2008, in which the IRC stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Note 9 - Risks and Uncertainties

The Plan provides for various investment options. Investment securities are exposed to various risks, such as interest rate, market, and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amount reported in the statements of net assets available for plan benefits and the statement of changes in net assets available for benefits.

SUPPLEMENTARY INFORMATION

**EXOTIC METALS FORMING COMPANY LLC
PROFIT SHARING RETIREMENT AND 401(k) PLAN**

**Attachment to Form 5500, Schedule H, Line 4(i)
Assets Held for Investment Purposes as of August 31, 2010**

Employer: Exotic Metals Forming Company LLC
EIN: 47-0880702
Plan No.: 001

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Frank Russell Trust Company:			
**	Russell Global Balanced Fund	Common Collective Trust Fund	*	\$ 23,029,402
**	Russell Aggressive Balanced Fund	Common Collective Trust Fund	*	14,360,803
**	Russell Domestic Conservative Fund	Common Collective Trust Fund	*	4,568,338
**	Russell Short Term Investment Fund	Common Collective Trust Fund	*	4,407,215
**	Russell Bond Fund	Common Collective Trust Fund	*	3,193,257
**	Russell Balanced Income Fund	Common Collective Trust Fund	*	2,086,483
**	Russell Small Cap Fund	Common Collective Trust Fund	*	1,172,914
**	Russell Index Fund	Common Collective Trust Fund	*	746,024
**	Russell International Fund	Common Collective Trust Fund	*	355,671
	Loans to Participants	Interest Rates Between 5.25% and 7.00%	- 0 -	955,442
	Total			<u>\$ 54,875,549</u>

* Not a required disclosure for participant-directed investments

** Party-in-interest as defined by ERISA

EXOTIC METALS FORMING COMPANY LLC
PROFIT SHARING RETIREMENT AND 401(k) PLAN

Attachment to Form 5500, Schedule H, Line 4(i)
Assets Held for Investment Purposes as of August 31, 2010

Employer: Exotic Metals Forming Company LLC

EIN: 47-0880702

Plan No.: 001

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
Frank Russell Trust Company:				
**	Russell Global Balanced Fund	Common Collective Trust Fund	*	\$ 23,029,402
**	Russell Aggressive Balanced Fund	Common Collective Trust Fund	*	14,360,803
**	Russell Domestic Conservative Fund	Common Collective Trust Fund	*	4,568,338
**	Russell Short Term Investment Fund	Common Collective Trust Fund	*	4,407,215
**	Russell Bond Fund	Common Collective Trust Fund	*	3,193,257
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	Loans to Participants	Interest Rates Between 5.25% and 7.00%	- 0 -	955,442
Total				<u>\$ 54,875,549</u>

* Not a required disclosure for participant-directed investments

** Party-in-interest as defined by ERISA