

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2009 or fiscal plan year beginning <u>10/01/2009</u> and ending <u>09/30/2010</u>			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan HYDRO CARBIDE LATROBE HOURLY PENSION PLAN	1b Three-digit plan number (PN) ▶	060	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) HYDRO CARBIDE INC. HBD INDUSTRIES, INC. 5200 UPPER METRO PLACE SUITE 110 DUBLIN, OH 43017		1c Effective date of plan 11/03/2003	
5200 UPPER METRO PLACE SUITE 110 DUBLIN, OH 43017		2b Employer Identification Number (EIN) 05-0588160	
5200 UPPER METRO PLACE SUITE 110 DUBLIN, OH 43017		2c Sponsor's telephone number 614-526-7000	
5200 UPPER METRO PLACE SUITE 110 DUBLIN, OH 43017		2d Business code (see instructions) 332110	

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.	07/05/2011	DAVID MILLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/12/2011	MARK DYLL
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") HBD INDUSTRIES, INC. 5200 UPPER METRO PLACE SUITE 110 DUBLIN, OH 43017	3b Administrator's EIN 25-1555749 3c Administrator's telephone number 614-526-7000
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	127
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	26
b Retired or separated participants receiving benefits.....	6b	15
c Other retired or separated participants entitled to future benefits.....	6c	73
d Subtotal. Add lines 6a , 6b , and 6c	6d	114
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	10
f Total. Add lines 6d and 6e	6f	124
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010	
Round off amounts to nearest dollar.	
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan HYDRO CARBIDE LATROBE HOURLY PENSION PLAN	B Three-digit plan number (PN) 060
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HYDRO CARBIDE INC.	D Employer Identification Number (EIN) 05-0588160
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information		
1	Enter the valuation date: Month 10 Day 01 Year 2009		
2	Assets:		
a	Market value	2a	2406649
b	Actuarial value	2b	2647313
3	Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a 26	1315847
b	For terminated vested participants	3b 73	641412
c	For active participants:		
(1)	Non-vested benefits	3c(1)	6854
(2)	Vested benefits	3c(2)	1259841
(3)	Total active	3c(3) 28	1266695
d	Total	3d 127	3223954
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐		
a	Funding target disregarding prescribed at-risk assumptions	4a	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	6.70 %
6	Target normal cost	6	65281

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		06/13/2011
MARTIN MOLLOY	Signature of actuary	Date 11-06227
AON HEWITT	Type or print name of actuary	Most recent enrollment number 614-436-8100
445 HUTCHINSON AVENUE SUITE 900 COLUMBUS, OH 43235	Firm name	Telephone number (including area code)
	Address of the firm	

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)	354899	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	154521	0
9	Amount remaining (Item 7 minus item 8).....	200378	0
10	Interest on item 9 using prior year's actual return of <u>5.36</u> %	-10740	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		107473
b	Interest on (a) using prior year's effective rate of <u>5.36</u> %		-5761
c	Total available at beginning of current plan year to add to prefunding balance		101712
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	121489	
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	68149	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	80.00 %
15	Adjusted funding target attainment percentage.....	15	80.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	87.34 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2010	34990		06/01/2011	55751	
10/01/2010	33018				
01/03/2011	61027				
03/01/2011	55751				
04/01/2011	55751				
05/02/2011	55751				
			Totals ►	18(b)	352039
				18(c)	

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 322333
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 5.28 %	2nd segment: 6.72 %	3rd segment: 6.84 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	65281
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	451353	85846
b Waiver amortization installment	0	0
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	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	151127
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	66210	0
36 Additional cash requirement (item 34 minus item 35).....	36	84917
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	322333
38 Interest-adjusted excess contributions for current year (see instructions).....	38	237416
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

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

For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

A Name of plan HYDRO CARBIDE LATROBE HOURLY PENSION PLAN	B Three-digit plan number (PN) ▶ 060
C Plan sponsor's name as shown on line 2a of Form 5500 HYDRO CARBIDE INC.	D Employer Identification Number (EIN) 05-0588160

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)

REA & ASSOCIATES, INC.

5775 PERIMETER DRIVE
SUITE 200
DUBLIN, OH 43017

05-0588160

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	CORPORATION	7400	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2009 This Form is Open to Public Inspection.	
For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010					
A Name of plan HYDRO CARBIDE LATROBE HOURLY PENSION PLAN				B Three-digit plan number (PN) ▶ 060	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 HYDRO CARBIDE INC.				D Employer Identification Number (EIN) 05-0588160	
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: HBD MASTER PENSION TRUST					
b Name of sponsor of entity listed in (a): HBD INDUSTRIES, INC.					
c EIN-PN 90-0180869-000		d Entity code M		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2435557	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103	

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
For calendar plan year 2009 or fiscal plan year beginning <u>10/01/2009</u> and ending <u>09/30/2010</u>		
A Name of plan <u>HYDRO CARBIDE LATROBE HOURLY PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>060</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HYDRO CARBIDE INC.</u>	D Employer Identification Number (EIN) <u>05-0588160</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	119246	317049
	(2) Participant contributions	1b(2)		
	(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)		
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)	2292405	2435557
	(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	2411651	2752606

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2411651	2752606
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	352039	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		352039
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		135005
(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		487044

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	127072	
(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)		127072
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)	19017	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		19017
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		146089

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		340955
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: REA & ASSOCIATES, INC.

(2) EIN: 34-1310124

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.		X	

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

A Name of plan <u>HYDRO CARBIDE LATROBE HOURLY PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>060</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HYDRO CARBIDE INC.</u>	D Employer Identification Number (EIN) <u>05-0588160</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>25-1211909</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☒ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

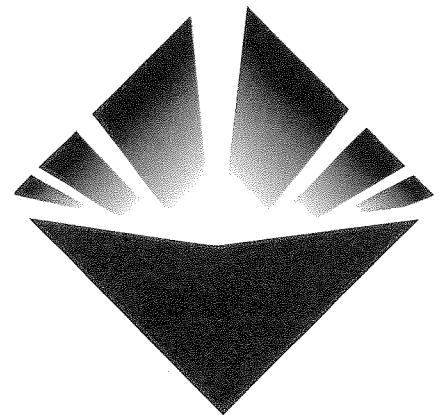
b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

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

**HYDRO CARBIDE LATROBE
HOURLY EMPLOYEES'
PENSION PLAN**

Audited Financial Statements

*for the Years Ended
September 30, 2010 and 2009*



Rea & Associates, Inc.

ACCOUNTANTS AND BUSINESS CONSULTANTS

Focused on Your Future.

CONTENTS

PAGE

Independent Auditors' Report.....	1
Statements of Net Assets Available for Plan Benefits at September 30, 2010 and 2009.....	2
Statements of Changes in Net Assets Available for Plan Benefits the years ended September 30, 2010 and 2009	3
Statement of Accumulated Plan Benefits as of September 30, 2009	4
Statement of Changes in Accumulated Plan Benefits for the year ended September 30, 2009	5
Notes to the Financial Statements	6-14



Rea & Associates, Inc.

ACCOUNTANTS AND BUSINESS CONSULTANTS

Focused on Your Future.

June 9, 2011

The Plan Administrator of
Hydro Carbide Latrobe
Hourly Employees' Pension Plan
Dublin, Ohio

INDEPENDENT AUDITORS' REPORT

We were engaged to audit the financial statements of the Hydro Carbide Latrobe Hourly Employees' Pension Plan as of September 30, 2010 and 2009, and for the years then ended, as listed in the accompanying contents page. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States 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 Notes 5 and 6, which was certified by PNC Bank, the trustee of the Plan and the Master Trust in which the Plan has a beneficial interest, except for comparing such information with the related information included in the financial statements. 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 September 30, 2010 and 2009 and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements taken as a whole. The form and content of the information included in the financial statements, 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 United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Rea & Associates, Inc.

HYDRO CARBIDE LATROBE
HOURLY EMPLOYEES' PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
AS OF SEPTEMBER 30, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
ASSETS:		
Investments, at fair value:		
Plan interest in Master Trust	\$ 2,435,559	\$ 2,292,405
Employer contribution receivable	<u>317,049</u>	<u>119,246</u>
Net assets available for benefits	<u>\$ 2,752,608</u>	<u>\$ 2,411,651</u>

The accompanying notes are an integral part of these financial statements.

HYDRO CARBIDE LATROBE
HOURLY EMPLOYEES' PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR PLAN BENEFITS
FOR THE YEARS ENDED SEPTEMBER 30, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Net gain/(loss) on investment in the Master Trust	\$ 135,007	\$ (133,588)
Employer contribution	<u>352,039</u>	<u>119,246</u>
	487,046	(14,342)
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	127,072	124,190
Administrative expense	<u>19,017</u>	<u>12,205</u>
	<u>146,089</u>	<u>136,395</u>
Net increase/(decrease) in net assets available for benefits	340,957	(150,737)
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	<u>2,411,651</u>	<u>2,562,388</u>
NET ASSETS AVAILABLE FOR BENEFITS, end of year	<u><u>\$ 2,752,608</u></u>	<u><u>\$ 2,411,651</u></u>

The accompanying notes are an integral part of these financial statements.

HYDRO CARBIDE LATROBE
HOURLY EMPLOYEES' PENSION PLAN

STATEMENT OF ACCUMULATED PLAN BENEFITS
AS OF SEPTEMBER 30, 2009

ACTUARIAL PRESENT VALUE OF
ACCUMULATED PLAN BENEFITS:

Vested benefits:

Participants currently receiving payments

\$ 1,204,601

Other participant

1,423,921

Total vested benefits

2,628,522

Nonvested benefits

15,690

TOTAL ACTUARIAL PRESENT VALUE OF
ACCUMULATED PLAN BENEFITS

\$ 2,644,212

The accompanying notes are an integral part of these financial statements.

HYDRO CARBIDE LATROBE
HOURLY EMPLOYEES' PENSION PLAN

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
FOR THE YEAR ENDED SEPTEMBER 30, 2009

ACTUARIAL PRESENT VALUE OF	
ACCUMULATED PLAN BENEFITS, beginning of year	\$ 2,416,384
Benefits paid	(124,190)
Benefits accumulated	163,579
Plan amendment	0
Change in actuarial assumptions	0
Interest accumulated	<u>188,439</u>
TOTAL ACTUARIAL PRESENT VALUE OF	
ACCUMULATED PLAN BENEFITS, end of year	<u><u>\$ 2,644,212</u></u>

The accompanying notes are an integral part of these financial statements.

HYDRO CARBIDE LATROBE
HOURLY EMPLOYEES' PENSION PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1: DESCRIPTION OF PLAN

The following brief description of the Hydro Carbide Latrobe Hourly Employees' Pension Plan ("the Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions. Information about the plan agreement, the vesting and benefit provisions, and the Pension Benefit Guaranty Corporation's benefit guarantee is contained in the Summary Plan Document.

General

The Plan is a non-contributory defined benefit pension plan covering substantially all Latrobe Hydro Carbide hourly employees of HBD Industries, Inc. ("Company").

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Pension Benefits

The Plan provides for benefit payments at a monthly rate per year of credit service ranging from \$12.00 to \$27.15 based on the period of credited service. The maximum years of service for the Plan is limited only by the total years of credited service of any given employee at the normal retirement date. The minimum years of credited service for the Plan is five, at which a participant will become 100% vested. Less than five years of service results in 0% vested interest.

The normal retirement age under the Plan is 65. Specific terms of the Plan provide other retirement options with combination of factors of age and years of credited service.

Death and Disability Benefits

Normal payments are for life with no death benefits. Employees may elect reduced monthly payments with provisions for five or ten year guarantees or a continuance option after death. Pre-retirement survivor annuity coverage is provided in the event of the death of an employee while eligible for early retirement.

The Plan offers disability retirement benefits after five years of credited service. Normal retirement benefits with guaranteed minimums through normal retirement age are provided.

Master Trust

The Plan has entered into a trust agreement permitting the commingling of the Plan's assets with those of other HBD Industries, Inc. sponsored employee benefit plans in the HBD Master Pension Trust ("the Master Trust"). At September 30, 2010 and 2009, the Plan's investment assets are held by PNC Bank ("the trustee").

Administrative Expenses

Certain administrative functions are performed by officers or employees of the Company. No such officers or employee receives compensation from the Plan. Administrative expenses for the trustee and other fees are paid directly by the Master Trust. Investment management fees are netted against plan earnings.

HYDRO CARBIDE LATROBE
HOURLY EMPLOYEES' PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements are presented 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 certain reported amounts and disclosures, and actual results may differ from those estimates. It is reasonably possible that a significant change may occur in the near term for the estimates of investment valuation and actuarial present value of accumulated plan benefits.

Risks and Uncertainties

The Plan invests in a Master Trust which invests in a unitized fund. The investments of the unitized fund are a combination of mutual funds, stocks, money market funds, government securities, and other investment securities. The underlying investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in these financial statements.

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

Valuation of Master Trust Investments

Investments in the Master Trust are stated at fair value as reported by the trustee using published quotations and other data. 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 7 for discussion of fair value measurements. Master Trust investment transactions are allocated by the trustee based on each plan's relative participation interest in the Master Trust. Master Trust investment transactions allocated to the Plan include dividend and interest income, gains and losses on sales of investments, unrealized appreciation or depreciation of investments, and administrative expenses.

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

Payment of Benefits

Benefits are recorded when paid.

HYDRO CARBIDE LATROBE
HOURLY EMPLOYEES' PENSION PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 3: ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to services rendered by the employees. Benefits payable under all circumstances (retirement, death, disability, or termination of employment) are included to the extent they are deemed attributable to employee service rendered through the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary using the unit credit method and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions underlying the computations for the Plan as of September 30, 2009 are as follows:

Average rate of return:	8% compounded annually
Mortality basis:	RP-2000 IRS PPA at 2009 Non- Annuitant/Annuitant for males and females
Normal retirement age:	Age 65

The net increase in the actuarial present value of accumulated plan benefits each year is the result of benefits paid, discounts for interest, changes in participant mix, actuarial experience gains and losses and changes in actuarial assumptions.

The actuarial calculation as of October 1, 2009, reflects an increase in the benefit rate from \$26.65 to \$26.90. The Plan document includes a schedule of increases in benefit rate from \$23.00 to \$27.15 between 2001 and 2010. If an individual's last hour of service was between June 1, 2009 and May 31, 2010, they were credited with a rate of \$26.90 per year of service.

Actuarial assumptions are based on the presumption that the Plan will continue. Should the Plan terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

NOTE 4: FUNDING POLICY

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. Pension funding is actuarially determined and includes normal cost and the amortization of past service costs. The Company has made contributions in amounts not less than those necessary to comply with the minimum funding standards of ERISA as set forth in the actuary's report. The actuary's report indicated that Company contributions of \$151,127 are required in 2010 to meet the minimum funding standards of ERISA.

HYDRO CARBIDE LATROBE
HOURLY EMPLOYEES' PENSION PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 5: INVESTMENTS - UNAUDITED

PNC Bank, the trustee of the Plan, holds investment assets and executes transactions therein, and all information pertaining to investments included in the financial statements has been certified by them as complete and accurate in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations under ERISA. This information has not been audited by independent accountants.

The following table presents the fair values of investments. Investments that represent 5% or more of the Plan's net assets are separately identified.

	<u>2010</u>	<u>2009</u>
Investments at estimated fair value		
Interest in the Master Trust	\$ 2,435,559	\$ 2,292,405

During 2010 and 2009, the Plan's net investment gain/(loss) in the Master Trust (including gains and losses on investments bought and sold, as well as held during the year and interest and dividend income) was \$135,007 and (\$133,588), respectively.

NOTE 6: MASTER TRUST INFORMATION - UNAUDITED

The Plan's trust agreement permits the commingling of the Plan's assets with those of other HBD Industries, Inc. sponsored employee benefit plans in the Master Trust. Each participating retirement plan has an undivided interest in the Master Trust. The trustee determines the Plan's proportionate share of trust assets and related changes in trust assets, and such amounts are reflected in the Plan's statements of net assets available for benefits and changes in net assets available for benefits.

During 2004, the Connors Warren Master Trust and the HBD/PW Pension Master Trust were merged to create the HBD Master Pension Trust (Master Trust). All of the defined benefit plans sponsored by the Company now participate in the Master Trust. During 2008, the Connors Warren Master Trust was re-activated. The assets of the Connors Warren Pension Plan was moved from the HBD Master Pension Trust to the Connors Warren Master Trust. All other defined benefit plans sponsored by the Company, including this Plan, remain in the HBD Master Pension Trust.

At September 30, 2010, the assets of the Master Trust were held by PNC Bank (trustee). The Plan's interest in the net assets of the Master Trust was approximately twenty-eight percent at September 30, 2010.

HYDRO CARBIDE LATROBE
HOURLY EMPLOYEES' PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS

NOTE 6: MASTER TRUST INFORMATION - UNAUDITED (Continued)

The following presents the net assets held by the Master Trust at September 30, 2010 and 2009, as certified by PNC Bank:

	2010	2009
Investments, at fair value:		
Interest-bearing cash equivalents	\$ 926,015	\$ 4,056,783
Mutual funds	3,685,008	538,888
Limited partnerships	4,147,629	3,978,159
Total investments held by the Master Trust	8,758,652	8,573,830
Accrued income	4,934	709
Total net assets held by the Master Trust	<u>\$ 8,763,586</u>	<u>\$ 8,574,539</u>

The following presents total investment income for the Master Trust for the years ended September 30, 2010 and 2009 as certified by PNC Bank:

	2010	2009
Net appreciation in fair value of investments:		
Mutual funds - fixed income	\$ 107,515	\$ -
Mutual funds - equities	199,021	-
Common stocks	-	(300,917)
Limited partnerships	905,255	735,784
Total net appreciation	1,211,791	434,867
Administrative expense	(124,792)	(92,468)
Interest and dividends	85,841	55,235
Total investment income	<u>\$ 1,172,840</u>	<u>\$ 397,634</u>

Administrative expenses, other than PBGC premiums, are paid by the Master Trust. The expenses are allocated to participating plans as a reduction to investment income.

The closing prices reported in the active markets in which the securities are traded are used to value the investments in the Master Trust. The table in Note 7 sets forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of September 30, 2010 and 2009.

HYDRO CARBIDE LATROBE
HOURLY EMPLOYEES' PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS

NOTE 7: FAIR VALUE MEASUREMENTS

Generally accepted accounting principles include a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB Statement No. 157 are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

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

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

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

Interest-bearing cash accounts: Valued at the net asset value ("NAV") of shares held by the plan at year end.

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

HYDRO CARBIDE LATROBE
HOURLY EMPLOYEES' PENSION PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 7: FAIR VALUE MEASUREMENTS (Continued)

Limited Partnerships: Valued at estimated fair value as determined by the investment manager at year end.

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

Assets at Fair Value as of September 30, 2010

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Interest-bearing cash equivalents	\$ 926,015	\$ -	\$ -	\$ 926,015
Mutual funds	3,685,008	-	-	3,685,008
Limited partnerships	-	-	4,147,629	4,147,629
Total assets at fair value	<u>\$ 4,611,023</u>	<u>\$ -</u>	<u>\$ 4,147,629</u>	<u>\$ 8,758,652</u>

Assets at Fair Value as of September 30, 2009

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Interest-bearing cash equivalents	\$ 4,056,783	\$ -	\$ -	\$ 4,056,783
Mutual funds	538,888	-	-	538,888
Limited partnerships	-	-	3,978,159	3,978,159
Total assets at fair value	<u>\$ 4,595,671</u>	<u>\$ -</u>	<u>\$ 3,978,159</u>	<u>\$ 8,573,830</u>

HYDRO CARBIDE LATROBE
HOURLY EMPLOYEES' PENSION PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 7: FAIR VALUE MEASUREMENTS (Continued)

The table below sets forth a summary of changes in the fair value of the Master Trust's level 3 assets for the year ended September 30, 2010:

	Level 3 Assets Year Ended September 30, 2010 Limited Partnerships
Balance, beginning of year	\$ 3,978,159
Realized gains (losses)	0
Unrealized gains (losses) relating to instruments still held at the reporting date	905,255
Purchases, sales, issuances, and settlements (net)	(735,785)
Interest and dividends	0
Balance, end of year	<u>\$ 4,147,629</u>

NOTE 8: SUBSEQUENT EVENTS

Subsequent events have been evaluated through June 9, 2011, which is the date the financial statements were available to be issued.

NOTE 9: PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA and its related regulations. Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

NOTE 10: INCOME TAX STATUS

The Internal Revenue Service has determined and informed the company by a letter dated January 31, 2011, that the plan is qualified and the trust established under the plan is tax-exempt, under the appropriate sections of the code. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and has no income subject to unrelated business income tax. Therefore, no provision for income taxes has been included in the Plan's financial statements.

HYDRO CARBIDE LATROBE
HOURLY EMPLOYEES' PENSION PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 11: RECONCILIATION OF FINANCIAL STATEMENTS TO THE 5500

The following is a reconciliation of net assets available for benefits per the financial statements at September 30, 2010 and 2009 to the Form 5500:

	<u>2010</u>	<u>2009</u>
Investment in the Master Trust per the financial statements	\$ 2,435,559	\$ 2,292,405
Accrued income	<u>(2)</u>	<u>2</u>
 Total investment in the Master Trust per Form 5500	 <u><u>\$ 2,435,557</u></u>	 <u><u>\$ 2,292,407</u></u>

The following is a reconciliation of the changes in net assets available for benefits per the financial statements at September 30, 2010 to the Form 5500:

	<u>2010</u>
Net gain on investment in the Master Trust per the financial statements	\$ 135,007
Accrued income	<u>(2)</u>
 Net gain on investment in the Master Trust per Form 5500	 <u><u>\$ 135,005</u></u>

**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 10/01/2009 and ending 09/30/2010▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Hydro Carbide Hourly Employee's Pension Plan	B Three-digit plan number (PN) ▶ 060
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Hydro Carbide, Inc.	D Employer Identification Number (EIN) 05-0588160
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>10</u> Day <u>1</u> Year <u>2009</u>		
2 Assets:		
a Market value.....	2a	2,406,649
b Actuarial value.....	2b	2,647,313
3 Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a 26	1,315,847
b For terminated vested participants.....	3b 73	641,412
c For active participants:		
(1) Non-vested benefits.....	3c(1)	6,854
(2) Vested benefits.....	3c(2)	1,259,841
(3) Total active.....	3c(3) 28	1,266,695
d Total.....	3d 127	3,223,954
4 If the plan is at-risk, check the box and complete items (a) and (b)..... ☐		
a Funding target disregarding prescribed at-risk assumptions.....	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....	4b	
5 Effective interest rate.....	5	6.70 %
6 Target normal cost.....	6	65,281

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

MARTIN MOLLOY

Type or print name of actuary

AON HEWITT

445 HUTCHINSON AVENUE, SUITE 900

Firm name

COLUMBUS

OH 43235-8619

Address of the firm

06/13/2011

Date

11-06227

Most recent enrollment number
(614) 436-8100

Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II	Beginning of year carryover and prefunding balances	(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	354,899	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	154,521	0
9	Amount remaining (Item 7 minus item 8).....	200,378	0
10	Interest on item 9 using prior year's actual return of <u>5.36</u> %	(10,740)	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		107,473
b	Interest on (a) using prior year's effective rate of <u>5.36</u> %		(5,761)
c	Total available at beginning of current plan year to add to prefunding balance		101,712
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	121,489	
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	68,149	0

Part III	Funding percentages		
14	Funding target attainment percentage.....	14	80.00 %
15	Adjusted funding target attainment percentage.....	15	80.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	87.34 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV	Contributions and liquidity shortfalls				
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2010	34,990		06/01/2011	55,751	
10/01/2010	33,018				
01/03/2011	61,027				
03/01/2011	55,751				
04/01/2011	55,751				
05/02/2011	55,751				
Totals ►			18(b)	352,039	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	322,333
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 5.28 %	2nd segment: 6.72 %	3rd segment: 6.84 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	65,281
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	451,353	85,846
b Waiver amortization installment	0	0
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	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	151,127
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	66,210	0
36 Additional cash requirement (item 34 minus item 35)	36	84,917
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	322,333
38 Interest-adjusted excess contributions for current year (see instructions)	38	237,416
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

Plan Name: Hydro Carbide Hourly Employees' Pension Plan
Plan Sponsor: HBD Industries, Inc.
EIN: 05-0588160 PN : 060

Schedule SB, line 19 - Discounted Employer Contributions

The following contributions for the plan year were made on the dates indicated. Contributions are discounted at the funding target effective interest rate of 6.70%.

Valuation Date	10/1/2009	EIR	6.70%
----------------	-----------	-----	-------

Date of Contribution	Quarterly Contribution Amount	Days	Discounting factor	Discounted Contribution Amount
07/01/2010	\$34,990	273	0.95265	\$33,333
10/01/2010	\$33,018	365	0.93721	\$30,945
01/03/2011	\$61,027	459	0.92168	\$56,248
03/01/2011	\$55,751	516	0.91240	\$50,867
04/01/2011	\$55,751	547	0.90739	\$50,588
05/02/2011	\$55,751	578	0.90240	\$50,310
06/01/2011	\$55,751	608	0.89760	\$50,042
Total				\$322,333

Plan Name: Hydro Carbide Hourly Employees' Pension Plan
Plan Sponsor: HBD Industries, Inc.
EIN: 05-0588160 PN : 060

Schedule SB, line 22 – Description of Weighted Average Retirement Age

	(1)	(2)	(3)	(4)	(5)	(6)
	Retirement		Cumulative		Retirement	
Age	qx	px	px	= (1) * (3)	Age	= (4) * (5)
62	0.15	0.850000	1.000000	0.150000	62.0	9.300
63	0.20	0.800000	0.850000	0.170000	63.0	10.710
64	0.50	0.500000	0.680000	0.340000	64.0	21.760
65	1.00	0.000000	0.340000	0.340000	65.0	22.100
Totals:				1.00000		63.870
Total of Column (6) / Total of Column (4), Rounded to nearest age:						64.000

Plan Name: Hydro Carbide Hourly Employees' Pension Plan
Plan Sponsor: HBD Industries, Inc.
EIN: 05-0588160 PN : 060

Schedule SB, Part V – Summary of Principal Plan Provisions

The following summary describes principal plan provisions assumed in calculating the cost of your pension plan:

General Information

Original Effective Date:	March 21, 1978
Effective Date of Last Amendment:	May 11, 2008
Plan Year:	October 1st to September 30th
Employer Fiscal Year:	January 1st to December 31st
Employer ID Number:	05-0588160
Plan Administrator's ID Number:	25-1555749
Plan Number:	060

Eligibility

Employees within the group known as the Latrobe Hydro Carbide Hourly Employees become participants at date of hire.

Service

Credited Service is based on the number of hours worked according to the following schedule:

Hours of Service	Credited Service
1,700 or more	1.0 year
1,556	0.9 year
1,411	0.8 year
1,267	0.7 year
1,122	0.6 year
978	0.5 year
833	0.4 year
689	0.3 year
544	0.2 year
400	0.1 year

Plan Name: Hydro Carbide Hourly Employees' Pension Plan
Plan Sponsor: HBD Industries, Inc.
EIN: 05-0588160 PN : 060

Schedule SB, Part V – Summary of Principal Plan Provisions (Cont.)

Normal Retirement Date

Normal Retirement Date is the last day of the month of attainment of age 65.

Normal Retirement Benefit

The amount of annual benefit to be paid in monthly installments for life based on service to Normal Retirement Date is the rate indicated in the table below multiplied by years of credited service.

Retirement on or after	Rate
March 23, 1994	\$15.00
March 25, 1995	\$17.00
March 25, 1996	\$18.00
March 25, 1997	\$19.00
March 25, 1998	\$20.00
May 24, 1999	\$21.00
May 24, 2000	\$22.00
May 24, 2001	\$23.00
May 24, 2004	\$24.40
June 1, 2005	\$25.15
June 1, 2006	\$25.65
June 1, 2007	\$26.40
June 1, 2008	\$26.65
June 1, 2009	\$26.90
June 1, 2010	\$27.15

Accrued Benefit

The Accrued Benefit at any time prior to a participant's Normal Retirement Date shall be based on the years of service earned as of the determination date, multiplied by the benefit rate in effect as of the determination date.

Early Retirement Benefit

Upon the completion of 5 years of Credited Service and the attainment of age 60, a participant may elect to retire. He may receive an immediate benefit equal to the Normal Retirement Benefit based on service at early retirement and reduced actuarially for early retirement.

Schedule SB, Part V – Summary of Principal Plan Provisions (Cont.)

Disability Retirement Benefit

A participant who becomes totally and permanently disabled after at least 5 years of service will receive the greater of his accrued pension or \$100 per month after the disability has existed for one year.

Death Benefit

In the event of an active married participant's death on or before the earliest retirement age, the surviving spouse shall receive a benefit based on the participant's vested Accrued Benefit as of the date of death, but payable as if the participant had separated from service on the date of death, survived to the earliest retirement age, elected a Joint and 55% Survivor Annuity, and died on the day after the earliest retirement age.

In the event of an active married participant's death after the attainment of age 60 and the completion of 5 years of Credited Service, but prior to Normal Retirement Date, it will be assumed the participant had retired on the day prior to death and elected a Joint and 55% Survivor Benefit. The benefit payable will be reduced by 0.7% for each year (and fraction of a year) of coverage to account for the cost of the survivor option.

Severance Benefit

Upon the termination of employment after 5 or more Years of Service a participant shall have a vested interest in his Accrued Benefit which will be payable at Normal Retirement Date. The percentage vested shall be:

Years of Service	Vested Percent
Fewer than 5	0%
5 or more	100%

In the event that a participant has met the service requirements for Early Retirement at the date of termination, he may elect to receive his vested interest at age 60. Such benefit will be reduced as described under Early Retirement Benefit.

Normal Form of Payment

The Normal Form of Payment is an annuity paid in monthly installments for life.

Schedule SB, Part V – Summary of Principal Plan Provisions (Cont.)

Optional Methods of Settlement

All Optional Methods of Settlement are actuarially equivalent to the Normal Form of Payment. If a married participant does not elect the Normal Form of Payment or does not elect one of the Optional Methods of Settlement described below, then the participant's Retirement Benefit shall automatically be paid under option [1] below. The options are:

- (1) A reduced benefit to be paid during the participant's lifetime with 55% of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (2) A reduced benefit to be paid during the participant's lifetime with 75% of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (3) A reduced benefit to be paid during the participant's lifetime with the same reduced benefit to be continued to his spouse for her lifetime after his death.

All Optional Methods of Settlement are actuarially equivalent to the Normal Form of Payment a table of factors contained in the plan document. Factors for select ages pertaining to the 55% option (option (1) above) are as follows:

Participant Age	Spouse Age		
	60	62	65
60	83%	84%	85%
62	82%	84%	86%
65	81%	85%	85%

Amendment or Termination of Plan

The Employer reserves the right to amend or terminate the Plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the Employer fails to meet the minimum funding standards or is unable to pay benefits when due.

If the Plan is terminated, the Plan assets will be distributed among the Plan participants based upon a priority allocation procedure, and the Employer shall be liable for any unfunded vested benefits to the extent required by law.

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

Plan Name: Hydro Carbide Hourly Employees' Pension Plan
Plan Sponsor: HBD Industries, Inc.
EIN: 05-0588160 PN : 060

Schedule SB, line 24 – Change in Actuarial Assumptions

1. An assumption for expenses was added to the normal cost for funding purposes as required by the Pension Protection Act of 2006. Previously no expense assumption was added to the normal cost. Beginning October 1, 2009, the normal cost for funding purposes includes assumed expenses equal to the actual expenses paid by the trust in the previous year plus the current year's PBGC premium. General administrative expenses include trustee, investment, and actuarial fees.

Plan Name: Hydro Carbide Hourly Employees' Pension Plan
Plan Sponsor: HBD Industries, Inc.
EIN: 05-0588160 PN : 060

Schedule SB, line 25 - Change in Method

In accordance with the Pension Protection Act of 2006 (PPA), the following changes were made:

1. The Funding Target interest rates were changed from the segment rates with no lookback to the segment rates with a four-month lookback.
2. Effective October 1, 2009, a change in valuation software systems was made.

EIN: 05-0588160 PN : 060

Schedule SB, line 26 - Schedule of Active Participant Data

[illegible]

Plan Name: Hydro Carbide Hourly Employees' Pension Plan
Plan Sponsor: HBD Industries, Inc.
EIN: 05-0588160 PN : 060

Schedule SB, line 32 - Schedule of Amortization Bases

Date Established	Period Remaining	Current Year Present Value Factor	Balance		Annual Payment
			Original	Remaining	
10/01/2008	6	5.245397	\$503,928	\$442,114	\$84,286
10/01/2009	7	5.922298	\$9,239	\$9,329	\$1,560
Total				\$451,353	\$85,846

Plan Name: Hydro Carbide Hourly Employees' Pension Plan
Plan Sponsor: HBD Industries, Inc.
EIN: 05-0588160 PN : 060

Schedule SB, Part V– Statement of Actuarial Assumptions/Methods

Cost Method

Funding: Traditional Unit Credit.

FAS 87: Projected Unit Credit.

Asset Method

Funding: The actuarial value of assets is determined by using a 3-year averaging method. The actuarial value assets may not be less than 90% of the market value of assets or more than 110% of the market value of assets.

FAS 87: The market-related value of assets is determined by using fair value.

Dates of Calculations

Funding: The Valuation Date is October 1, 2009.

FAS 87: The Measurement Date is December 31, 2009.

Employees Included in the Calculations

All active employees who have met the Plan's eligibility requirements as of the valuation date are included in the calculations. Former employees or their survivors who are receiving or entitled to receive an immediate or deferred benefit under the provisions of the Plan are also included. Due to the size of the reduction in force, all terminations for the prior two years have been valued as vested terminations.

Source of Data

Data is as of the valuation date and is supplied to us by the Employer.

Employees are assumed to work 1,700 hours in each complete future year worked.

We rely on the Employer to inform us of any former participants who have been rehired and lost prior service because of the length of their break in service. These employees may have participation requirements different from other new employees.

Financial information was supplied to us by the Trustee, PNC Advisors.

Plan Name: Hydro Carbide Hourly Employees' Pension Plan
Plan Sponsor: HBD Industries, Inc.
EIN: 05-0588160 PN : 060

Schedule SB, Part V– Statement of Actuarial Assumptions/Methods
(cont.)

Although we believe these to be accurate and complete, the data and financial information have not been audited by us.

Death benefits were not valued since participants “pay” for benefits with the reductions to their retirement benefits.

A curtailment has been determined to have occurred due to the reduction in active workforce and has been measured in the 2010 accounting expense.

Plan Name: Hydro Carbide Hourly Employees' Pension Plan
Plan Sponsor: HBD Industries, Inc.
EIN: 05-0588160 PN : 060

Schedule SB, Part V– Statement of Actuarial Assumptions/Methods
(cont.)

Interest and Other Rate Assumptions

Below is a summary of interest and inflation rates used for the October 1, 2009 valuation.

Interest Rates	Assumption
(1) Funding Target	
(a) Segment One	5.28%
(b) Segment Two	6.72%
(c) Segment Three	6.84%
(2) FAS 35	8.00%
(3) FAS 87	
(a) Discount	6.26%
(b) Long Term Rate of Return	9.00%
(4) Funding Long-Term Rate of Return	8.00%

Other Rates	Assumption
(1) Social Security Wage Bases	N/A
(2) CPI for Social Security	N/A
(3) Future Salaries	
(a) Funding	N/A
(b) FAS 35	None
(c) FAS 87	N/A
(4) Increase Rate for the Maximum Benefit and Compensation Limits for FAS 87	N/A
(5) Cost of Living Adjustment	N/A

Schedule SB, Part V– Statement of Actuarial Assumptions/Methods **(cont.)**

Decrement Assumptions

Below is a summary of decrements used in this valuation.

Mortality Decrements	Description
(1) Funding	
(a) Healthy	RP-2000 IRS PPA at 2009 Non-Annuitant/Annuitant Tables for males and females
(b) Disabled	The mortality table for disabled lives prescribed in Revenue Ruling 96-7
(2) FAS 35 and FAS 87	
(a) Healthy	1983 Group Annuity Mortality Table for males & females
(b) Disabled	The mortality table for disabled lives prescribed in Revenue Ruling 96-7

—Retirement—	
Decrement Age	Rates
62	0.150
63	0.200
64	0.500
65	1.000

—Termination—		
Decrement Age	Years of Service	
	0-3	4+
25	0.200000	0.096740
40	0.200000	0.077540
55	0.200000	0.015490
65	0.000000	0.000000

—Disability Mortality—		
Decrement Age	Male Rates	Female Rates
25	0.02746	0.01197
40	0.03837	0.02058
60	0.05312	0.03259
65	0.06367	0.04429

The weighted average retirement age is 63.87. Sample Retirement and Termination rates are illustrated in the tables above.

Plan Name: Hydro Carbide Hourly Employees' Pension Plan
Plan Sponsor: HBD Industries, Inc.
EIN: 05-0588160 PN : 060

Schedule SB, Part V– Statement of Actuarial Assumptions/Methods **(cont.)**

Expenses

Funding: The normal cost for funding purposes includes assumed expenses equal to the actual administrative expenses paid by the trust in the previous plan year plus the current year's PBGC premium. General administrative expenses include trustee, investment, and actuarial fees.

Form of Benefit Payment

Participants are assumed to elect the normal form of payment upon retirement.

Other Considerations

For the purpose of valuing death benefits, 85% of the male and 50% of the female employees are assumed to be married. Wives are assumed to be 3 years younger than their husbands.

Changes in Valuation Assumptions

The following changes in actuarial assumptions or methods have been made since the prior valuation:

- (1) Funding assumptions were changed as shown below.

	10/01/2009	10/01/2008
Funding Target Segment Rates	5.28%/6.72%/6.84%	5.09%/6.16%/6.58%
Segment Rate Lookback	4 months	0 months
Mortality	RP-2000 IRS PPA @ 2009 Non-Annuitant/Annuitant tables for Males and Females	RP-2000 IRS RPA @ 2008 Non-Annuitant/Annuitant tables for Males and Females

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Hydro Carbide Hourly Employee's Pension Plan	B Three-digit plan number (PN) ▶ <u>060</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HBD Industries, Inc.	D Employer Identification Number (EIN) 05-0588160
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>10</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value.....	2a		2,406,649
b Actuarial value.....	2b		2,647,313
3 Funding target/participant count breakdown			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	26	1,315,847
b For terminated vested participants	3b	73	641,412
c For active participants:			
(1) Non-vested benefits.....	3c(1)		6,854
(2) Vested benefits.....	3c(2)		1,259,841
(3) Total active	3c(3)	28	1,266,695
d Total.....	3d	127	3,223,954
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate.....	5		6.70 %
6 Target normal cost.....	6		65,281

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	<u>06/13/2011</u> Date
	MARTIN MOLLOY Type or print name of actuary	<u>11-06227</u> Most recent enrollment number
	AON HEWITT Firm name	<u>(614) 436-8100</u> Telephone number (including area code)
	445 HUTCHINSON AVENUE, SUITE 900 COLUMBUS OH 43235-8619 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)	354,899	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	154,521	0
9	Amount remaining (Item 7 minus item 8).....	200,378	0
10	Interest on item 9 using prior year's actual return of (5.36) %	(10,740)	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		107,473
b	Interest on (a) using prior year's effective rate of (5.36) %		(5,761)
c	Total available at beginning of current plan year to add to prefunding balance		101,712
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	121,489	
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	68,149	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	80.00 %
15	Adjusted funding target attainment percentage.....	15	80.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	87.34 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2010	34,990		06/01/2011	55,751	
10/01/2010	33,018				
01/03/2011	61,027				
03/01/2011	55,751				
04/01/2011	55,751				
05/02/2011	55,751				
Totals ▶			18(b)	352,039	18(c) 0

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

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	322,333

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 5.28 %	2nd segment: 6.72 %	3rd segment: 6.84 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	65,281
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	451,353	85,846
b Waiver amortization installment	0	0
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	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33).....	34	151,127
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	66,210	0
36 Additional cash requirement (item 34 minus item 35).....	36	84,917
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	322,333
38 Interest-adjusted excess contributions for current year (see instructions).....	38	237,416
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