

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 <u>CARLTON FORGE WORKS A CORPORATION 401(K) PLAN</u>	1b Three-digit plan number (PN) ►	<u>002</u>	
	1c Effective date of plan	<u>06/01/1994</u>	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>CARLTON FORGE WORKS A CORPORATION</u> <u>7743 E. ADAMS ST.</u> <u>PARAMOUNT, CA 90723</u>	2b Employer Identification Number (EIN) <u>95-2152781</u>	2c Sponsor's telephone number <u>562-633-1131</u>	2d Business code (see instructions) <u>332110</u>

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	<u>Filed with authorized/valid electronic signature.</u>	<u>07/15/2011</u>	<u>KEITH POLLAN</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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")

CARLTON FORGE WORKS A CORPORATION

7743 E. ADAMS ST.
PARAMOUNT, CA 90723**3b** Administrator's EIN

95-2152781

3c Administrator's telephone number

562-633-1131

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:**a** Sponsor's name**4b** EIN**4c** PN**5** Total number of participants at the beginning of the plan year**5**

544

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**

281

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

0

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

238

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

519

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

0

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

519

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

515

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

7

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:

3D 2E 2J 2K 2F 2G

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**9a** Plan funding arrangement (check all that apply)(1) ☒

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☐

Trust

(4) ☐

General assets of the sponsor

9b Plan benefit arrangement (check all that apply)(1) ☒

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☐

Trust

(4) ☐

General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)**a Pension Schedules**(1) ☒**R** (Retirement Plan Information)(2) ☐**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary(3) ☐**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary**b General Schedules**(1) ☒**H** (Financial Information)(2) ☐**I** (Financial Information - Small Plan)(3) ☒**A** (Insurance Information)(4) ☒**C** (Service Provider Information)(5) ☒**D** (DFE/Participating Plan Information)(6) ☐**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 CARLTON FORGE WORKS A CORPORATION 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500. CARLTON FORGE WORKS A CORPORATION	D Employer Identification Number (EIN) 95-2152781	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	1008824-01	515	10/01/2009	09/30/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
89927	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
METROPOLITAN LIFE INSURANCE CO
400 ATRIUM DRIVE
SOMERSET, NJ 08873

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
89927			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	3783590
5 Current value of plan's interest under this contract in separate accounts at year end	5	7198953

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year	7b	3802461
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c Additions: (1) Contributions deposited during the year	7c(1)	391868	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	117126	
(4) Transferred from separate account	7c(4)	659323	
(5) Other (specify below)	7c(5)	147298	
▶ LOAN REPAYMENTS			

(6) Total additions	7c(6)	1315615
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d Total of balance and additions (add b and c(6))	7d	5118076
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	576605	
(2) Administration charge made by carrier	7e(2)	0	
(3) Transferred to separate account	7e(3)	757881	
(4) Other (specify below)	7e(4)	0	

(5) Total deductions	7e(5)	1334486
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f Balance at the end of the current year (subtract e(5) from d)	7f	3783590
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	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 CARLTON FORGE WORKS A CORPORATION 401(K) PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 CARLTON FORGE WORKS A CORPORATION	D Employer Identification Number (EIN) 95-2152781

Part I	Service Provider Information (see instructions)
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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)

METROPOLITAN LIFE INSURANCE COMPANY

400 ATRIUM DRIVE
SOMERSET, NJ 08873

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	0	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:

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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
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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>CARLTON FORGE WORKS A CORPORATION 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CARLTON FORGE WORKS A CORPORATION</u>	D Employer Identification Number (EIN) <u>95-2152781</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	577206	570691
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	3802461	3783590
(15) Other	1c(15)	6942019	7198953

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	11321686	11553234

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	11321686	11553234
---	-----------	----------	----------

Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	86976	
(B) Participants	2a(1)(B)	928069	
(C) Others (including rollovers)	2a(1)(C)	7142	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1022187

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	26735	
(F) Other	2b(1)(F)	117128	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		143863
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		602871
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		0
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		1768921

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1400287	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1400287
f Corrective distributions (see instructions)	2f		92226
g Certain deemed distributions of participant loans (see instructions).....	2g		44860
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1537373

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		231548
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

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: **KMJ CORBIN & COMPANY LLP**

(2) EIN: **81-0569753**

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		1000000
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)

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

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

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

A Name of plan <u>CARLTON FORGE WORKS A CORPORATION 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CARLTON FORGE WORKS A CORPORATION</u>	D Employer Identification Number (EIN) <u>95-2152781</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>20-3691658</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

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

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

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

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

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CARLTON FORGE WORKS (A CORPORATION)
401(k) PLAN

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE**

As of September 30, 2010 and 2009

with

INDEPENDENT AUDITORS' REPORT THEREON

CARLTON FORGE WORKS (A CORPORATION)
401(k) PLAN

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Note: All other schedules have been omitted since the information is either disclosed elsewhere in the financial statements or not required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants of the
Carlton Forge Works (A Corporation) 401(k) Plan

We were engaged to audit the financial statements of Carlton Forge Works (A Corporation) 401(k) Plan (the "Plan") as of September 30, 2010 and 2009 and for the year ended September 30, 2010, and the supplemental schedule as of September 30, 2010, as listed in the accompanying index. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, certified by Metropolitan Life Insurance Company, the custodian of the Plan, except for comparing the information with related information included in the financial statements and supplemental schedule. The Plan administrator has obtained certifications from the custodian as of September 30, 2010 and 2009 and for the year ended September 30, 2009 that the information provided to the Plan administrator by the custodian is complete and accurate.

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

KMJ Corbin & Company LLP

KMJ | Corbin & Company LLP

Costa Mesa, California
July 13, 2011

CARLTON FORGE WORKS (A CORPORATION)
401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	September 30,	
	2010	2009
<hr/>		
ASSETS		
Receivables:		
Participant loans receivable	\$ 570,691	\$ 577,206
Participant contributions	26,201	-
Employer contribution	<u>2,474</u>	<u>-</u>
	<u>599,366</u>	<u>577,206</u>
Investments, at fair value:		
Mutual funds	5,925,902	5,764,831
Separate accounts	1,273,051	1,177,188
Fixed interest account	<u>3,783,590</u>	<u>3,802,461</u>
Total investments	<u>10,982,543</u>	<u>10,744,480</u>
Total assets	11,581,909	11,321,686
LIABILITIES		
Excess contributions payable	<u>-</u>	<u>91,830</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 11,581,909</u>	<u>\$ 11,229,856</u>

See accompanying notes to financial statements

CARLTON FORGE WORKS (A CORPORATION)
401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	For The Year Ended September 30, 2010
Additions to net assets attributed to:	
Investment income:	
Interest	\$ 117,128
Net appreciation in fair value of investments	<u>602,871</u>
Total investment income	<u>719,999</u>
Contributions:	
Participant	954,270
Participant rollover	7,142
Employer	<u>89,450</u>
Total contributions	<u>1,050,862</u>
Interest income on participant loans receivable	<u>26,735</u>
Total additions	<u>1,797,596</u>
Deductions from net assets attributed to:	
Benefits paid to participants	1,400,683
Deemed distributions	<u>44,860</u>
Total deductions	<u>1,445,543</u>
Net increase in net assets available for benefits	352,053
Net assets available for benefits, beginning of year	<u>11,229,856</u>
Net assets available for benefits, end of year	\$ <u><u>11,581,909</u></u>

See accompanying notes to financial statements

CARLTON FORGE WORKS (A CORPORATION)
401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

**As of September 30, 2010 and 2009 and
For The Year Ended September 30, 2010**

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Carlton Forge Works (A Corporation) 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

The Plan is a defined contribution plan available to all eligible employees of Carlton Forge Works (the "Company" or "Plan Sponsor"). The Plan was adopted June 1, 1994 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Administration

The Company is the Plan's sponsor and the Plan's administrator and is responsible for filing all reports required of the Plan. Metropolitan Life Insurance Company (the "Custodian") is the Plan's custodian. The Company's President and Chief Operating Officer is the Plan's trustee.

Eligibility

Enrollment is open semi-annually to all employees who have reached age 21. Entry dates for enrollment in the Plan are: (1) the first day of the Plan year, or (2) the first day of the seventh month of the Plan year.

Participant Contributions

Participants can make pretax contributions and voluntary after-tax contributions to the Plan up to 13% of their annual compensation. Contributions may not exceed \$16,500 for the participants' taxable year 2010. In addition, highly compensated employees (as defined by the Plan) may be subject to further limitations. Participants that are 50 years of age or older who have met the annual Internal Revenue Code ("IRC") deferral limit or the specified Plan limits of deferral, may contribute a catch-up deferral of up to \$5,500 for 2010. Participants may also rollover amounts representing distributions from other qualified plans. All contributions to each participant's account are self-directed by the participant in one or more of the investment options offered under the Plan.

CARLTON FORGE WORKS (A CORPORATION)
401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

**As of September 30, 2010 and 2009 and
For The Year Ended September 30, 2010**

NOTE 1 - DESCRIPTION OF PLAN, continued

Employer Contributions

The Plan provides for employer discretionary matching contributions, which are determined each Plan year by the Company's Board of Directors. There is no service requirement for eligibility of participation in employer discretionary matching contributions. For the Plan year ended September 30, 2010, the Company matched participant contributions to the Plan at the rate of \$0.10 per \$1.00 of contribution, which resulted in total employer contributions of \$89,450. The Plan also allows for supplemental employer profit-sharing contributions. An employee must work at least 1,000 hours during each Plan year and be employed on the last day of the year in order to share in employer profit-sharing contributions. There were no employer profit-sharing contributions for the plan year ended September 30, 2010.

Participants' Accounts and Investment Options

Individual accounts are maintained for each of the Plan's participants to reflect the participant's contributions and related employer contributions, as well as the participant's share of the Plan's income and any related administrative expenses. Allocations of the Plan income and expenses are based on the proportion that each participant's account balance has to the total of all participant account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Contributions made on behalf of the participants are invested in various funds according to participant elections. Participants' contributions must be allocated among the available funds in whole percentages. Participants may change investment elections at any time via telephone or via internet access with the Custodian.

Forfeited Accounts

At September 30, 2010, forfeited non-vested accounts totaled \$11,862. These accounts will be allocated to participants in the same manner as Plan income.

CARLTON FORGE WORKS (A CORPORATION)
401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

**As of September 30, 2010 and 2009 and
For The Year Ended September 30, 2010**

NOTE 1 - DESCRIPTION OF PLAN, continued

Vesting

Participants are 100% vested at all times in their voluntary contributions, plus actual earnings or losses thereon. Participants vest in employer discretionary matching contributions and Company profit-sharing contributions as follows:

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

Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive a lump-sum payment amount equal to the participant's vested interest in his or her account, installments on a periodic basis, or elect to postpone payment to a later date. Any nonvested Company contributions and any interest earned thereon is maintained in a separate pool within the Plan for a period of five years, at which time it is forfeited by the terminated employee and allocated among the Plan participants.

Withdrawals

Any withdrawals of pretax voluntary contributions made by participants prior to attaining age 59½ for any reasons other than death, disability, termination of the Plan, or proven financial hardship, are subject to ordinary income taxes and federal and state excise taxes.

Participant Loans

Participants may borrow the lesser of \$50,000 or 50% of the value of their total vested account balance, upon approval of the Plan administrator. The loans are secured by the participant's account and must be repaid at interest rates commensurate with local prevailing rates. Interest rates on participant loans at September 30, 2010 and 2009 ranged from 4.25% to 9.25%. Loans must be repaid within five years, unless the loan is for the purchase of a principal residence. In that case, the repayment period may be extended. Participant loans outstanding as of September 30, 2010 and 2009 totaled \$570,691 and \$577,206, respectively.

CARLTON FORGE WORKS (A CORPORATION)
401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

**As of September 30, 2010 and 2009 and
For The Year Ended September 30, 2010**

NOTE 1 - DESCRIPTION OF PLAN, continued

Termination of the Plan

Although the Company has not expressed any such intention, the Plan may be discontinued at any time by the Company. In the event of termination, participants' balances related to Company contributions become fully vested and the net assets of the Plan would continue to be held for normal withdrawal by participants assuming the Company's operations continue, or would be distributed to participants immediately if the Company's operations cease.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are stated at fair value, except for the investments in the Fixed Interest Account (see below).

Net appreciation or depreciation for the periods is reflected in the accompanying statement of changes in net assets available for benefits.

CARLTON FORGE WORKS (A CORPORATION)
401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

**As of September 30, 2010 and 2009 and
For The Year Ended September 30, 2010**

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, continued

The Plan's investment contract ("Fixed Interest Account") is accounted for in accordance with Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") Topic 962, *Plan Accounting - Defined Contribution Pension Plans*. The Fixed Interest Account is considered to be fully benefit-responsive (see Note 6); therefore, the Plan's investments in the Fixed Interest Account are reported at fair value with an adjustment in the statement of net assets available for benefits to separately present any difference between fair value and contract value so that the investments in the Fixed Interest Account are ultimately reflected at contract value. As of September 30, 2010 and 2009, the contract value of the Fixed Interest Account totaled \$3,783,590 and \$3,802,461, respectively, which approximates fair value.

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.

Management fees and operating expenses charged to the Plan for investments in the mutual funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are included in the net appreciation in fair value of investments.

Payment of Benefits

Benefit payments are recorded when paid.

Administrative Expenses

Certain Plan administrative expenses are paid by the Company.

New Accounting Pronouncements

In September 2010, the FASB issued Accounting Standards Update 2010-25, *Reporting Loans to Participants by Defined Contribution Pension Plans* ("ASU 2010-25"). ASU 2010-25 requires participant loans to be measured at their unpaid principal balance plus any accrued but unpaid interest and to be classified as notes receivable from participants and segregated from Plan investments. Previously, loans were measured at fair value and classified as investments. The Company early adopted ASU 2010-25 for the year ended September 30, 2010. Participant loans of \$577,206 previously classified as plan investments, have been reclassified to participant loans receivable as of September 30, 2009 in the accompanying statements of net assets available for benefits.

CARLTON FORGE WORKS (A CORPORATION)
401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

**As of September 30, 2010 and 2009 and
For The Year Ended September 30, 2010**

NOTE 3 - FAIR VALUE MEASUREMENTS

Financial assets and liabilities are reported in accordance with FASB ASC 820, *Fair Value Measurements and Disclosures* ("ASC 820"). ASC 820 defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal, or in the absence of a principal market, the most advantageous market for the asset or liability, in an orderly transaction between market participants on the measurement date. ASC 820 also establishes a fair value hierarchy that requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs in priority that may be used to measure fair value:

Level 1 - Quoted prices in active markets for identical assets or liabilities.

Level 2 - Observable inputs other than quoted prices included within Level 1, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; inputs other than quoted prices that are observable for the asset or liability (such as interest rates and yield curves, credit risks, and default rates) or other inputs that are principally derived from or corroborated by observable market data by correlation or other means.

Level 3 - Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

The following is a description of the valuation methodologies used for the investments measured at fair value, including the general classification of such investments pursuant to the valuation hierarchy.

Mutual Funds

The fair value of mutual funds is based upon quoted prices in active markets. The quoted prices of the mutual fund shares represent their closing net asset value. These investments have been classified within Level 1 of the valuation hierarchy.

Separate Accounts

Separate accounts are valued at their net asset value, which is based upon the fair value of the underlying investments. While the underlying asset values are based on quoted prices, the net asset values of the separate accounts are not publicly quoted. As such, they have been classified within Level 2 of the valuation hierarchy.

CARLTON FORGE WORKS (A CORPORATION)
401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

**As of September 30, 2010 and 2009 and
For The Year Ended September 30, 2010**

NOTE 3 - FAIR VALUE MEASUREMENTS, continued

Fixed Interest Account

The fair value of the Fixed Interest Account is based upon the amount Plan participants or Plan sponsors would receive if these investments were liquidated as of the balance sheet date, and include reductions for any termination fees. Amounts are calculated by the annuity provider based on the annuity contract. These investments have been classified within Level 2 of the valuation hierarchy.

As of September 30, 2010, the Plan's investments measured at fair value on a recurring basis are as follows:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Mutual funds				
Large	\$ 2,020,613	\$ -	\$ -	\$ 2,020,613
Mid-cap	1,318,306	-	-	1,318,306
Small	512,631	-	-	512,631
International	638,637	-	-	638,637
Allocation	567,553	-	-	567,553
Fixed income	<u>868,162</u>	<u>-</u>	<u>-</u>	<u>868,162</u>
	<u>5,925,902</u>	<u>-</u>	<u>-</u>	<u>5,925,902</u>
Separate Accounts				
Allocation	-	832,087	-	832,087
Fixed income	<u>-</u>	<u>440,964</u>	<u>-</u>	<u>440,964</u>
	<u>-</u>	<u>1,273,051</u>	<u>-</u>	<u>1,273,051</u>
Fixed Interest Account	<u>-</u>	<u>3,783,590</u>	<u>-</u>	<u>3,783,590</u>
	<u>\$ 5,925,902</u>	<u>\$ 5,056,641</u>	<u>\$ -</u>	<u>\$10,982,543</u>

CARLTON FORGE WORKS (A CORPORATION)
401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

As of September 30, 2010 and 2009 and
For The Year Ended September 30, 2010

NOTE 3 - FAIR VALUE MEASUREMENTS, continued

As of September 30, 2009, the Plan's investments measured at fair value on a recurring basis are as follows:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Mutual funds				
Large	\$ 1,971,339	\$ -	\$ -	\$ 1,971,339
Mid-cap	1,396,548	-	-	1,396,548
Small	301,958	-	-	301,958
International	761,431	-	-	761,431
Allocation	652,914	-	-	652,914
Fixed income	<u>680,641</u>	<u>-</u>	<u>-</u>	<u>680,641</u>
	<u>5,764,831</u>	<u>-</u>	<u>-</u>	<u>5,764,831</u>
Pooled Separate Accounts				
Allocation	-	842,242	-	842,242
Fixed income	<u>-</u>	<u>334,946</u>	<u>-</u>	<u>334,946</u>
	<u>-</u>	<u>1,177,188</u>	<u>-</u>	<u>1,177,188</u>
Fixed Interest Account	<u>-</u>	<u>3,802,461</u>	<u>-</u>	<u>3,802,461</u>
	<u>\$ 5,764,831</u>	<u>\$ 4,979,649</u>	<u>\$ -</u>	<u>\$10,744,480</u>

NOTE 4 - INCOME TAX STATUS

The Internal Revenue Service issued an opinion letter dated July 28, 2003 to the Custodian stating that the prototype plan as designed was in accordance with applicable IRC requirements as of that date. The Plan administrator and the Plan's tax counsel believe the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Accordingly, no provision for income taxes is reflected in the accompanying financial statements.

CARLTON FORGE WORKS (A CORPORATION)
401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

**As of September 30, 2010 and 2009 and
For The Year Ended September 30, 2010**

NOTE 5 - INVESTMENTS (Unaudited)

The following summary of the Plan's investments as of September 30, 2010 and 2009, which exceeded 5% of net assets available for benefits, was derived from information prepared by the Custodian of the Plan and furnished to the Plan administrator. The Plan administrator has obtained certifications from the Custodian that such information is complete and accurate (see Note 7).

Description of Investment	Fair Value at September 30,	
	2010	2009
BlackRock Aggressive Growth Portfolio	\$ 779,308	\$ 734,104
Mist – BlackRock Large Cap Core Portfolio A	702,434	839,488
MetLife Stock Index Fund	832,087	842,242
Fixed Interest Account	3,783,590	3,802,461

For the year ended September 30, 2010, net appreciation in fair value of investments (including realized and unrealized gains and losses) is as follow:

Mutual funds	\$ 491,575
Pooled separate accounts	<u>111,296</u>
	<u>\$ 602,871</u>

NOTE 6 - INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan's investment in the Fixed Interest Account is maintained in a general account of Metropolitan Life Insurance Company. The Fixed Interest Account is increased by contributions and earnings at guaranteed rates and is reduced by participant withdrawals and administrative expenses. The investment in the Fixed Interest Account is fully benefit-responsive, and as such, the participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments in the fund at contract value. However, certain withdrawals influenced by Company initiated events, such as termination of the investment contract, may result in distributions at other than contract value. There are no reserves against contract values for credit risk of contract issues or otherwise.

The average yield was approximately 3.08% in 2010 and 3.29% in 2009. The crediting interest rate for this investment contract is reset quarterly but cannot be less than 3.00%.

CARLTON FORGE WORKS (A CORPORATION)
401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

**As of September 30, 2010 and 2009 and
For The Year Ended September 30, 2010**

NOTE 7 - INFORMATION CERTIFIED BY THE CUSTODIAN (Unaudited)

The Plan administrator has elected the method of annual reporting permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Custodian has certified that the following data in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments, as shown on the Statements of Net Assets Available for Benefits as of September 30, 2010 and 2009;
- Investment income, as shown in the Statement of Changes in Net Assets Available for Benefits for the year ended September 30, 2010;
- The fair value of investments included in Note 3;
- Investments that represent 5% or more of the Plan's net assets available for benefits as of September 30, 2010 and 2009 as reflected in Note 5; and
- Schedule I - Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of September 30, 2010.

NOTE 8 - RELATED-PARTY TRANSACTIONS

Certain plan investments are in investment funds managed by the Custodian and in loans to participants. The Custodian and the participants are considered parties-in-interest under ERISA. All of these transactions are considered exempt party-in-interest transactions under ERISA.

NOTE 9 - RISKS AND UNCERTAINTIES

The Plan provides for various investment options in any combination of equity, fixed-income and other investment funds. Such investments are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment funds and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

CARLTON FORGE WORKS (A CORPORATION)
401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

**As of September 30, 2010 and 2009 and
For The Year Ended September 30, 2010**

NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The Plan reports its Form 5500 on the modified cash method of accounting, whereas the financial statements are presented on the accrual method of accounting. Therefore, there are certain differences between the amounts reported on the financial statements and the amounts reported on the Form 5500.

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

	<u>2010</u>	<u>2009</u>
Net assets available for benefits per the financial statements	\$ 11,581,909	\$ 11,229,856
Add: excess contributions payable	-	91,830
Less: participant and employer contributions receivable	<u>(28,675)</u>	<u>-</u>
Net assets available for benefits per the Form 5500	\$ <u>11,553,234</u>	\$ <u>11,321,686</u>

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

Net increase in net assets available for benefits per the financial statements	\$ 352,053
Less: participant and employer contributions receivable per the 2010 financial statements	(28,675)
Less: excess contributions payable per the 2009 financial statements	<u>(91,830)</u>
Net increase in net assets available for benefits per the Form 5500	\$ <u>231,548</u>

NOTE 11 - SUBSEQUENT EVENTS

Management of the Plan has evaluated subsequent events after the statement of net assets available for benefits date of September 30, 2010 through July 13, 2011, the date the financial statements were issued. There were no events requiring financial statement disclosure that took place between these dates.

CARLTON FORGE WORKS (A CORPORATION)**401(k) PLAN****Plan #002****EIN #95-2152781****SCHEDULE I – SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS
(HELD AT END OF YEAR)****As of September 30, 2010**

(a)	(b)	(c)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
<u>Investments in Mutual Funds</u>			
	BlackRock	Mist-BlackRock Large Cap Core Portfolio A	\$ 702,434
	BlackRock	BlackRock Aggressive Growth Portfolio	779,308
	BlackRock	BlackRock Diversified Portfolio	491,489
	Artio	International Equity Fund II Class A	300,734
	Mist-Janus	Mist-Janus Forty Class E	148,344
	Mist	Mist PIMCO Inflation Protection Bond	327,911
	American Funds	American Funds Bond Fund 2	88,331
	MSF	BlackRock Large Cap Value	199,516
	American Funds	American Funds Growth Fund	515,488
	BlackRock	Neuberger Berman Genesis Portfolio	112,302
	BlackRock	BlackRock Bond Income Portfolio	421,577
	T. Rowe Price	T. Rowe Price Small Cap Growth	400,329
	Oppenheimer	Oppenheimer Global Equity Portfolio	332,764
	MSF	MFS Total Return E	74,654
	RCM	RCM Global Technology Portfolio	72,998
	BlackRock	BlackRock Legacy Large Cap Growth	316,217
	Lord Abbett	Lord Abbett Bond-Debenture	30,343
	Neuberger Berman	Neuberger Berman Real Estate Portfolio	182,305
	Oppenheimer	Oppenheimer Capital Apprec. Class E	9,858
	Legg Mason	Mist-Legg Mason Value Equity Fund	314
	Mist	Met/Franklin Mutual Shares Class B	6,497
	Mist	American Funds Balanced Allocation Model C	1,410
	Jennison	Jennison Growth – Class A Fund	2,261
	Mist	Morgan Stanley Mid Cap Growth Class A	356,693
	Mist	American Funds Growth Allocation Portfolio	46,686
	Mist	Met/Templeton Growth Class B	<u>5,139</u>
	Total investments in mutual funds		<u>5,925,902</u>

Continued....

CARLTON FORGE WORKS (A CORPORATION)**401(k) PLAN****Plan #002****EIN #95-2152781****SCHEDULE I – SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS
(HELD AT END OF YEAR) - CONTINUED****As of September 30, 2010**

(a)	(b)	(c)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Current Value
	<u>Investments in Separate Accounts</u>		
*	Metropolitan Life Insurance Company	MetLife Stock Index Fund	832,087
*	Metropolitan Life Insurance Company	Moderate Aggressive Alloc. Portfolio A	201,061
*	Metropolitan Life Insurance Company	Aggressive Allocation Portfolio A	79,251
*	Metropolitan Life Insurance Company	Conservative Allocation Portfolio A	23,678
*	Metropolitan Life Insurance Company	Conservative Mod Alloc. Portfolio A	85,548
*	Metropolitan Life Insurance Company	Moderate Allocation Portfolio A	<u>51,426</u>
	Total investments in separate accounts		<u>1,273,051</u>
*	Metropolitan Life Insurance Company	Fixed Interest Account at 3.08%	<u>3,783,590</u>
*	Participant loans	Interest rates ranging from 4.25% to 9.25%, with maturity dates between December 2010 and January 2022	<u>570,691</u>
			<u>\$ 11,553,234</u>

*Represents a party-in-interest

ASSETS HELD FOR INVESTMENT PURPOSES

GA

Carlton Forge Works (A Corporation) 401(k) Plan
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INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IMETSM			337,310.57	356,693.39
IMETBF			84,297.03	88,330.80
IMETGO			516,974.15	515,487.54
IMETIT			308,018.24	300,734.16
IMETAG			678,745.54	779,307.72
IMETIB			366,572.42	421,577.03
IMETDVS			453,240.69	491,488.93
IMETGRW			692,922.61	702,433.62
IMETLU			253,610.16	199,515.83
IMETAЕ			294,540.82	316,216.93
IMETAU			129,337.53	112,301.71
IMETRT			148,882.41	182,305.42
IMETJE			2,151.43	2,261.12
IMETLB			24,230.33	30,343.04
IMETM5			71,819.47	79,251.57
IMETM1			19,840.91	23,677.74
IMETM2			77,877.90	85,548.46
IMETM4			165,891.61	201,060.96
IMETM3			48,540.75	51,425.25
IMETES1			770,034.87	832,086.61
IMETMR			75,240.25	74,654.39
IMETIV			56,641.06	72,997.87
IMETLM			432.30	313.69
IMETPI			297,954.70	327,910.88
IMETBA			1,341.08	1,410.35
IMETGA			44,621.35	46,686.10
IMETJF			154,616.06	148,344.76
IMETGG			5,253.25	5,138.46
IMETMS			6,094.22	6,496.88
IMETOC			12,035.24	9,858.11
IMETGE			297,187.88	332,764.28
IMETSC			333,897.58	400,329.12
IFIA		3.100	3,383,091.16	3,771,727.97
			10,113,245.57	10,970,680.69
PARTICIPANT LOANS	VARIOUS	4.250-13.250	567,334.18	570,690.93
FORFEITURES			10,697.10	11,861.85

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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LEGEND

INVESTMENT OPTION:

1METSM	MIST - Morgan Stanley Mid Cap Grth CL A	1METBF	American Funds (R) Bond Fund 2
1METGO	American Funds (R) Gro Fund 2	1METIT	MSF - Artio International Stock - CL A
1METAG	MSF - BlackRock Aggressive Growth - CL A	1METIB	MSF - BlackRock Bond Income - CL A
1METDVS	MSF - BlackRock Diversified - CL A	1METGRW	MIST - BlackRock Large Cap Core - CL A
1METLU	MSF - BlackRock Large Cap Value - CL E	1METAE	MSF - BlackRock Legacy Large Cap Gr CL E
1METAU	MSF - Neuberger Berman Genesis - CL A	1METRT	MIST - Clarion Global RE - CL E
1METJE	MSF - Jennison Growth - CL A	1METLB	MIST - Lord Abbett Bond Debenture - CL A
1METM5	MSF FOF - Aggressive Allocation - CL A	1METM1	MSF FOF - Conservative Allocation - CL A
1METM2	MSF FOF - Con to Mod Allocation - CL A	1METM4	MSF FOF - Mod to Agg Allocation - CL A
1METM3	MSF FOF - Moderate Allocation - CL A	1METESI	MSF - MetLife Stock Index - CL A
1METMR	MSF - MFS (R) Total Return - CL E	1METIV	MIST - RCM Technology Portfolio CL A
1METLM	MIST - Legg Mason Value Equity - CL A	1METPI	MIST - PIMCO Inflation Protected - CL E
1METBA	MIST - American Funds (R) Bal Allo -CL C	1METGA	MIST - American Funds (R) Gro Allo -CL C
1METJF	MIST-Janus Forty Portfolio CL E	1METGG	MIST - Met/Templeton Growth - CL B
1METMS	MIST - Met/Franklin Mutual Shares - CL B	1METOC	Oppenheimer Capital Appreciation CL E
1METGE	MSF - Oppenheimer Global Equity - CL A	1METSC	MSF - T. Rowe Price Small Cap Gr - CL A
1FIA	Fixed Interest Account		

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year