

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

|                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                         |                                                                     |                                                             |                                                             |  |
| <b>1a</b> Name of plan<br><u>RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF AHLSTROM FILTRATION LLC MADISONVILLE &amp; TAYLORVILLE</u>                                                                                                          | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>07/01/1960</u></td> </tr> </table>                        | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>003</u>                                                  | <b>1c</b> Effective date of plan<br><u>07/01/1960</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                      | <u>003</u>                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                             |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>07/01/1960</u>                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.)<br><br><u>AHLSTROM FILTRATION LLC</u><br><br><br><u>2 ELM STREET</u><br><u>WINDSOR LOCKS, CT 06096-2335</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>62-1801781</u></td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number<br/><u>860-654-8410</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>322100</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>62-1801781</u> | <b>2c</b> Sponsor's telephone number<br><u>860-654-8410</u> | <b>2d</b> Business code (see instructions)<br><u>322100</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>62-1801781</u>                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2c</b> Sponsor's telephone number<br><u>860-654-8410</u>                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>322100</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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 07/26/2011 | LEONARD MIRAHVER                                             |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2010)  
v.092307.1

|                                                                                                                                                                        |                                                                                                               |
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| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>AHLSTROM FILTRATION LLC<br><br>2 ELM STREET<br>WINDSOR LOCKS, CT 06096-2335 | <b>3b</b> Administrator's EIN<br>62-1801781<br><br><b>3c</b> Administrator's telephone number<br>860-654-8410 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                       |                                   |     |
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| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                               | <b>5</b>                          | 274 |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                |                                   |     |
| <b>a</b> Active participants.....                                                                                                                                                                                     | <b>6a</b>                         | 139 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                    | <b>6b</b>                         | 55  |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                     | <b>6c</b>                         | 78  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                              | <b>6d</b>                         | 272 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                                                                                             | <b>6e</b>                         | 3   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                               | <b>6f</b>                         | 275 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                        | <b>6g</b>                         |     |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                            | <b>6h</b>                         | 0   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                  | <b>7</b>                          |     |

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

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

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

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

**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)

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
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| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2010</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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

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

|                                                                                                                                               |                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF AHLSTROM FILTRATION LLC</u><br><u>MADISONVILLE &amp; TAYLORVILLE</u> | <b>B</b> Three-digit plan number (PN) ▶ <u>003</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>AHLSTROM FILTRATION LLC</u>                                    | <b>D</b> Employer Identification Number (EIN)<br><u>62-1801781</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B     | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|                                                                                                                                                                                                       |                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                         | <b>Basic Information</b>                                    |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>                                                                                                                     |                                                             |
| <b>2</b> Assets:                                                                                                                                                                                      |                                                             |
| <b>a</b> Market value .....                                                                                                                                                                           | <b>2a</b> <u>6604543</u>                                    |
| <b>b</b> Actuarial value .....                                                                                                                                                                        | <b>2b</b> <u>6939492</u>                                    |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                   |                                                             |
|                                                                                                                                                                                                       | <b>(1) Number of participants</b> <b>(2) Funding Target</b> |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                           | <b>3a</b> <u>47</u> <u>2928073</u>                          |
| <b>b</b> For terminated vested participants .....                                                                                                                                                     | <b>3b</b> <u>78</u> <u>1420084</u>                          |
| <b>c</b> For active participants:                                                                                                                                                                     |                                                             |
| <b>(1)</b> Non-vested benefits .....                                                                                                                                                                  | <b>3c(1)</b> <u>311585</u>                                  |
| <b>(2)</b> Vested benefits .....                                                                                                                                                                      | <b>3c(2)</b> <u>3866961</u>                                 |
| <b>(3)</b> Total active .....                                                                                                                                                                         | <b>3c(3)</b> <u>147</u> <u>4178546</u>                      |
| <b>d</b> Total .....                                                                                                                                                                                  | <b>3d</b> <u>272</u> <u>8526703</u>                         |
| <b>4</b> If the plan is at-risk, check the box and complete items (a) and (b) .....                                                                                                                   | <input type="checkbox"/>                                    |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                             | <b>4a</b>                                                   |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                                                   |
| <b>5</b> Effective interest rate .....                                                                                                                                                                | <b>5</b> <u>6.66</u> %                                      |
| <b>6</b> Target normal cost .....                                                                                                                                                                     | <b>6</b> <u>278492</u>                                      |

**Statement by Enrolled Actuary**

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

|                                                           |                                        |
|-----------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                          | <u>07/14/2011</u>                      |
| Signature of actuary                                      | Date                                   |
| <u>ROBERT S. CAVALIERE</u>                                | <u>08-03325</u>                        |
| Type or print name of actuary                             | Most recent enrollment number          |
| <u>TOWERS WATSON DELAWARE INC</u>                         | <u>703-258-8000</u>                    |
| Firm name                                                 | Telephone number (including area code) |
| <u>901 NORTH GLEBE ROAD</u><br><u>ARLINGTON, VA 22203</u> |                                        |
| 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) 2010**  
**v.092308.1**

| <b>Part II</b> | <b>Beginning of year carryover and prefunding balances</b>                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------|-------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b>       | Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) ..... | 322330                |                        |
| <b>8</b>       | Portion used to offset prior year's funding requirement (Item 35 from prior year) .....         | 221030                |                        |
| <b>9</b>       | Amount remaining (Item 7 minus item 8).....                                                     | 101300                |                        |
| <b>10</b>      | Interest on item 9 using prior year's actual return of <u>20.33</u> % .....                     | 20596                 |                        |
| <b>11</b>      | Prior year's excess contributions to be added to prefunding balance:                            |                       |                        |
| <b>a</b>       | Excess contributions (Item 38 from prior year) .....                                            |                       |                        |
| <b>b</b>       | Interest on (a) using prior year's effective rate of <u>8.06</u> % .....                        |                       | 0                      |
| <b>c</b>       | Total available at beginning of current plan year to add to prefunding balance .....            |                       | 0                      |
| <b>d</b>       | Portion of (c) to be added to prefunding balance.....                                           |                       |                        |
| <b>12</b>      | Reduction in balances due to elections or deemed elections.....                                 | 3766                  |                        |
| <b>13</b>      | Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....               | 118130                | 0                      |

| <b>Part III</b> | <b>Funding percentages</b>                                                                                                                                      |           |         |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b>       | Funding target attainment percentage.....                                                                                                                       | <b>14</b> | 80.00 % |
| <b>15</b>       | Adjusted funding target attainment percentage.....                                                                                                              | <b>15</b> | 80.00 % |
| <b>16</b>       | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b> | 84.93 % |
| <b>17</b>       | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....                                        | <b>17</b> | %       |

| <b>Part IV</b>                    | <b>Contributions and liquidity shortfalls</b>                                  |
|-----------------------------------|--------------------------------------------------------------------------------|
| <b>18</b>                         | Contributions made to the plan for the plan year by employer(s) and employees: |
| (a) Date<br>(MM-DD-YYYY)          | (b) Amount paid by<br>employer(s)                                              |
| (c) Amount paid by<br>employees   | (a) Date<br>(MM-DD-YYYY)                                                       |
| (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees                                                |
| 04/14/2010                        | 100000                                                                         |
| 07/13/2010                        | 100000                                                                         |
| 10/13/2010                        | 100000                                                                         |
| 12/28/2010                        | 900000                                                                         |
| 03/24/2011                        | 260000                                                                         |
| <b>Totals ▶</b>                   |                                                                                |
| <b>18(b)</b>                      | 1460000                                                                        |
| <b>18(c)</b>                      |                                                                                |

**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.....                     | <b>19a</b> |         |
| b Contributions made to avoid restrictions adjusted to valuation date .....                                     | <b>19b</b> |         |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date..... | <b>19c</b> | 1374291 |

**20** Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.60 % | 2nd segment:<br>6.65 % | 3rd segment:<br>6.76 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                        |                        |                        | <b>21b</b>                                          |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        |                        | <b>22</b> 65                                        |
| <b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous items**

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

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

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

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

|                                                                                                                                                                                      |                     |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|
| <b>31</b> Target normal cost, adjusted, if applicable (see instructions).....                                                                                                        | <b>31</b>           | 278492             |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 1364273             | 246431             |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       |                     |                    |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....                                                   | <b>34</b>           | 524923             |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance |
| <b>35</b> Balances used to offset funding requirement .....                                                                                                                          |                     | Total balance      |
| <b>36</b> Additional cash requirement (item 34 minus item 35).....                                                                                                                   | <b>36</b>           | 524923             |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....                                                   | <b>37</b>           | 1374291            |
| <b>38</b> Interest-adjusted excess contributions for current year (see instructions).....                                                                                            | <b>38</b>           | 849368             |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....                                                                       | <b>39</b>           |                    |
| <b>40</b> Unpaid minimum required contribution for all years .....                                                                                                                   | <b>40</b>           |                    |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2010</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                                                             |                                                             |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010                                  |                                                             |
| <b>A</b> Name of plan<br>RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF AHLSTROM FILTRATION LLC<br>MADISONVILLE & TAYLORVILLE | <b>B</b> Three-digit plan number (PN) ▶ 003                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>AHLSTROM FILTRATION LLC                                    | <b>D</b> Employer Identification Number (EIN)<br>62-1801781 |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation |
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|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

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

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

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

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

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**(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)

TOWERS WATSON

53-0181291

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 11 28                         | NONE                                                                                                     | 27795                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

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

SEI INVESTMENTS

04-2452803

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28 51 19 21<br>25 49 52 62    | NONE                                                                                                     | 20292                                                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

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

VERRILL DANA

01-0176171

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 29                            | NONE                                                                                                     | 17613                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

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

BLUM SHAPIRO &amp; CO P.C.

06-1009205

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 10                               | NONE                                                                                                                 | 13150                                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                     | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                               | 0                                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                             |

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

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

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

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

**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<br>(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<br>(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<br>(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.

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

|                    |                                                                                                    |
|--------------------|----------------------------------------------------------------------------------------------------|
| <b>a</b> Name:     | <b>b</b> EIN:                                                                                      |
| <b>c</b> Position: |                                                                                                    |
| <b>d</b> Address:  | <b>e</b> Telephone:<br><div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> |

Explanation:

|                    |                                                                                                    |
|--------------------|----------------------------------------------------------------------------------------------------|
| <b>a</b> Name:     | <b>b</b> EIN:                                                                                      |
| <b>c</b> Position: |                                                                                                    |
| <b>d</b> Address:  | <b>e</b> Telephone:<br><div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> |

Explanation:

|                    |                                                                                                    |
|--------------------|----------------------------------------------------------------------------------------------------|
| <b>a</b> Name:     | <b>b</b> EIN:                                                                                      |
| <b>c</b> Position: |                                                                                                    |
| <b>d</b> Address:  | <b>e</b> Telephone:<br><div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> |

Explanation:

|                    |                                                                                                    |
|--------------------|----------------------------------------------------------------------------------------------------|
| <b>a</b> Name:     | <b>b</b> EIN;                                                                                      |
| <b>c</b> Position: |                                                                                                    |
| <b>d</b> Address:  | <b>e</b> Telephone:<br><div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> |

Explanation:

|                    |                                                                                                    |
|--------------------|----------------------------------------------------------------------------------------------------|
| <b>a</b> Name:     | <b>b</b> EIN;                                                                                      |
| <b>c</b> Position: |                                                                                                    |
| <b>d</b> Address:  | <b>e</b> Telephone:<br><div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> |

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2010</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2010 or fiscal plan year beginning <b>01/01/2010</b> and ending <b>12/31/2010</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br>RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF AHLSTROM FILTRATION LLC<br>MADISONVILLE & TAYLORVILLE                                                                                                                                              |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <b>►</b> <b>003</b>                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>AHLSTROM FILTRATION LLC                                                                                                                                                                                 |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><br>62-1801781                                          |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                 |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       | 68                    | 25683           |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>    |                       | 260000          |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>    |                       | 7935            |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>    | 554642                | 585000          |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>   | 6049830               | 7772739         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 6604540               | 8651357         |

**Liabilities**

|                                                                           |           |      |       |
|---------------------------------------------------------------------------|-----------|------|-------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |      |       |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 7180 | 20392 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |      |       |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |      |       |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 7180 | 20392 |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 6597360 | 8630965 |
|-----------------------------------------------------------|-----------|---------|---------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 1460000    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 1460000   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            |           |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 175121     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 175121    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 2051922    |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 1930954    |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 120968    |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            |           |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            | 668746    |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 2424835   |

**Expenses**

|                                                                                            |              |        |        |
|--------------------------------------------------------------------------------------------|--------------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 282321 |        |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> |        |        |
| (3) Other .....                                                                            | <b>2e(3)</b> |        |        |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |        | 282321 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |        |        |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |        |        |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |        |        |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> | 60262  |        |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> |        |        |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> | 19394  |        |
| (4) Other .....                                                                            | <b>2i(4)</b> | 29253  |        |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |        | 108909 |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |        | 391230 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 2033605 |
| <b>l</b> Transfers of assets:                                                 |              |  |         |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  |         |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |         |

**Part III Accountant's Opinion**

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

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

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

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

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

(1) Name: BLUM SHAPIRO

(2) EIN: 06-1009205

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            | <b>2010</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

|                                                                                                                                               |                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF AHLSTROM FILTRATION LLC</u><br><u>MADISONVILLE &amp; TAYLORVILLE</u> | <b>B</b> Three-digit plan number (PN) ▶<br><u>003</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>AHLSTROM FILTRATION LLC</u>                                               | <b>D</b> Employer Identification Number (EIN)<br><u>62-1801781</u> |

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

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

|                                                                                                                                                                                                                                                                                                                                                   |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                             | <b>1</b>          |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): <u>04-2447211</u><br><br><b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b> |                   |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                   | <b>3</b> <u>0</u> |

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

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

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

|                                                                                                                                                                                                                                |                                   |                                              |                               |                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------|-------------------------------|-----------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box..... | <input type="checkbox"/> Increase | <input checked="" type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------|-------------------------------|-----------------------------|

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

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

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

Schedule R (Form 5500) 2010  
v.092308.1

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

**RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF AHLSTROM  
FILTRATION LLC - MADISONVILLE AND TAYLORVILLE LOCATIONS**

**FINANCIAL STATEMENTS**

**DECEMBER 31, 2010 AND 2009**

**RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF  
AHLSTROM FILTRATION LLC - MADISONVILLE AND TAYLORVILLE LOCATIONS**

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Accounting | Tax | Business Consulting

## Independent Auditors' Report

Plan Administrator  
Retirement Plan for Hourly Paid Employees of  
Ahlstrom Filtration LLC - Madisonville and Taylorville Locations

We were engaged to audit the accompanying financial statements and supplemental schedules of Retirement Plan for Hourly Paid Employees of Ahlstrom Filtration LLC - Madisonville and Taylorville Locations as of December 31, 2010 and 2009, and for the years then ended, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by State Street Bank and Trust Company and SEI Private Trust Company, the trustees of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustees hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the trustees as of and for the years ended December 31, 2010 and 2009, that the information provided to the plan administrator by the trustees are complete and accurate.

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

*Blum, Shapiro & Company, P.C.*

July 13, 2011

**RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF  
 AHLSTROM FILTRATION LLC - MADISONVILLE AND TAYLORVILLE LOCATIONS  
 STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
 DECEMBER 31, 2010 AND 2009**

|                                              | <u>2010</u>         | <u>2009</u>         |
|----------------------------------------------|---------------------|---------------------|
| <b>ASSETS</b>                                |                     |                     |
| <b>Investments, at Fair Value</b>            |                     |                     |
| Money market fund                            | \$ 585,000          | \$ 554,642          |
| Mutual funds                                 | <u>7,772,739</u>    | <u>6,049,830</u>    |
| Total investments                            | <u>8,357,739</u>    | <u>6,604,472</u>    |
| <b>Receivables</b>                           |                     |                     |
| Interest and dividends                       | 7,935               | -                   |
| Employer contribution                        | <u>260,000</u>      | <u>-</u>            |
| Total receivables                            | <u>267,935</u>      | <u>-</u>            |
| <b>Cash</b>                                  | <u>25,683</u>       | <u>68</u>           |
| Total assets                                 | 8,651,357           | 6,604,540           |
| <b>LIABILITIES</b>                           |                     |                     |
| <b>Accounts Payable and Accrued Expenses</b> | <u>20,392</u>       | <u>7,180</u>        |
| <b>Net Assets Available for Benefits</b>     | <u>\$ 8,630,965</u> | <u>\$ 6,597,360</u> |

The accompanying notes are an integral part of the financial statements

**RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF  
AHLSTROM FILTRATION LLC - MADISONVILLE AND TAYLORVILLE LOCATIONS  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009**

|                                                              | <u>2010</u>                | <u>2009</u>                |
|--------------------------------------------------------------|----------------------------|----------------------------|
| <b>Additions to Net Assets Attributed to</b>                 |                            |                            |
| Investment income:                                           |                            |                            |
| Interest and dividend income                                 | \$ 175,121                 | \$ 135,333                 |
| Net appreciation in fair value of investments                | <u>789,714</u>             | <u>874,735</u>             |
| Net investment income                                        | 964,835                    | 1,010,068                  |
| Employer contributions                                       | <u>1,460,000</u>           | <u>900,000</u>             |
| Total additions                                              | <u>2,424,835</u>           | <u>1,910,068</u>           |
| <b>Deductions from Net Assets Attributed to</b>              |                            |                            |
| Benefits paid to participants                                | 282,321                    | 251,537                    |
| Administrative expenses                                      | <u>108,909</u>             | <u>103,370</u>             |
| Total deductions                                             | <u>391,230</u>             | <u>354,907</u>             |
| <b>Net Increase in Net Assets</b>                            | 2,033,605                  | 1,555,161                  |
| <b>Net Assets Available for Benefits - Beginning of Year</b> | <u>6,597,360</u>           | <u>5,042,199</u>           |
| <b>Net Assets Available for Benefits - End of Year</b>       | <u><u>\$ 8,630,965</u></u> | <u><u>\$ 6,597,360</u></u> |

The accompanying notes are an integral part of the financial statements

**RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF  
 AHLSTROM FILTRATION LLC - MADISONVILLE AND TAYLORVILLE LOCATIONS  
 STATEMENTS OF ACCUMULATED PLAN BENEFITS  
 DECEMBER 31, 2010 AND 2009**

|                                                                           | <u>2010</u>                    | <u>2009</u>                    |
|---------------------------------------------------------------------------|--------------------------------|--------------------------------|
| <b>Actuarial Present Value of Accumulated Plan Benefits</b>               |                                |                                |
| Vested benefits:                                                          |                                |                                |
| Participants currently receiving payments                                 | \$ 3,238,840                   | \$ 2,587,708                   |
| Active participants                                                       | 3,109,395                      | 2,743,015                      |
| Terminated vested participants                                            | <u>1,086,754</u>               | <u>1,114,629</u>               |
|                                                                           | 7,434,989                      | 6,445,352                      |
| <br>Nonvested benefits                                                    | <br><u>244,238</u>             | <br><u>600,321</u>             |
| <br><b>Total Actuarial Present Value of Accumulated<br/>Plan Benefits</b> | <br><u><u>\$ 7,679,227</u></u> | <br><u><u>\$ 7,045,673</u></u> |

The accompanying notes are an integral part of the financial statements

**RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF  
AHLSTROM FILTRATION LLC - MADISONVILLE AND TAYLORVILLE LOCATIONS  
STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS  
FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009**

|                                                               | <u>2010</u>                | <u>2009</u>                |
|---------------------------------------------------------------|----------------------------|----------------------------|
| <b>Actuarial Present Value of Accumulated Plan Benefits -</b> |                            |                            |
| Beginning of Year                                             | \$ <u>7,045,673</u>        | \$ <u>6,571,718</u>        |
| <b>Increase During the Year Attributable to</b>               |                            |                            |
| Increase due to decrease in the discount period               | 564,168                    | 528,289                    |
| Actuarial losses                                              | 202,413                    | 22,286                     |
| Benefits accumulated                                          | 160,433                    | 156,580                    |
| Change in actuarial assumptions                               | 14,543                     | 16,173                     |
| Benefits paid                                                 | <u>(308,003)</u>           | <u>(249,373)</u>           |
| Net increase                                                  | <u>633,554</u>             | <u>473,955</u>             |
| <b>Actuarial Present Value of Accumulated Plan Benefits -</b> |                            |                            |
| End of Year                                                   | \$ <u><u>7,679,227</u></u> | \$ <u><u>7,045,673</u></u> |

The accompanying notes are an integral part of the financial statements

**RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF  
AHLSTROM FILTRATION LLC - MADISONVILLE AND TAYLORVILLE LOCATIONS  
NOTES TO FINANCIAL STATEMENTS**

**NOTE 1 - DESCRIPTION OF PLAN**

The following description of the Retirement Plan for Hourly Paid Employees of Ahlstrom Filtration LLC - Madisonville and Taylorville Locations (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

**General** - The Plan is a noncontributory defined benefit plan covering all hourly paid employees of the Madisonville, KY, and Taylorville, IL, locations of Ahlstrom Filtration LLC (the Company).

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

**Eligibility** - All eligible hourly paid employees of the Company on the Plan's effective date (July 1, 1989) were automatically included as a plan participant on that date. All employees hired after this date and prior to May 1, 2006 became a participant under the Plan as of the date he or she became an employee of the Company. Effective May 1, 2006, employees who first complete an hour of service on or after that date shall not be eligible to participate in the Plan.

**Benefits** - Pension benefits provided under the terms of the Plan include those for normal retirement (age 65), early retirement (age 55 and completion of 10 years of continuous service), disability (upon total permanent disability following completion of 15 years of continuous service) and late retirement (beyond normal retirement date).

The monthly retirement benefit of a participant becoming eligible at normal retirement date is currently equal to \$36 (normal retirement benefit amount) multiplied by the participant's years of credited service.

The monthly retirement benefit of a participant becoming eligible for early retirement is equal to the normal retirement benefit amount multiplied by the participant's full years of credited service up to the actual retirement date. This benefit shall be payable at his or her normal retirement date, unless the participant chooses to have the benefit commence at his or her actual retirement date, in which case the benefit is reduced 1/180 for each full month up to 60 months that the date of commencement of the participant's benefit payments precedes the normal retirement date and 1/360 for each full month in excess of 60 months that the date of commencement of the participant's benefit payments precedes the normal retirement date.

The monthly retirement benefit of a participant who works beyond his or her normal retirement date is equal to the normal retirement benefit amount multiplied by the participant's full years of credited service up to the actual retirement date.

**Disability** - The disability benefit is the same benefit determined under normal retirement based on the credited service to disability date and payable immediately in the full unreduced amount.

**RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF  
AHLSTROM FILTRATION LLC - MADISONVILLE AND TAYLORVILLE LOCATIONS  
NOTES TO FINANCIAL STATEMENTS**

**NOTE 1 - DESCRIPTION OF PLAN (Continued)**

**Termination Benefit** - Upon termination of employment for any reason other than death or retirement after having completed 5 full years of continuous service, a participant shall be entitled to a monthly benefit equal to the benefit determined under normal retirement based on the benefit unit in effect at, and credited service to, the date of termination, and commencing, at the election of the participant, either (1) upon what would have been the participant's normal retirement date in the full, unreduced amount, or (2) if the participant had completed 10 full years of continuous service, on the first day of any month after attainment of age 55, but reduced the same as for early retirement.

Upon the death of a former participant who is eligible for a deferred retirement benefit, the surviving spouse will receive a monthly benefit equal to 50% of the benefit that would have been payable to the participant for his lifetime only had he elected to have benefit payments commence on the first day of the month after he reached age 65. This survivor benefit shall commence on the later of (1) the first day of the month following the former participant's death, or (2) the participant's earliest early retirement date (normal retirement date if the former participant had less than ten years of continuous service at date of termination).

**Death Benefits Before Retirement** - Upon the death of a participant who has reached age 55 and completed 10 years of continuous service, or who has reached his normal retirement age, the surviving spouse will receive a monthly benefit, payable for life, equal to 50% of the normal benefit based on the deceased participant's credited service to date of death and commencing immediately.

Upon the death of a participant before termination of employment and before age 55, but after the completion of 10 years of continuous service, the surviving spouse will receive a monthly benefit, commencing on the first of the month following the date the participant would have attained age 55 and payable for life. The benefit is equal to 50% of the benefit that would have been payable to the participant for his lifetime only had he terminated employment as of his date of death and elected to have benefit payments commence on the first day of the month after he reached age 65.

**Death Benefits After Retirement** - The normal form of benefit payments under the Plan is payments for the lifetime of the participant only. However, unless a specific election to the contrary is made, benefits to participants who are married as of the date their benefit payments are scheduled to commence will be payable in an actuarially reduced amount under the 50% joint and survivor "automatic" form of payment. In addition, a joint and survivorship option with 50% or 100% continuation, and a ten-year certain and life option are available for election by the participant on an actuarially equivalent basis.

**Plan Freeze** - The Plan was amended to provide that no additional service will be credited after December 31, 2010 for calculating benefits under the Plan.

**Vesting** - Eligible employees become fully vested under the Plan upon completion of five years of service. In connection with the Plan Freeze, all active participants became fully vested effective December 31, 2010.

**RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF  
AHLSTROM FILTRATION LLC - MADISONVILLE AND TAYLORVILLE LOCATIONS  
NOTES TO FINANCIAL STATEMENTS**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting** - The Plan uses the accrual basis of accounting for plan transactions.

**New Accounting Pronouncement** - In January 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update 2010-06, *Improving Disclosures about Fair Value Measurements* (ASU 2010-06). ASU 2010-06 requires new disclosures and clarifies existing disclosures under the standards for fair value measurements. Under the new standard, a reporting entity must separately disclose transfers in and out of Levels 1 and 2 in the fair value hierarchy and the reasons for such transfers. The new guidance also requires an entity to disclose and follow its policy for determining when transfers between levels are recognized and to provide more detail regarding the activity in Level 3 measurements. The new standard also clarifies existing disclosures by increasing the level of disaggregation to the class level and requiring more disclosures about the inputs and valuation techniques used for fair value measurements in Levels 2 and 3.

The Plan implemented all of the provisions of ASU 2010-06 in the fair value and related disclosures as of December 31, 2010. The standard does not require retroactive application to prior periods and, thus, the Plan did not change its fair value disclosures as of December 31, 2009. The implementation of ASU 2010-06 is not considered to have a material impact on the Plan's financial statements. The Plan has no Level 3 measurements and there were no transfers between levels for the year ended December 31, 2010.

**Investments** - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The following is a description of the valuation methodology used for assets measured at fair value.

Money market and mutual funds are valued at the net asset value of shares held by the Plan at year end as reported in the active market in which the funds are traded.

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

Purchases and sales of securities are recorded on the trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

**Payment of Benefits** - Benefit payments to participants are recorded when paid.

**RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF  
AHLSTROM FILTRATION LLC - MADISONVILLE AND TAYLORVILLE LOCATIONS  
NOTES TO FINANCIAL STATEMENTS**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**Use of Estimates** - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

**Risks and Uncertainties** - Contributions to the Plan and the actuarial present value of accumulated plan benefits are determined based upon certain assumptions pertaining to interest rates, inflation rates and employee compensation and demographics, all of which are subject to change. Due to uncertainties inherent in the estimation process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term, and those changes could materially affect the amounts reported in the statements of net assets available for benefits.

**Subsequent Events** - In preparing these financial statements, management has evaluated subsequent events through July 13, 2011, the date the financial statements were available to be issued.

**NOTE 3 - INCOME TAX STATUS**

The Plan obtained its latest determination letter on July 11, 2002, in which the Internal Revenue Service stated that the Plan and the related trust, as then designed, were in compliance with applicable requirements of the Internal Revenue Code (the Code). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, the plan administrator believes the Plan was qualified and the related trust was tax exempt as of the financial statement date.

**NOTE 4 - CERTIFICATION BY THE INVESTMENT TRUSTEE**

Information presented in the accompanying statements and schedules as of and for the years ended December 31, 2010 and 2009, for investments and investment income was derived, without audit, from information certified to be complete and accurate by State Street Bank and Trust Company (State Street) from January 1, 2009 through May 31, 2010 and SEI Private Trust Company (SEI) from June 1, 2010 through December 31, 2010, as permitted by the election made by the plan administrator under 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

**RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF  
AHLSTROM FILTRATION LLC - MADISONVILLE AND TAYLORVILLE LOCATIONS  
NOTES TO FINANCIAL STATEMENTS**

**NOTE 5 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS**

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered as of the benefit information date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances - retirement, death, disability and termination of employment - are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits as determined by the Plan's independent actuary is the 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 used in the valuations as of December 31, 2010 and 2009, are as follows:

|                 | <b>2010</b>                                                                                                                        | <b>2009</b>                                                                                                                        |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| Mortality rates | The prescribed mortality assumption under Section 430(h)(3)(A) of the Code using the blended static table option for smaller plans | The prescribed mortality assumption under Section 430(h)(3)(A) of the Code using the blended static table option for smaller plans |
| Discount rate   | 8% per annum                                                                                                                       | 8% per annum                                                                                                                       |
| Retirement age  | 65                                                                                                                                 | 65                                                                                                                                 |

**NOTE 6 - FUNDING POLICY**

The Company has voluntarily agreed to make annual contributions to the Plan sufficient to provide the Plan with assets with which to pay pension benefits to plan participants. The amounts contributed to the Plan are determined by the Company on the basis of (a) annual actuarial valuations of the Plan by an independent consulting actuary, (b) the maximum amount permitted by law or regulation as a Federal income tax deduction, and (c) the minimum amount certified by the actuary as necessary during any plan year to avoid an accumulated funding deficiency as defined by ERISA. Based upon valuations as of January 1, 2010 and 2009, contributions of \$1,460,000 and \$900,000 were made for 2010 and 2009, respectively. The Plan has met the minimum funding requirements of ERISA for the years ended December 31, 2010 and 2009.

**RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF  
AHLSTROM FILTRATION LLC - MADISONVILLE AND TAYLORVILLE LOCATIONS  
NOTES TO FINANCIAL STATEMENTS**

**NOTE 7 - INVESTMENTS**

Investments representing 5% or more of the Plan's net assets available for benefits at December 31, 2010 were as follows:

|                                       | <u>Shares</u> | <u>Amount</u> |
|---------------------------------------|---------------|---------------|
| Money market fund:                    |               |               |
| Prime Obligation Fund                 | 585,000       | \$ 585,000    |
| Mutual funds:                         |               |               |
| SEI Core Fixed Income Fund            | 273,478       | 2,786,737     |
| SEI Large Cap Disciplined Equity Fund | 286,847       | 2,894,287     |
| SEI Small/Mid Cap Equity Fund         | 107,324       | 1,338,326     |
| SEI World Equity Fund                 | 68,366        | 753,389       |

Investments representing 5% or more of the Plan's net assets available for benefits at December 31, 2009 were as follows:

|                                            | <u>Shares</u> | <u>Amount</u> |
|--------------------------------------------|---------------|---------------|
| Money market fund:                         |               |               |
| SSGA Institutional Government Money Market | 554,642       | \$ 554,642    |
| Mutual funds:                              |               |               |
| SEI Core Fixed Income Fund                 | 214,595       | 2,152,391     |
| SEI Large Cap Disciplined Equity Fund      | 249,729       | 2,232,573     |
| SEI Small/Mid Cap Equity Fund              | 109,788       | 1,102,271     |
| SEI International Equity Fund              | 79,350        | 562,595       |

**NOTE 8 - FAIR VALUE MEASUREMENTS**

Generally accepted accounting principles establish 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 this standard 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.

**RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF  
AHLSTROM FILTRATION LLC - MADISONVILLE AND TAYLORVILLE LOCATIONS  
NOTES TO FINANCIAL STATEMENTS**

**NOTE 8 - FAIR VALUE MEASUREMENTS (Continued)**

**Level 2** - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- 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.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010 and 2009:

| <b>2010</b>                    |                     |                |                |                     |
|--------------------------------|---------------------|----------------|----------------|---------------------|
|                                | <b>Level 1</b>      | <b>Level 2</b> | <b>Level 3</b> | <b>Total</b>        |
| Money market and mutual funds: |                     |                |                |                     |
| Money market fund              | \$ 585,000          | \$ -           | \$ -           | \$ 585,000          |
| Mutual funds - equity          | 4,986,002           | -              | -              | 4,986,002           |
| Mutual funds - fixed income    | 2,786,737           | -              | -              | 2,786,737           |
| Total Assets at Fair Value     | \$ <u>8,357,739</u> | \$ <u>-</u>    | \$ <u>-</u>    | \$ <u>8,357,739</u> |
| <b>2009</b>                    |                     |                |                |                     |
|                                | <b>Level 1</b>      | <b>Level 2</b> | <b>Level 3</b> | <b>Total</b>        |
| Money market fund              | \$ 554,642          | \$ -           | \$ -           | \$ 554,642          |
| Mutual funds                   | 6,049,830           | -              | -              | 6,049,830           |
| Total Assets at Fair Value     | \$ <u>6,604,472</u> | \$ <u>-</u>    | \$ <u>-</u>    | \$ <u>6,604,472</u> |

**RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF  
AHLSTROM FILTRATION LLC - MADISONVILLE AND TAYLORVILLE LOCATIONS  
NOTES TO FINANCIAL STATEMENTS**

**NOTE 9 - ADMINISTRATIVE EXPENSES**

In accordance with the Plan Trust document, expenses incident to the operation of the Plan, including premiums for termination insurance payable to the Pension Benefit Guaranty Corporation (PBGC), fees for professional services and the costs of such other technical or clerical assistance as may be required shall be paid out of the Trust Fund, to the extent not paid for by the employer.

**NOTE 10 - PARTY-IN-INTEREST**

Certain plan investments are shares of money market and mutual funds managed by affiliates of State Street and SEI. State Street and SEI are trustees of the Plan, and SEI is an investment manager of the Plan, and, therefore, transactions with them qualify as party-in-interest transactions. Trustee and investment management fees paid to State Street or SEI or their affiliates totaled \$17,844 and \$18,546 for the years ended December 31, 2010 and 2009, respectively.

**NOTE 11 - PLAN TERMINATION**

In the event the Plan is terminated, the net assets of the Plan will be allocated to the participants and beneficiaries of the Plan in accordance with ERISA and its related regulations and the plan document.

Generally, benefits are provided in the following order:

- a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
- b. Other vested benefits insured by the PBGC, a U.S. Government agency, up to the applicable limitations discussed below.
- c. All other vested benefits (that is, vested benefits not insured by the PBGC).
- d. All nonvested benefits.

**RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF  
AHLSTROM FILTRATION LLC - MADISONVILLE AND TAYLORVILLE LOCATIONS  
NOTES TO FINANCIAL STATEMENTS**

**NOTE 11 - PLAN TERMINATION (Continued)**

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

**RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF  
 AHLSTROM FILTRATION LLC - MADISONVILLE AND TAYLORVILLE LOCATIONS  
 FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS  
 (HELD AT END OF YEAR)  
 DECEMBER 31, 2010**

**Employer Identification Number: 62-1801781**

**Plan Number: 003**

| (a) | (b)                                                                 | (c)                                                                                                                        | (d)                        | (e)                        |
|-----|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
|     | <b>Identity of Issue,<br/>Borrower, Lessor<br/>or Similar Party</b> | <b>Description of Investments<br/>Including Maturity Date,<br/>Rate of Interest, Collateral,<br/>Par or Maturity Value</b> | <b>Cost</b>                | <b>Current<br/>Value</b>   |
| *   | Prime Obligation Fund                                               | Money market account,                                                                                                      |                            |                            |
|     | Money Market                                                        | 585,000 shares                                                                                                             | \$ 585,000                 | \$ 585,000                 |
| *   | SEI Core Fixed Income Fund                                          | Mutual fund, 273,478 shares                                                                                                | 2,800,522                  | 2,786,737                  |
| *   | SEI World Equity Fund                                               | Mutual fund, 68,366 shares                                                                                                 | 690,238                    | 753,389                    |
| *   | SEI Small/Mid Cap Equity Fund                                       | Mutual fund, 107,324 shares                                                                                                | 1,146,971                  | 1,338,326                  |
| *   | SEI Large Cap Disciplined Equity Fund                               | Mutual fund, 286,847 shares                                                                                                | 2,984,265                  | 2,894,287                  |
|     | <b>Total Investments</b>                                            |                                                                                                                            | <u><u>\$ 8,206,996</u></u> | <u><u>\$ 8,357,739</u></u> |

\* Party-in-interest

**RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF  
 AHLSTROM FILTRATION LLC - MADISONVILLE AND TAYLORVILLE LOCATIONS  
 FORM 5500, SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
 FOR THE YEAR ENDED DECEMBER 31, 2010**

**Employer Identification Number: 62-1801781**

**Plan Number: 003**

| (a)                                       | (b)                                                                                            | (c)                       | (d)                      | (e)                     | (f)                                                   | (g)                      | (h)                                                               | (i)                        |
|-------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------|--------------------------|-------------------------|-------------------------------------------------------|--------------------------|-------------------------------------------------------------------|----------------------------|
| <b>Identity<br/>of Party<br/>Involved</b> | <b>Description of Asset<br/>(Including Interest<br/>Rate and Maturity in<br/>Case of Loan)</b> | <b>Purchase<br/>Price</b> | <b>Selling<br/>Price</b> | <b>Lease<br/>Rental</b> | <b>Expenses<br/>Incurred<br/>with<br/>Transaction</b> | <b>Cost of<br/>Asset</b> | <b>Current<br/>Value of<br/>Asset on<br/>Transaction<br/>Date</b> | <b>Net Gain<br/>(Loss)</b> |
| State Street Bank & Trust Co.             | SSGA Institutional Government Money Market \$                                                  | -                         | \$ 738,011               | \$ -                    | \$ -                                                  | \$ 738,011               | \$ 738,011                                                        | \$ -                       |
| State Street Bank & Trust Co.             | SEI International Equity Fund                                                                  | -                         | 569,736                  | -                       | -                                                     | 765,254                  | 569,736                                                           | (195,518)                  |
| State Street Bank & Trust Co.             | SEI World Equity Fund                                                                          | 669,736                   | -                        | -                       | -                                                     | 669,736                  | 669,736                                                           | -                          |
| SEI Trust                                 | SEI Core Fixed Income Fund                                                                     | 727,066                   | -                        | -                       | -                                                     | 727,066                  | 727,066                                                           | -                          |

**RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF  
 AHLSTROM FILTRATION LLC - MADISONVILLE AND TAYLORVILLE LOCATIONS  
 FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS  
 (HELD AT END OF YEAR)  
 DECEMBER 31, 2010**

**Employer Identification Number: 62-1801781**

**Plan Number: 003**

| (a) | (b)                                                                 | (c)                                                                                                                        | (d)                        | (e)                        |
|-----|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
|     | <b>Identity of Issue,<br/>Borrower, Lessor<br/>or Similar Party</b> | <b>Description of Investments<br/>Including Maturity Date,<br/>Rate of Interest, Collateral,<br/>Par or Maturity Value</b> | <b>Cost</b>                | <b>Current<br/>Value</b>   |
| *   | Prime Obligation Fund                                               | Money market account,                                                                                                      |                            |                            |
|     | Money Market                                                        | 585,000 shares                                                                                                             | \$ 585,000                 | \$ 585,000                 |
| *   | SEI Core Fixed Income Fund                                          | Mutual fund, 273,478 shares                                                                                                | 2,800,522                  | 2,786,737                  |
| *   | SEI World Equity Fund                                               | Mutual fund, 68,366 shares                                                                                                 | 690,238                    | 753,389                    |
| *   | SEI Small/Mid Cap Equity Fund                                       | Mutual fund, 107,324 shares                                                                                                | 1,146,971                  | 1,338,326                  |
| *   | SEI Large Cap Disciplined Equity Fund                               | Mutual fund, 286,847 shares                                                                                                | 2,984,265                  | 2,894,287                  |
|     | <b>Total Investments</b>                                            |                                                                                                                            | <u><u>\$ 8,206,996</u></u> | <u><u>\$ 8,357,739</u></u> |

\* Party-in-interest

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2010

| Attained Age | Years of Credited Service |            |        |            |        |            |          |            |          |            |          |            |          |            |          |            |
|--------------|---------------------------|------------|--------|------------|--------|------------|----------|------------|----------|------------|----------|------------|----------|------------|----------|------------|
|              | Under 1                   |            | 1 to 4 |            | 5 to 9 |            | 10 to 14 |            | 15 to 19 |            | 20 to 24 |            | 25 to 29 |            | 30 to 34 |            |
|              | No.                       | Avg. Comp. | No.    | Avg. Comp. | No.    | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. |
| Under 25     | 0                         |            | 1      |            | 0      |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            |
| 25 - 29      | 0                         |            | 0      |            | 7      |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            |
| 30 - 34      | 0                         |            | 2      |            | 9      |            | 7        |            | 0        |            | 0        |            | 0        |            | 0        |            |
| 35 - 39      | 0                         |            | 1      |            | 3      |            | 8        |            | 0        |            | 0        |            | 0        |            | 0        |            |
| 40 - 44      | 0                         |            | 1      |            | 4      |            | 5        |            | 0        |            | 2        |            | 0        |            | 0        |            |
| 45 - 49      | 0                         |            | 1      |            | 10     |            | 7        |            | 0        |            | 2        |            | 1        |            | 1        |            |
| 50 - 54      | 0                         |            | 0      |            | 11     |            | 8        |            | 0        |            | 3        |            | 3        |            | 18       |            |
| 55 - 59      | 0                         |            | 1      |            | 4      |            | 4        |            | 0        |            | 1        |            | 2        |            | 10       |            |
| 60 - 64      | 0                         |            | 0      |            | 0      |            | 0        |            | 0        |            | 1        |            | 2        |            | 1        |            |
| 65 - 69      | 0                         |            | 0      |            | 0      |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            |
| 70 & Over    | 0                         |            | 0      |            | 0      |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            |

Plan Name: Retirement Plan for Hourly Paid Employees of Ahlstrom Filtration LLC – Madisonville and Taylorville Locations  
 EIN / PN: 62-1801781 / 003  
 Plan Sponsor: Ahlstrom Filtration LLC  
 Valuation Date: January 1, 2010

# **SCHEDULE SB ATTACHMENTS**

## **Schedule SB, Line 32 Schedule of Amortization Bases as of January 1, 2010**

|       | Type of Base | Date<br>Established | Initial Amount | Remaining<br>Amortization<br>Period (Years) | Outstanding<br>Balance | Amortization<br>Payment |
|-------|--------------|---------------------|----------------|---------------------------------------------|------------------------|-------------------------|
| 1     | Shortfall    | 01/01/2010          | 503,841        | 7                                           | 503,841                | 84,205                  |
| 2     | Shortfall    | 01/01/2009          | 914,215        | 6                                           | 860,432                | 162,226                 |
| Total |              |                     |                |                                             | 1,364,273              | 246,431                 |

Plan Name:  
 EIN / PN:  
 Plan Sponsor:  
 Valuation Date:

Retirement Plan for Hourly Paid Employees of Ahlstrom Filtration LLC – Madisonville and Taylorville Locations  
 62-1801781 / 003  
 Ahlstrom Filtration LLC  
 January 1, 2010

## **SCHEDULE SB ATTACHMENTS (cont.)**

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### **Schedule SB, Line 25**

#### **Change in Method**

The discount rate was changed from the full yield curve as of the October before the valuation date last year to the 3-segment rates with 24-month averaging as of the month of the valuation date this year. This change was made as elected by the Sponsor and is deemed to be automatically approved by the IRS pursuant to guidance provided in final regulations released October 8, 2009.

Plan Name: Retirement Plan for Hourly Paid Employees of Ahlstrom Filtration LLC – Madisonville and  
Taylorville Locations  
EIN / PN: 62-1801781 / 003  
Plan Sponsor: Ahlstrom Filtration LLC  
Valuation Date: January 1, 2010

## **SCHEDULE SB ATTACHMENTS**

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**Schedule SB, Line 22**  
**Description of Weighted Average Retirement Age**  
**as of January 1, 2010**

See Appendix A for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name: Retirement Plan for Hourly Paid Employees of Ahlstrom Filtration LLC -- Madisonville and  
Taylorville Locations  
EIN / PN: 62-1801781 / 003  
Plan Sponsor: Ahlstrom Engine Filtration LLC  
Valuation Date: January 1, 2010

|                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security<br>Administration<br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).<br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1510 - 0110<br>1510 - 0089<br><br><div style="font-size: 24pt; font-weight: bold; text-align: center;">2010</div><br>This Form is Open to<br>Public Inspection |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                                                               |                                                                                                                                      |                                            |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| <b>Part I Annual Report Identification Information</b>                                                   |                                                                                                               |                                                                                                                                      |                                            |
| For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u> |                                                                                                               |                                                                                                                                      |                                            |
| A This return/report is for:                                                                             | <input type="checkbox"/> a multiemployer plan;<br><input checked="" type="checkbox"/> a single-employer plan; | <input type="checkbox"/> a multiple-employer plan; or<br><input type="checkbox"/> a DFE (specify) _____                              |                                            |
| B This return/report is:                                                                                 | <input type="checkbox"/> the first return/report;<br><input type="checkbox"/> an amended return/report;       | <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> a short plan year return/report (less than 12 months). |                                            |
| C If the plan is a collectively-bargained plan, check here                                               | <input type="checkbox"/> ..... <input type="checkbox"/> .....                                                 |                                                                                                                                      |                                            |
| D Check box if filing under:                                                                             | <input type="checkbox"/> Form 5558;<br><input type="checkbox"/> special extension (enter description) _____   | <input type="checkbox"/> automatic extension;                                                                                        | <input type="checkbox"/> the DFVC program; |

|                                                                                                                                                                                                                                                                                                                                                         |                                                |              |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------|--|
| <b>Part II Basic Plan Information</b> - enter all requested information                                                                                                                                                                                                                                                                                 |                                                |              |  |
| <b>1a Name of plan</b><br>RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF<br>AHLSTROM FILTRATION LLC MADISONVILLE & TAYLORVILLE<br><br><b>2a Plan sponsor's name and address (employer, if for a single-employer plan)</b><br>(Address should include room or suite no.)<br>AHLSTROM FILTRATION LLC<br><br>2 ELM STREET<br><br>WINDSOR LOCKS CT 06096-2335 | <b>1b Three-digit plan number (PN)</b> ►       | 003          |  |
|                                                                                                                                                                                                                                                                                                                                                         | <b>1c Effective date of plan</b>               | 07/01/1960   |  |
|                                                                                                                                                                                                                                                                                                                                                         | <b>2b Employer Identification Number (EIN)</b> | 62-1801781   |  |
|                                                                                                                                                                                                                                                                                                                                                         | <b>2c Sponsor's telephone number</b>           | 860-654-8410 |  |
|                                                                                                                                                                                                                                                                                                                                                         | <b>2d Business code (see instructions)</b>     | 322100       |  |

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

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

|              |                                    |      |         |  |                                                              |
|--------------|------------------------------------|------|---------|--|--------------------------------------------------------------|
| SIGN<br>HERE |                                    | Date | 7/26/11 |  | LEONARDO MIRAMON                                             |
|              | Signature of plan administrator    | Date |         |  | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE |                                    |      |         |  |                                                              |
|              | Signature of employer/plan sponsor | Date |         |  | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE |                                    |      |         |  |                                                              |
|              | Signature of DFE                   | Date |         |  | Enter name of individual signing as DFE                      |

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

Form 5500 (2010)  
V.092307.1

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

**3b** Administrator's EIN

**3c** Administrator's telephone number

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

**a** Sponsor's name

**4b** EIN

**4c** PN

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

**5**

**274**

**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**

**139**

**b** Retired or separated participants receiving benefits

**6b**

**55**

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

**6c**

**78**

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

**6d**

**272**

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

**6e**

**3**

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

**6f**

**275**

**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)

- (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)

**RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF  
AHLSTROM FILTRATION LLC - MADISONVILLE AND TAYLORVILLE LOCATIONS  
FORM 5500, SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
FOR THE YEAR ENDED DECEMBER 31, 2010**

**Employer Identification Number: 62-1801781**

**Plan Number: 003**

| (a)                                       | (b)                                                                                            | (c)                       | (d)                      | (e)                     | (f)                                                   | (g)                      | (h)                                                               | (i)                        |
|-------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------|--------------------------|-------------------------|-------------------------------------------------------|--------------------------|-------------------------------------------------------------------|----------------------------|
| <b>Identity<br/>of Party<br/>Involved</b> | <b>Description of Asset<br/>(Including Interest<br/>Rate and Maturity in<br/>Case of Loan)</b> | <b>Purchase<br/>Price</b> | <b>Selling<br/>Price</b> | <b>Lease<br/>Rental</b> | <b>Expenses<br/>Incurred<br/>with<br/>Transaction</b> | <b>Cost of<br/>Asset</b> | <b>Current<br/>Value of<br/>Asset on<br/>Transaction<br/>Date</b> | <b>Net Gain<br/>(Loss)</b> |
| State Street Bank & Trust Co.             | SSGA Institutional Government Money Market \$                                                  | -                         | \$ 738,011               | \$ -                    | \$ -                                                  | \$ 738,011               | \$ 738,011                                                        | \$ -                       |
| State Street Bank & Trust Co.             | SEI International Equity Fund                                                                  | -                         | 569,736                  | -                       | -                                                     | 765,254                  | 569,736                                                           | (195,518)                  |
| State Street Bank & Trust Co.             | SEI World Equity Fund                                                                          | 669,736                   | -                        | -                       | -                                                     | 669,736                  | 669,736                                                           | -                          |
| SEI Trust                                 | SEI Core Fixed Income Fund                                                                     | 727,066                   | -                        | -                       | -                                                     | 727,066                  | 727,066                                                           | -                          |

|                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                |                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2010</b><br><br>This Form is Open to Public Inspection |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

► Round off amounts to nearest dollar.

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

|                                                                                                                                                                          |                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <b>A</b> Name of plan<br><br>Ret Plan for Ahlstrom Filtration LLC-Mad&Taylorville                                                                                        | <b>B</b> Three-digit plan number (PN) <u>003</u>                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>Ahlstrom Filtration LLC                                                                  | <b>D</b> Employer Identification Number (EIN)<br><br>62-1801781 |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B <input type="checkbox"/> Other |                                                                 |
| <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500                  |                                                                 |

| Part I Basic Information                                                                                                                                                                      |                            |                    |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------|-----------|
| <b>1</b> Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2010</u>                                                                                                               |                            |                    |           |
| <b>2</b> Assets:                                                                                                                                                                              |                            |                    |           |
| a Market value.....                                                                                                                                                                           | <b>2a</b>                  | 6,604,543          |           |
| b Actuarial value.....                                                                                                                                                                        | <b>2b</b>                  | 6,939,492          |           |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                           |                            |                    |           |
|                                                                                                                                                                                               | (1) Number of participants | (2) Funding Target |           |
| a For retired participants and beneficiaries receiving payment.....                                                                                                                           | <b>3a</b>                  | 47                 | 2,928,073 |
| b For terminated vested participants.....                                                                                                                                                     | <b>3b</b>                  | 78                 | 1,420,084 |
| c For active participants:                                                                                                                                                                    |                            |                    |           |
| (1) Non-vested benefits.....                                                                                                                                                                  | <b>3c(1)</b>               |                    | 311,585   |
| (2) Vested benefits.....                                                                                                                                                                      | <b>3c(2)</b>               |                    | 3,866,961 |
| (3) Total active.....                                                                                                                                                                         | <b>3c(3)</b>               | 147                | 4,178,546 |
| d Total.....                                                                                                                                                                                  | <b>3d</b>                  | 272                | 8,526,703 |
| <b>4</b> If the plan is at-risk, check the box and complete items (a) and (b) <input type="checkbox"/>                                                                                        |                            |                    |           |
| a Funding target disregarding prescribed at-risk assumptions.....                                                                                                                             | <b>4a</b>                  |                    |           |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor..... | <b>4b</b>                  |                    |           |
| <b>5</b> Effective interest rate.....                                                                                                                                                         | <b>5</b>                   | 6.66 %             |           |
| <b>6</b> Target normal cost.....                                                                                                                                                              | <b>6</b>                   | 278,492            |           |

**Statement by Enrolled Actuary**

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

|                      |                                                             |                                                                 |
|----------------------|-------------------------------------------------------------|-----------------------------------------------------------------|
| <b>SIGN<br/>HERE</b> | <u>Robert S. Cavaliere RSC</u><br>Signature of actuary      | <u>7/14/2011</u><br>Date                                        |
|                      | <u>Robert S. Cavaliere</u><br>Type or print name of actuary | <u>11-03325</u><br>Most recent enrollment number                |
|                      | <u>Towers Watson Delaware Inc.</u><br>Firm name             | <u>(703) 258-8000</u><br>Telephone number (including area code) |
|                      | <u>901 North Glebe Road</u><br>Address of the firm          |                                                                 |
|                      | <u>Arlington VA 22203</u>                                   |                                                                 |

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) 2010  
v.092308.1

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

|                                                                                                          | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) ..... | 322,330               | 0                      |
| <b>8</b> Portion used to offset prior year's funding requirement (Item 35 from prior year) .....         | 221,030               | 0                      |
| <b>9</b> Amount remaining (Item 7 minus item 8) .....                                                    | 101,300               | 0                      |
| <b>10</b> Interest on item 9 using prior year's actual return of <u>20.33</u> % .....                    | 20,596                | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                           |                       |                        |
| <b>a</b> Excess contributions (Item 38 from prior year) .....                                            |                       | 0                      |
| <b>b</b> Interest on (a) using prior year's effective rate of <u>8.06</u> % .....                        |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....            |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                          |                       | 0                      |
| <b>12</b> Reduction in balances due to elections or deemed elections .....                               | 3,766                 | 0                      |
| <b>13</b> Balance at beginning of current year (item 9 + item 10 + item 11d - item 12) .....             | 118,130               | 0                      |

**Part III Funding percentages**

|                                                                                                                                                                            |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 80.00 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 80.00 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 84.93 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %       |

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 04/14/2010               | 100,000                           |                                 |                          |                                   |                                 |
| 07/13/2010               | 100,000                           |                                 |                          |                                   |                                 |
| 10/13/2010               | 100,000                           |                                 |                          |                                   |                                 |
| 12/28/2010               | 900,000                           |                                 |                          |                                   |                                 |
| 03/24/2011               | 260,000                           |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 1,460,000                         | <b>18(c)</b> 0                  |

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

|                                                                                                                         |            |           |
|-------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>a</b> Contributions allocated toward unpaid minimum required contribution from prior years .....                     | <b>19a</b> | 0         |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0         |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 1,374,291 |

**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:  
4.60 %2nd segment:  
6.65 %3rd segment:  
6.76 %☐ N/A, full yield curve used**b** Applicable month (enter code) .....**21b**

0

**22** Weighted average retirement age .....**22**

65

**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**

278,492

**32** Amortization installments:

Outstanding Balance

Installment

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

1,364,273

246,431

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

524,923

Carryover balance

Prefunding balance

Total balance

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

0

0

0

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

524,923

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c) .....**37**

1,374,291

**38** Interest-adjusted excess contributions for current year (see instructions) .....**38**

849,368

**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 SB ATTACHMENTS**

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### **Schedule SB – Statement by Enrolled Actuary**

|                          |                                                                                                                  |
|--------------------------|------------------------------------------------------------------------------------------------------------------|
| <b>Plan Sponsor</b>      | Ahlstrom Filtration LLC                                                                                          |
| <b>EIN/PN</b>            | 62-1801781 / 003                                                                                                 |
| <b>Plan Name</b>         | Retirement Plan for Hourly Paid Employees of Ahlstrom Filtration LLC –<br>Madisonville and Taylorville Locations |
| <b>Valuation Date</b>    | January 1, 2010                                                                                                  |
| <b>Enrolled Actuary</b>  | Robert S. Cavaliere                                                                                              |
| <b>Enrollment Number</b> | 11-03325                                                                                                         |

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

## **SCHEDULE SB ATTACHMENTS**

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**Schedule SB, Line 22**  
**Description of Weighted Average Retirement Age**  
**as of January 1, 2010**

See Appendix A for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

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## **SCHEDULE SB ATTACHMENTS (cont.)**

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### **Schedule SB, Line 25**

#### **Change in Method**

The discount rate was changed from the full yield curve as of the October before the valuation date last year to the 3-segment rates with 24-month averaging as of the month of the valuation date this year. This change was made as elected by the Sponsor and is deemed to be automatically approved by the IRS pursuant to guidance provided in final regulations released October 8, 2009.

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# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2010

| Attained Age | Years of Graded Service |            |        |            |        |            |          |            |          |            |          |            |          |            |          |            |          |            |
|--------------|-------------------------|------------|--------|------------|--------|------------|----------|------------|----------|------------|----------|------------|----------|------------|----------|------------|----------|------------|
|              | Under 1                 |            | 1 to 4 |            | 5 to 9 |            | 10 to 14 |            | 15 to 19 |            | 20 to 24 |            | 25 to 29 |            | 30 to 34 |            | 35 to 39 |            |
|              | No.                     | Avg. Comp. | No.    | Avg. Comp. | No.    | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. |
| Under 25     | 0                       |            | 1      |            | 0      |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            |
| 25 - 29      | 0                       |            | 0      |            | 7      |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            |
| 30 - 34      | 0                       |            | 2      |            | 9      |            | 7        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            |
| 35 - 39      | 0                       |            | 1      |            | 3      |            | 8        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            |
| 40 - 44      | 0                       |            | 1      |            | 4      |            | 5        |            | 0        |            | 2        |            | 0        |            | 0        |            | 0        |            |
| 45 - 49      | 0                       |            | 1      |            | 10     |            | 7        |            | 0        |            | 2        |            | 1        |            | 1        |            | 0        |            |
| 50 - 54      | 0                       |            | 0      |            | 11     |            | 8        |            | 0        |            | 3        |            | 3        |            | 18       |            | 1        |            |
| 55 - 59      | 0                       |            | 1      |            | 4      |            | 4        |            | 0        |            | 1        |            | 2        |            | 10       |            | 3        |            |
| 60 - 64      | 0                       |            | 0      |            | 0      |            | 0        |            | 0        |            | 1        |            | 2        |            | 1        |            | 2        |            |
| 65 - 69      | 0                       |            | 0      |            | 0      |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            |
| 70 & Over    | 0                       |            | 0      |            | 0      |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            | 0        |            |

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# **SCHEDULE SB ATTACHMENTS**

## **Schedule SB, Line 32 Schedule of Amortization Bases as of January 1, 2010**

|   | Type of Base | Date<br>Established | Initial Amount | Remaining<br>Amortization<br>Period (Years) | Outstanding<br>Balance | Amortization<br>Payment |
|---|--------------|---------------------|----------------|---------------------------------------------|------------------------|-------------------------|
| 1 | Shortfall    | 01/01/2010          | 503,841        | 7                                           | 503,841                | 84,205                  |
| 2 | Shortfall    | 01/01/2009          | 914,215        | 6                                           | 860,432                | 162,226                 |
|   | Total        |                     |                |                                             | 1,364,273              | 246,431                 |

Plan Name:  
EIN / PN:  
Plan Sponsor:  
Valuation Date:

Retirement Plan for Hourly Paid Employees of Ahlstrom Filtration LLC -- Madisonville and Taylorville Locations  
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Ahlstrom Filtration LLC  
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# **SCHEDULE SB ATTACHMENTS**

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## **Schedule SB, Part V - Statement of actuarial assumptions and methods**

|                |                                                      |
|----------------|------------------------------------------------------|
| Plan Sponsor   | Ahlstrom Filtration LLC                              |
| EIN/PN         | 62-1801781/003                                       |
| Discount Rates | Current plan year PPA effective interest rate: 6.66% |
|                | Prior plan year PPA effective interest rate: 8.06%   |
|                | 3-Segment Rates                                      |
|                | Applicable month: January                            |
|                | Transition election: No                              |

### **Assumed Cost of Living Adjustments**

None

### **Inclusion Date**

The valuation date coincident with or next following the date on which the employee becomes a participant.

### **Administrative Expenses**

The amount included this year for plan-related expenses is \$70,000.

### **Mortality**

For all participants: The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using the blended static table option for smaller plans.

|                 |                                                                                                                  |
|-----------------|------------------------------------------------------------------------------------------------------------------|
| Plan Name:      | Retirement Plan for Hourly Paid Employees of Ahlstrom Filtration LLC –<br>Madisonville and Taylorville Locations |
| EIN / PN:       | 62-1801781 / 003                                                                                                 |
| Plan Sponsor:   | Ahlstrom Filtration LLC                                                                                          |
| Valuation Date: | January 1, 2010                                                                                                  |

## **SCHEDULE SB ATTACHMENTS**

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### **Retirement**

It was assumed that participants will retire upon becoming eligible for normal retirement.

### **Disability Rates**

Disabled worker experience under OASDI from 1973 to 1976, published in the Social Security Administration's Actuarial Study No. 75 (June, 1978). A unisex rate has been used based on a population mix of 80% male and 20% female. The rates of disablement have been multiplied by 50% in order to more closely approximate recent group disability experience. The following numbers of disablements and terminations illustrate the disability rates used:

| Attained Age | Number of Disablements Per Thousand |
|--------------|-------------------------------------|
| 20           | .640                                |
| 30           | 1.055                               |
| 40           | 2.140                               |
| 50           | 5.285                               |
| 60           | 12.74                               |
| 70           | -                                   |
| 80           | -                                   |

### **Compensation Increases**

Not applicable

### **Future Increases in Social Security**

Not applicable

### **Future Increases in Maximum Benefits and Plan Compensation Limitations**

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC Section 415. Plan compensation is limited to the maximum presently allowed under IRC Section 401(a)(17). No provision is made for future increases in the maximum annual benefit or compensations limits.

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## **SCHEDULE SB ATTACHMENTS**

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### **Representative Termination Rates (per 100 employees) not Due to Disability, Retirement or Mortality**

| Attained Age | Males and Females |
|--------------|-------------------|
| 20           | 14.9              |
| 25           | 9.9               |
| 30           | 6.9               |
| 35           | 4.9               |
| 40           | 2.8               |
| 45           | 1.7               |
| 50           | 0.4               |
| 55           | 0.0               |
| 60 and over  | 0.0               |

### **Form of Payment**

Participants are assumed to elect the normal form.

### **Marriage**

It was assumed that 75% of covered employees are married.

### **Employees**

It was assumed that there will be no new or rehired employees.

### **Plan Compensation**

Not applicable

### **Asset Method**

Under this method, the valuation assets are equal to the average of three values (all determined without regard to receivable contributions), the result increased by the discounted present value of contributions expected to be made after the valuation date based on the prior plan year PPA effective interest rate. This amount is then subject to a 10% corridor around the market value of assets (including the discounted present value of receivable contributions) as of the valuation date. The three values used to develop the average value are: the market value of assets as of the current valuation date, the adjusted market value of assets as of the prior valuation date and the adjusted market value of assets as of the second prior valuation date. The adjusted market value as of a relevant valuation date is equal to the market value of assets as of the prior valuation date increased by actual plan contributions and assumed return on plan assets and decreased by actual plan disbursements after

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that date until the current valuation date. The assumed rate of return on plan assets for the prior plan year (pursuant to IRS Notice 2009-22) was 6.68%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 8.00%, and the applicable limitation for the plan year, equal to 6.68%. The assumed rate of return on plan assets for the second prior plan year (pursuant to IRS Notice 2009-22) was 6.41%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 8.00%, and the applicable limitation for the plan year, equal to 6.41%. The algebraically equivalent development of this method (pursuant to IRS Notice 2009-22) is shown in Section 2.4.

### **Participant Data**

Employee data was supplied on listings as of the valuation date.

### **Tax Policy**

The actuarial valuation performed for the plan year ending December 31, 2009 is used to determine the maximum deductible contribution for the tax year ending December 31, 2009.

### **Benefits not Included in Valuation**

We believe all significant Plan provisions are reflected in this valuation.

### **PBGC Premium Funding Target**

The Alternative Premium Funding Target was determined using the assumptions described above.

### **Nature of Actuarial Calculations**

The results documented in this report are estimates based on data that may be imperfect and on assumptions about future events. Certain plan provisions may be approximated or deemed insignificant and therefore are not valued. Assumptions may be made about participant data or other factors. Reasonable efforts were made in this valuation to ensure that items that are significant in the context of the actuarial liabilities or costs are treated appropriately, and not excluded or included inappropriately.

A range of results, different from those presented in this report could be considered reasonable. The numbers are not rounded, but this is for convenience only and should not imply precision, which is not inherent in actuarial calculations. Certain percentages determined in this report, such as the Funding Target Attainment Percentage, are rounded to the nearest .01 % to be consistent with the rounding specified for Schedule SB of the Form 5500.

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The assumptions selected for this valuation other than those prescribed by law, generally reflect long-term average expectations. If overall future plan experience is less favorable than assumed, the relative level of plan costs or contribution requirements determined in this valuation will likely increase in future valuations. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for the measurements (such as the end of an amortization period); and changes in plan provisions or applicable law. It is beyond the scope of this actuarial valuation to analyze the potential range of future pension contributions, but we can do so upon request.

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## **SCHEDULE SB ATTACHMENTS**

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### **Schedule SB, Part V - Summary of plan provisions**

#### **Plan Sponsor**

Ahlstrom Filtration LLC

#### **Plan**

The Retirement Plan for Hourly Paid Employees of Ahlstrom Filtration LLC – Madisonville and Taylorville Locations.

#### **EIN/PN**

62-1801781 / 003

#### **Effective Date and Most Recent Amendment**

The plan was originally effective July 1, 1974, as amended and restated effective July 1, 1984. The last amendment reflected herein is Amendment Number 10, which is effective September 15, 2009.

#### **Plan Year**

The twelve-month period ending December 31, 2010.

#### **Coverage and Participation**

All hourly paid employees of Ahlstrom Filtration LLC at Chattanooga, Tennessee, Madisonville, Kentucky and Taylorville, Illinois hired or rehired before May 1, 2006.

#### **Normal Retirement Benefit**

Eligibility: First day of the month coincident with or next following the participant's 65th birthday.

Benefit: \$36.00 per month per year of credited service for participants retiring on or after October 6, 2008.

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### **Late Retirement**

Eligibility: A participant may continue in employment beyond his normal retirement date.

Benefit: Benefit determined under normal retirement benefit formula, based on credited service to actual retirement date.

### **Early Retirement Benefit**

Eligibility: First day of any month following attainment of age 55 and completion of 10 years of continuous service.

Benefit: Benefit determined under normal retirement benefit formula, based on credited service to early retirement date, and commencing, at the election of the participant, either (i) on the first day of any month prior to normal retirement date, but reduced 1/180 per month for each month up to 60 months and 1/360 for each month in excess of 60 months that date of commencement precedes normal retirement date, or (ii) on what would have been the participant's normal retirement date, without such reduction.

### **Disability Benefit**

Eligibility: Upon total and permanent disability (unable to engage in any occupation for wage or profit) lasting at least 6 months, following completion of 15 years of continuous service, provided the individual is eligible for and receiving disability income benefits under the federal Social Security act.

Benefit: The benefit determined under normal retirement benefit formula, based on the credited service to disability date and payable immediately in the full unreduced amount.

### **Vested Benefits Upon Termination of Service**

Eligibility: Upon termination of employment for any reason other than death or retirement after having completed 5 full years of continuous service,

Benefit: A participant shall be entitled to a monthly benefit equal to the benefit determined under normal retirement benefit formula, based on the benefit unit in effect at, and credited service to, date of termination, and commencing, at the election of the participant, either (i) upon what would have been the participant's normal retirement date, in the full, unreduced amount, or (ii) if the participant had completed 10 full years of continuous service, on the first day of any month after attainment of age 55, but reduced as in early retirement benefit.

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Death Prior to Commencement: Upon the death of a former participant who is eligible for a deferred retirement benefit, the surviving spouse will receive a monthly benefit equal to 50% of the benefit that would have been payable to the participant for his lifetime only had he elected to have benefit payments commence on the first day of the month after he reached age 65. This survivor benefit shall commence on the later of (i) the first day of the month following the former participant's death, and (ii) the participant's earliest early retirement date (normal retirement date if the former participant had less than 10 years of continuous service at date of termination).

### **Death Benefits for Participants in Active Service**

Upon the death of a participant who has reached age 55 and completed 10 years of continuous service, or who has reached his normal retirement age, the surviving spouse will receive a monthly benefit, payable for life, equal to 50% of the unreduced benefit determined under normal retirement benefit formula, based on the deceased participant's credited service to date of death and commencing immediately.

Upon the death of a participant before termination of employment and before age 55, but after the completion of 10 years of continuous service, the surviving spouse will receive a monthly benefit, commencing on the first of the month following the date the participant would have attained age 55 and payable for life, equal to 50% of the benefit that would have been payable to the participant for his lifetime only had he terminated employment as of his date of death and elected to have benefit payments commence on the first day of the month after he reached age 65.

Upon the death of a participant before termination of employment and after the completion of 5 years, but less than 10 years, of continuous service, his surviving spouse will receive a monthly benefit, commencing on what would have been the participant's normal retirement date and payable for life, equal to 50% of the benefit that would have been payable to the participant for his lifetime only had he terminated employment as of his date of death and elected to have benefit payments commence on the first day of the month after he reached age 65.

### **Optional Forms of Retirement Income in Lieu of Normal Form**

The normal form of benefit payments under the plan is payments for the lifetime of the participant only. However, unless a specific election to the contrary is made, benefits to participants who are married as of the date their benefit payments are scheduled to commence will be payable in an actuarially reduced amount under the 50% joint and survivor "automatic" form of payment.

In addition, a joint and survivorship option with 50%, 66-2/3% or 100% continuation, and a 10-year certain and life option are available for election by the participant on an actuarially equivalent basis.

### **Plan Participants' Contributions**

None

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### **Changes in Plan Provisions since Last Actuarial Valuation**

None.

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