

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2009 or fiscal plan year beginning <u>11/03/2009</u> and ending <u>11/02/2010</u>			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☒		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>ADMIRAL FOUNDRY, INC. PENSION PLAN FOR HOURLY EMPLOYEES REPRESENTED BY UAW LOCAL 70</u>	1b Three-digit plan number (PN) ►	<u>006</u>	
	1c Effective date of plan	<u>11/03/1971</u>	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>ADMIRAL FOUNDRY, INC.</u> <u>P.O. BOX 463</u> <u>WADSWORTH, OH 44282</u>	2b Employer Identification Number (EIN) <u>86-1123390</u>	2c Sponsor's telephone number <u>330-336-7651</u>	2d Business code (see instructions) <u>333310</u>
	<u>350 BROOKPOINT CIRCLE</u> <u>WADSWORTH, OH 44281</u>		

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/14/2011</u>	<u>ROBERT R CHAPIN</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/14/2011</u>	<u>ROBERT R CHAPIN</u>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") ADMIRAL FOUNDRY, INC. P.O. BOX 463 WADSWORTH, OH 44282	3b Administrator's EIN 86-1123390 3c Administrator's telephone number 330-336-7651
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	118
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	0
b Retired or separated participants receiving benefits.....	6b	57
c Other retired or separated participants entitled to future benefits.....	6c	47
d Subtotal. Add lines 6a , 6b , and 6c	6d	104
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	13
f Total. Add lines 6d and 6e	6f	117
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	
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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 1I

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
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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) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 11/03/2009 and ending 11/02/2010		
A Name of plan ADMIRAL FOUNDRY, INC. PENSION PLAN FOR HOURLY EMPLOYEES REPRESENTED BY UAW LOCAL 70	B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500. ADMIRAL FOUNDRY, INC.	D Employer Identification Number (EIN) 86-1123390	

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

(a) Name of insurance carrier
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	IN-15611	117	11/03/2009	11/02/2010

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	494308
5 Current value of plan's interest under this contract in separate accounts at year end	5	1566896

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

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

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

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

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

b Balance at the end of the previous year	7b	405739
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c Additions: (1) Contributions deposited during the year	7c(1)	74976	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	24832	
(4) Transferred from separate account	7c(4)	205000	
(5) Other (specify below)	7c(5)		

(6) Total additions	7c(6)	304808
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d Total of balance and additions (add b and c(6)).	7d	710547
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	181401	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)	34838	

▶ **CONTRACT EXPENSE CHARGE ELECTIVE SERVICE CHARGE GPS FEE**

(5) Total deductions	7e(5)	216239
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f Balance at the end of the current year (subtract e(5) from d)	7f	494308
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 11/03/2009 and ending 11/02/2010

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

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

A Name of plan <u>ADMIRAL FOUNDRY, INC. PENSION PLAN FOR HOURLY EMPLOYEES REPRESENTED BY UAW LOCAL 70</u>	B Three-digit plan number (PN) ▶ <u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ADMIRAL FOUNDRY, INC.</u>	D Employer Identification Number (EIN) <u>86-1123390</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>11</u> Day <u>03</u> Year <u>2009</u>
2	Assets:
a	Market value 2a <u>1981269</u>
b	Actuarial value 2b <u>2165670</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>79</u> <u>1601210</u>
b	For terminated vested participants 3b <u>48</u> <u>876196</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>0</u>
(2)	Vested benefits 3c(2) <u>0</u>
(3)	Total active 3c(3) <u>0</u>
d	Total 3d <u>127</u> <u>2477406</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>6.65 %</u>
6	Target normal cost 6 <u>29400</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.

SIGN HERE	<u>07/18/2011</u>
Signature of actuary	Date
<u>KATHLEEN R. PREWITT</u>	<u>11-01943</u>
Type or print name of actuary	Most recent enrollment number
<u>PRIAC</u>	<u>860-534-2109</u>
Firm name	Telephone number (including area code)
<u>P.O. BOX 2975</u> <u>HARTFORD, CT 06104</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) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	20258	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	19817	0
9 Amount remaining (Item 7 minus item 8).....	441	0
10 Interest on item 9 using prior year's actual return of <u>13.72</u> %	61	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of _____%		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance.....		0
12 Reduction in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	502	0

Part III Funding percentages		
14 Funding target attainment percentage.....	14	87.39 %
15 Adjusted funding target attainment percentage.....	15	87.39 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	80.00 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/08/2010	13115				
05/24/2010	13115				
08/23/2010	13115				
11/08/2010	13115				
07/11/2011	14717				
			Totals ►	18(b)	67177
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	63366
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☒ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:		

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

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

21 Discount rate:				
a Segment rates:	1st segment: 5.21 %	2nd segment: 6.74 %	3rd segment: 6.84 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
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	29400
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	163594	33588
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	62988
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	502	0
36 Additional cash requirement (item 34 minus item 35).....	36	62486
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	63366
38 Interest-adjusted excess contributions for current year (see instructions).....	38	880
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 11/03/2009 and ending 11/02/2010		
A Name of plan ADMIRAL FOUNDRY, INC. PENSION PLAN FOR HOURLY EMPLOYEES REPRESENTED BY UAW LOCAL 70	B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 ADMIRAL FOUNDRY, INC.	D Employer Identification Number (EIN) 86-1123390	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PRUDENTIAL RETIREMENT INS & ANNUITY
06-1050034

(b) Enter name and EIN or address of person who provided you disclosure 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)

PRUDENTIAL RETIREMENT INS & ANNUITY

06-1050034

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	28778	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

GLOBAL PORTFOLIO STRATEGIES, INC.

06-1055669

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	6060	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 11/03/2009 and ending 11/02/2010		
A Name of plan ADMIRAL FOUNDRY, INC. PENSION PLAN FOR HOURLY EMPLOYEES REPRESENTED BY UAW LOCAL 70		B Three-digit plan number (PN) ► 006
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 ADMIRAL FOUNDRY, INC.		D Employer Identification Number (EIN) 86-1123390
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIVATE PLACEMENT FUND		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.		
c EIN-PN 06-1050034-042	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 189864
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP VALUE/AJO		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.		
c EIN-PN 06-1050034-129	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 149853
a Name of MTIA, CCT, PSA, or 103-12 IE: DRYDEN S & P 500 INDEX		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.		
c EIN-PN 06-1050034-123	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 150681
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP BLEND/VICTORY		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.		
c EIN-PN 06-1050034-177	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 144699
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP GROWTH/TURNER INV		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.		
c EIN-PN 06-1050034-141	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 152612
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE/AM FUND		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIRMENT INS.		
c EIN-PN 06-1050034-126	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 84662
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH/TIMESSQUARE		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.		
c EIN-PN 06-1050034-132	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 86472
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule D (Form 5500) 2009 v.092308.1		

a Name of MTIA, CCT, PSA, or 103-12 IE: INTL BLEND/AQR**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

c EIN-PN 06-1050034-125	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 310332
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a Name of MTIA, CCT, PSA, or 103-12 IE: CIGNA OPEN-END REAL ESTATE**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

c EIN-PN 06-1050034-176	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 151
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a Name of MTIA, CCT, PSA, or 103-12 IE: COHEN & STEERS REALTY INCOME**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

c EIN-PN 06-1050034-305	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 106427
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a Name of MTIA, CCT, PSA, or 103-12 IE: CORE PLUS BOND/REAMS FUND**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

c EIN-PN 06-1050034-040	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 191143
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

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

For calendar plan year 2009 or fiscal plan year beginning 11/03/2009 and ending 11/02/2010

A Name of plan <u>ADMIRAL FOUNDRY, INC. PENSION PLAN FOR HOURLY EMPLOYEES REPRESENTED BY UAW LOCAL 70</u>	B Three-digit plan number (PN) ►	<u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ADMIRAL FOUNDRY, INC.</u>	D Employer Identification Number (EIN) <u>86-1123390</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	<u>1543103</u>	<u>1566896</u>
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	<u>405739</u>	<u>494308</u>
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1948842	2061204

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1948842	2061204
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	74976	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		74976
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	24832	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		24832
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		228793
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		328601

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	181401	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		181401
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	34838	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		34838
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		216239

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		112362
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: DONOVAN, KLIMCZAK AND COMPANY

(2) EIN: 34-1695051

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 11/03/2009 and ending 11/02/2010

A Name of plan <u>ADMIRAL FOUNDRY, INC. PENSION PLAN FOR HOURLY EMPLOYEES REPRESENTED BY UAW LOCAL 70</u>	B Three-digit plan number (PN) ▶ <u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ADMIRAL FOUNDRY, INC.</u>	D Employer Identification Number (EIN) <u>86-1123390</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>22-1211670</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

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

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

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

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

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

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Report of Independent Auditors

To the Participants and Administrator of the
Admiral Foundry, Inc. Pension Plan for Hourly
Employees Represented by UAW Local 70

We were engaged to audit the financial statements of Admiral Foundry, Inc. Pension Plan for Hourly Employees Represented by UAW Local 70 (Plan) as of November 2, 2010 and 2009 and for the years then ended, and the supplemental schedules as of and for the year ended November 2, 2010 as listed in the accompanying index. These financial statements and 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 G, which was certified by Prudential Retirement Insurance and Annuity Company, the custodian 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 custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended November 2, 2010 and 2009, that the information provided to the plan administrator by the custodian is complete and accurate.

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

Donovan, Klimczak and Company

Donovan, Klimczak and Company
Certified Public Accountants

September 12, 2011

ACTUARIAL COST METHOD

Actuarial Cost Method

Costs have been computed in accordance with the Unit Credit Actuarial Cost Method and reflect the actuarial assumptions described in “Plan Assumptions” of this report as provided under the applicable regulations of the Pension Protection Act of 2006.

Target Normal Cost

The Target Normal Cost is the present value of benefits expected to accrue during the plan year for all Participants plus an estimate of the expenses to be paid from the plan assets during the plan year.

Target Liability and Funding Shortfall

As of November 3, 2008, a Target Liability is established which represents the present value of accrued benefits. This Target Liability is offset by adjusted assets, and the remainder (i.e. Funding Shortfall), if any, is amortized over seven years.

Subsequent changes in the Funding Shortfall due to asset experience, liability experience, plan amendments, and/or actuarial assumption changes will be amortized over a seven year period from their valuation dates.

Discount Rate

The plan sponsor has elected to use the Segment Rate approach for discount rate purposes, with an applicable month that is 4 months prior to the valuation date.

The plan sponsor elected not to phase in the new interest rate basis. Refer to the plan assumptions section (Appendix E) for additional detail.

II. ASSET VALUATION METHOD

Assets have been valued in accordance with generally accepted procedures as described below.

All funds invested are valued in the following manner:

Definitions

i(t)	assumed growth rate, set equal to the lesser of the expected return on assets or the applicable 3 rd segment rate for Plan Year t.
C(t)	sum of contributions and other additions to the fund from all sources other than investment transactions in Plan Year t
W(t)	sum of all withdrawals and other decreases to the fund from all sources other than investment transactions in Plan Year t
AV(t)	Actuarial Value of Assets as of Plan Year t
MV(t)	Market Value of Assets as of Plan Year t
EV(t)	Expected Value of Assets as of Plan Year t
G/L(t)	Gain or Loss for Plan Year t

ACTUARIAL COST METHOD (CONT'D)

Method

A description of the method used to determine the current year's Actuarial Value of Assets $\{AV(t)\}$ is below.

For the preceding 2 years, $G/L(t)$ is determined as follows:

$$EV(t) = MV(t-1) * (1 + i(t-1)) + [C(t-1) - W(t-1)] * (1 + i(t-1) * m)$$

Where m represents a proportionate yield consistent with the portion of the year for which C and W are invested

$$G/L(t-1) = EV(t) - MV(t)$$

For the current year, $AV(t)$ is determined as follows:

$$AV(t) = MV(t) + 2/3 * G/L(t-1) + 1/3 * G/L(t-2)$$

Corridor Limits

The Actuarial Value of Assets may not be less than 90% or more than 110% of the current market value of plan assets as of the applicable valuation date [as required by IRC Section 430(g)(3)(B)(iii)]

Please note, as highlighted above, the assumed asset growth rate for each year is limited to the applicable 3rd segment rate by law. As a result, if the plan's expected rate of return is greater than this applicable rate, this method is expected to produce an actuarial value of assets that can be expected to be slightly less than the market value of assets, on average.

DETERMINATION OF THE ACTUARIAL VALUE OF ASSETS

1. Market Value of Assets as of November 3, 2009	\$1,981,269
2. Gain/(Loss) for 2007 and 2008 Plan Years	
(a) Asset gain/(loss) for 2007 Plan Year	
(i) Initial asset gain/(loss)	(817,513)
(ii) Weight	33.33%
(iii) Unrecognized amount: (i)x(ii)	(272,504)
(b) Asset gain/(loss) for 2008 Plan Year	
(i) Initial asset gain/(loss)	132,154
(ii) Weight	66.67%
(iii) Unrecognized amount: (i)x(ii)	88,103
3. Total amount unrecognized: sum of (2)(iii)	(184,402)
4. Preliminary actuarial value: (1)-(3)	2,165,670
5. Market value corridor override	
(a) Lower bound: 0.9 x(1)	1,782,728
(b) Upper bound: 1.1 x(1)	2,178,890
(c) Adjustment to corridor	0
6. Actuarial assets: (4)+(5)(c)	2,165,670

SECTION V

ACTUARIAL ASSUMPTIONS

Assumptions have been chosen to anticipate the long range experience of the Plan. Consistency among assumptions is important as each interacts with the others; equally important is the recognition of inflationary trends in the economy.

As the Enrolled Actuary for the Plan, I will certify to the reasonableness of these assumptions, in aggregate, as required by ERISA.

The actuarial assumptions used to compute Plan costs are:

Mortality:

PPA Funding : IRS 2009 Static Mortality Table.

FAS 35 :

Male: The RP 2000 Mortality Table projected to 2010 with scale AA (male).

Female: The RP 2000 Mortality Table projected to 2010 with scale AA (female).

Termination:

The probabilities that Participants at the ages indicated will terminate before reaching the assumed retirement age are:

<u>Age</u>	<u>Male</u>	<u>Female</u>
20	93.4%	98.2%
25	85.4%	94.5%
30	73.4%	86.8%
35	57.3%	72.7%
40	38.3%	52.1%
45	19.8%	28.4%
50	5.8%	8.7%
55	0.0%	0.0%

This is Prudential Term Scale D.

Retirement Age:

Participants at or beyond the age of 65 are assumed to retire immediately.

SECTION V

ACTUARIAL ASSUMPTIONS (CONT'D)

Interest rates:

PPA Funding:	Segment Rates:	<u>Years</u>	<u>Rate</u>
		0-5	5.21%
		6-20	6.74%
		21+	6.84%

These are the July 2009 Non-Transitional Segment Rates. The effective rate is 6.65%.

FAS: 6.50% per annum, pre compounded annually, net of investment and contract fees.

Estimated Expenses: Assumed to be \$29,400.

Social Security

Primary Insurance Amount Not Applicable

Covered Compensation Not Applicable

Survivor's Benefit

It is assumed that husbands are 3 years older than wives and that 90% of the male Participants and 60% of the female Participants who are or will become eligible for coverage under the Survivor's Benefit will be survived by an eligible survivor.

Disability

The 1952 Disability Study of the Society of Actuaries, Period 2, Benefit 5 rates were used.

PLAN PROVISIONS

Service	All years of Service with the Employer from date of employment to the earliest of retirement, termination of employment, or death.
Credited Service	Service with the Employer, without regard to number of hours worked, while a member of a collective bargaining unit represented by the International Union United Auto, Aerospace & Agricultural Implement Workers of America, UAW-Amalgamated Local #70. Credited Service shall be counted in whole years and full months.
Form of Annuity	Life Annuity.
Normal Retirement Date	The first day of the month coinciding with or next following the Participant's 65th birthday.
Participation Eligibility	One year of Service and a member of a collective bargaining unit represented by Local No. 70, UAW-Amalgamated.
Benefit Formula	For Participants terminating on and after August 3, 1996: \$246 multiplied by years of Credited Service. Effective August 3, 1999: \$258 multiplied by years of Credited Service. Effective August 3, 2000: \$270 multiplied by years of Credited Service. Effective August 3, 2001 : \$282 multiplied by years of Credited Service.
Income Payable	Amount described in sections (a) or (b) below, whichever applies: - If Participant has a Spouse as of his retirement date and does not elect otherwise, retirement income shall be paid on the basis of Joint and Survivor form, as stipulated by ERISA, and will be the amount determined under the benefit formula multiplied by the appropriate factor. - If Participant either has no Spouse as of his retirement date or elects to receive his income under the Normal Form, retirement income will be the amount determined under the benefit formula.
Early Eligibility	Age 60 with five years of Service

PLAN PROVISIONS (CONT'D)

Early Benefit Amount	Normal Retirement benefit accrued to early retirement, actuarially reduced by 7.2% per year for the first five years and 3.6% per year for the next five years based on the number of years and months that the Annuity Commencement Date precedes Normal Retirement Date.
Vesting Schedule	Five years of Service equals 100% vesting. Age 65 equals 100% vesting.
Vested Benefit	Benefit accrued to date of termination.
Preretirement Spouse Benefit	
<i>A. Eligibility:</i>	Eligible for early retirement, married at date of death.
<i>Benefit Formula:</i>	50% of the pension benefit accrued to date of death reduced by the appropriate early retirement and joint-and-survivor factors.
<i>B. Eligibility:</i>	Eligible for vesting but not eligible for early retirement, married at date of death.
<i>Benefit Formula:</i>	50% of the vested pension benefit accrued to date of death, payment deferred to no earlier than the early retirement date of the deceased Participant and reduced by the appropriate early retirement and joint-and-survivor factors.
Disability Benefit	
Eligibility	Ten years of Credited Service.
Benefit Formula	Pension Benefit accrued to date of disability, reduced by the value of any periodic payment provided under Workman's Compensation Law or similar law.

SECTION IV

MINIMUM CONTRIBUTION AMORTIZATION

The interest rates and corresponding present value factors as of November 3, 2009 are reflected below. Also shown are prior year amortization values and the development of the amortization for the 2009 plan year.

I. Interest Rate Table - Calculation of Shortfall Amortization Factors

<u>Year</u>	<u>Applicable Interest Rate</u>	<u>Discount Factor</u>	<u>Present Value Factor</u>
1	5.21%	1.000000	1.000000
2	5.21%	0.950480	1.950480
3	5.21%	0.903412	2.853892
4	5.21%	0.858675	3.712567
5	5.21%	0.816154	4.528721
6	6.74%	0.721712	5.250433
7	6.74%	0.676140	5.926573

II. Prior Year Amortization Amounts

<u>Plan Year</u>	<u>Installment</u>	<u>PV Factor</u>	<u>Present Value</u>
2008	52,459	5.250433	275,432
2007	0	4.528721	0
2006	0	3.712567	0
2005	0	2.853892	0
2004	0	1.950480	0
2003	0	1.000000	0
	\$52,459		\$275,432

III. Current Year Amortization

Exemption from Current year Amortization	No
1. Funding Shortfall to be amortized ¹	\$163,594
2. Present Value of Prior Year Amortization Installments	275,432
3. Current Year Amortization Base (1 - 2)	(111,838)
4. Shortfall Amortization Factor	5.926573
5. Current Year Amortization Installment (3 divided by 4)	(18,871)
6. Sum of Prior Year Amortization Installments	52,459
7. Net Shortfall Amortization Charge (5 + 6)	\$33,588

¹The Funding Shortfall to be amortized is calculated as (\$2,477,406 * 0.94) - \$2,165,168

Admiral Foundry, Inc. Pension Plan
EIN/PN: 86-1123390/006 Plan Year: 2009
Discounted Employer Contributions
Schedule SB, Line 19

Date Paid	Employer Contribution	Discounted to November 3, 2009	Plan Year
3/8/2010	\$13,115	\$12,800	2009
5/24/2010	\$13,115	\$12,645	2009
8/23/2010	\$13,115	\$12,445	2009
11/8/2010	\$13,115	\$12,286	2009
7/11/2010	<u>\$14,717</u>	<u>\$13,190</u>	2009
	\$67,177	\$63,366	

The applicable effective interest rate is 6.65%.

Admiral Foundry, Inc. Pension Plan
 EIN/PN: 86-1123390/006 Plan Year: 2009
 Description of Weighted Average Retirement Age
 Schedule SB, Line 22

Description of Weighted Average Retirement Age

<u>Age</u>	<u>Probability</u>	<u>Number Retiring</u>	<u>Number Remaining</u>	<u>Result</u>
55	0.00%	0.000000	1.000000	0.000000
56	0.00%	0.000000	1.000000	0.000000
57	0.00%	0.000000	1.000000	0.000000
58	0.00%	0.000000	1.000000	0.000000
59	0.00%	0.000000	1.000000	0.000000
60	0.00%	0.000000	1.000000	0.000000
61	0.00%	0.000000	1.000000	0.000000
62	0.00%	0.000000	1.000000	0.000000
63	0.00%	0.000000	1.000000	0.000000
64	0.00%	0.000000	1.000000	0.000000
65	100.00%	1.000000	0.000000	65.000000
66	0.00%	0.000000	0.000000	0.000000
67	0.00%	0.000000	0.000000	0.000000
68	0.00%	0.000000	0.000000	0.000000
69	0.00%	0.000000	0.000000	0.000000
70	0.00%	0.000000	0.000000	0.000000
				65.000000

Admiral Foundry, Inc. Pension Plan
EIN/PN: 86-1123390/006 Plan Year: 2009
Change in Actuarial Assumptions
Schedule SB, Line 24

The expense assumption was changed from \$0 to \$29,400.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 11/03/2009 and ending 11/02/2010

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

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

A Name of plan ADMIRAL FOUNDRY, INC. PENSION PLAN FOR HOURLY EMPLOYEES REPRESENTED	B Three-digit plan number (PN) ►	<u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ADMIRAL FOUNDRY, INC.	D Employer Identification Number (EIN) 86-1123390	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>11</u> Day <u>3</u> Year <u>2009</u>			
2 Assets:			
a Market value.....	2a	1,981,269	
b Actuarial value.....	2b	2,165,670	
3 Funding target/participant count breakdown	(1) Number of participants		(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	79	1,601,210
b For terminated vested participants.....	3b	48	876,196
c For active participants:			
(1) Non-vested benefits.....	3c(1)		0
(2) Vested benefits.....	3c(2)		0
(3) Total active.....	3c(3)	0	0
d Total.....	3d	127	2,477,406
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	6.65 %	
6 Target normal cost.....	6	29,400	

Statement by Enrolled Actuary		
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.		
SIGN HERE	Kathleen R. Prewitt <i>KRP</i> Signature of actuary Kathleen R. Prewitt Type or print name of actuary PRIAC P.O. Box 2975 Hartford Firm name CT 06104 Address of the firm	07/18/2011 Date 11-01943 Most recent enrollment number (860) 534-2109 Telephone number (including area code)

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF. **Schedule SB (Form 5500) 2009 v.092308.1**

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	20,258	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	19,817	0
9 Amount remaining (Item 7 minus item 8)	441	0
10 Interest on item 9 using prior year's actual return of <u>13.72</u> %	61	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of _____%		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	502	0

Part III Funding percentages

14 Funding target attainment percentage	14	87.39 %
15 Adjusted funding target attainment percentage	15	87.39 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.00 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/08/2010	13,115				
05/24/2010	13,115				
08/23/2010	13,115				
11/08/2010	13,115				
07/11/2011	14,717				
Totals ▶			18(b)	67,177	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 63,366

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:			
a Segment rates:	1st segment: 5.21 %	2nd segment: 6.74 %	3rd segment: 6.84 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
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	29,400
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		163,594	33,588
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)		34	62,988
		Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		502	0
36 Additional cash requirement (item 34 minus item 35)		36	62,486
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)		37	63,366
38 Interest-adjusted excess contributions for current year (see instructions)		38	880
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

Admiral Foundry, Inc. Pension Plan
EIN/PN: 86-1123390/006 Plan Year: 2009
Discounted Employer Contributions
Schedule SB, Line 19

Date Paid	Employer Contribution	Discounted to November 3, 2009	Plan Year
3/8/2010	\$13,115	\$12,800	2009
5/24/2010	\$13,115	\$12,645	2009
8/23/2010	\$13,115	\$12,445	2009
11/8/2010	\$13,115	\$12,286	2009
7/11/2010	<u>\$14,717</u>	<u>\$13,190</u>	2009
	\$67,177	\$63,366	

The applicable effective interest rate is 6.65%.

Admiral Foundry, Inc. Pension Plan
 EIN/PN: 86-1123390/006 Plan Year: 2009
 Description of Weighted Average Retirement Age
 Schedule SB, Line 22

Description of Weighted Average Retirement Age

<u>Age</u>	<u>Probability</u>	<u>Number Retiring</u>	<u>Number Remaining</u>	<u>Result</u>
55	0.00%	0.000000	1.000000	0.000000
56	0.00%	0.000000	1.000000	0.000000
57	0.00%	0.000000	1.000000	0.000000
58	0.00%	0.000000	1.000000	0.000000
59	0.00%	0.000000	1.000000	0.000000
60	0.00%	0.000000	1.000000	0.000000
61	0.00%	0.000000	1.000000	0.000000
62	0.00%	0.000000	1.000000	0.000000
63	0.00%	0.000000	1.000000	0.000000
64	0.00%	0.000000	1.000000	0.000000
65	100.00%	1.000000	0.000000	65.000000
66	0.00%	0.000000	0.000000	0.000000
67	0.00%	0.000000	0.000000	0.000000
68	0.00%	0.000000	0.000000	0.000000
69	0.00%	0.000000	0.000000	0.000000
70	0.00%	0.000000	0.000000	0.000000
				65.000000

ACTUARIAL COST METHOD

Actuarial Cost Method

Costs have been computed in accordance with the Unit Credit Actuarial Cost Method and reflect the actuarial assumptions described in "Plan Assumptions" of this report as provided under the applicable regulations of the Pension Protection Act of 2006.

Target Normal Cost

The Target Normal Cost is the present value of benefits expected to accrue during the plan year for all Participants plus an estimate of the expenses to be paid from the plan assets during the plan year.

Target Liability and Funding Shortfall

As of November 3, 2008, a Target Liability is established which represents the present value of accrued benefits. This Target Liability is offset by adjusted assets, and the remainder (i.e. Funding Shortfall), if any, is amortized over seven years.

Subsequent changes in the Funding Shortfall due to asset experience, liability experience, plan amendments, and/or actuarial assumption changes will be amortized over a seven year period from their valuation dates.

Discount Rate

The plan sponsor has elected to use the Segment Rate approach for discount rate purposes, with an applicable month that is 4 months prior to the valuation date.

The plan sponsor elected not to phase in the new interest rate basis. Refer to the plan assumptions section (Appendix E) for additional detail.

II. ASSET VALUATION METHOD

Assets have been valued in accordance with generally accepted procedures as described below.

All funds invested are valued in the following manner:

Definitions

i(t)	assumed growth rate, set equal to the lesser of the expected return on assets or the applicable 3 rd segment rate for Plan Year t.
C(t)	sum of contributions and other additions to the fund from all sources other than investment transactions in Plan Year t
W(t)	sum of all withdrawals and other decreases to the fund from all sources other than investment transactions in Plan Year t
AV(t)	Actuarial Value of Assets as of Plan Year t
MV(t)	Market Value of Assets as of Plan Year t
EV(t)	Expected Value of Assets as of Plan Year t
G/L(t)	Gain or Loss for Plan Year t

ACTUARIAL COST METHOD (CONT'D)

Method

A description of the method used to determine the current year's Actuarial Value of Assets {AV(t)} is below.

For the preceding 2 years, G/L(t) is determined as follows:

$$EV(t) = MV(t-1) * (1 + i(t-1)) + [C(t-1) - W(t-1)] * (1 + i(t-1) * m)$$

Where m represents a proportionate yield consistent with the portion of the year for which C and W are invested

$$G/L(t-1) = EV(t) - MV(t)$$

For the current year, AV(t) is determined as follows:

$$AV(t) = MV(t) + 2/3 * G/L(t-1) + 1/3 * G/L(t-2)$$

Corridor Limits

The Actuarial Value of Assets may not be less than 90% or more than 110% of the current market value of plan assets as of the applicable valuation date [as required by IRC Section 430(g)(3)(B)(iii)]

Please note, as highlighted above, the assumed asset growth rate for each year is limited to the applicable 3rd segment rate by law. As a result, if the plan's expected rate of return is greater than this applicable rate, this method is expected to produce an actuarial value of assets that can be expected to be slightly less than the market value of assets, on average.

DETERMINATION OF THE ACTUARIAL VALUE OF ASSETS

1. Market Value of Assets as of November 3, 2009	\$1,981,269
2. Gain/(Loss) for 2007 and 2008 Plan Years	
(a) Asset gain/(loss) for 2007 Plan Year	
(i) Initial asset gain/(loss)	(817,513)
(ii) Weight	33.33%
(iii) Unrecognized amount: (i)x(ii)	(272,504)
(b) Asset gain/(loss) for 2008 Plan Year	
(i) Initial asset gain/(loss)	132,154
(ii) Weight	66.67%
(iii) Unrecognized amount: (i)x(ii)	88,103
3. Total amount unrecognized: sum of (2)(iii)	(184,402)
4. Preliminary actuarial value: (1)-(3)	2,165,670
5. Market value corridor override	
(a) Lower bound: 0.9 x(1)	1,782,728
(b) Upper bound: 1.1 x(1)	2,178,890
(c) Adjustment to corridor	0
6. Actuarial assets: (4)+(5)(c)	2,165,670

SECTION V

ACTUARIAL ASSUMPTIONS

Assumptions have been chosen to anticipate the long range experience of the Plan. Consistency among assumptions is important as each interacts with the others; equally important is the recognition of inflationary trends in the economy.

As the Enrolled Actuary for the Plan, I will certify to the reasonableness of these assumptions, in aggregate, as required by ERISA.

The actuarial assumptions used to compute Plan costs are:

Mortality:

PPA Funding : IRS 2009 Static Mortality Table.

FAS 35 :

Male: The RP 2000 Mortality Table projected to 2010 with scale AA (male).

Female: The RP 2000 Mortality Table projected to 2010 with scale AA (female).

Termination:

The probabilities that Participants at the ages indicated will terminate before reaching the assumed retirement age are:

<u>Age</u>	<u>Male</u>	<u>Female</u>
20	93.4%	98.2%
25	85.4%	94.5%
30	73.4%	86.8%
35	57.3%	72.7%
40	38.3%	52.1%
45	19.8%	28.4%
50	5.8%	8.7%
55	0.0%	0.0%

This is Prudential Term Scale D.

Retirement Age:

Participants at or beyond the age of 65 are assumed to retire immediately.

SECTION V

ACTUARIAL ASSUMPTIONS (CONT'D)

Interest rates:

PPA Funding:	Segment Rates:	<u>Years</u>	<u>Rate</u>
		0-5	5.21%
		6-20	6.74%
		21+	6.84%

These are the July 2009 Non-Transitional Segment Rates. The effective rate is 6.65%.

FAS: 6.50% per annum, pre compounded annually, net of investment and contract fees.

Estimated Expenses: Assumed to be \$29,400.

Social Security

Primary Insurance Amount Not Applicable

Covered Compensation Not Applicable

Survivor's Benefit

It is assumed that husbands are 3 years older than wives and that 90% of the male Participants and 60% of the female Participants who are or will become eligible for coverage under the Survivor's Benefit will be survived by an eligible survivor.

Disability

The 1952 Disability Study of the Society of Actuaries, Period 2, Benefit 5 rates were used.

PLAN PROVISIONS

Service	All years of Service with the Employer from date of employment to the earliest of retirement, termination of employment, or death.
Credited Service	Service with the Employer, without regard to number of hours worked, while a member of a collective bargaining unit represented by the International Union United Auto, Aerospace & Agricultural Implement Workers of America, UAW-Amalgamated Local #70. Credited Service shall be counted in whole years and full months.
Form of Annuity	Life Annuity.
Normal Retirement Date	The first day of the month coinciding with or next following the Participant's 65th birthday.
Participation Eligibility	One year of Service and a member of a collective bargaining unit represented by Local No. 70, UAW-Amalgamated.
Benefit Formula	For Participants terminating on and after August 3, 1996: \$246 multiplied by years of Credited Service. Effective August 3, 1999: \$258 multiplied by years of Credited Service. Effective August 3, 2000: \$270 multiplied by years of Credited Service. Effective August 3, 2001 : \$282 multiplied by years of Credited Service.
Income Payable	Amount described in sections (a) or (b) below, whichever applies: - If Participant has a Spouse as of his retirement date and does not elect otherwise, retirement income shall be paid on the basis of Joint and Survivor form, as stipulated by ERISA, and will be the amount determined under the benefit formula multiplied by the appropriate factor. - If Participant either has no Spouse as of his retirement date or elects to receive his income under the Normal Form, retirement income will be the amount determined under the benefit formula.
Early Eligibility	Age 60 with five years of Service

PLAN PROVISIONS (CONT'D)

Early Benefit Amount	Normal Retirement benefit accrued to early retirement, actuarially reduced by 7.2% per year for the first five years and 3.6% per year for the next five years based on the number of years and months that the Annuity Commencement Date precedes Normal Retirement Date.
Vesting Schedule	Five years of Service equals 100% vesting. Age 65 equals 100% vesting.
Vested Benefit	Benefit accrued to date of termination.
Preretirement Spouse Benefit	
<i>A. Eligibility:</i>	Eligible for early retirement, married at date of death.
<i>Benefit Formula:</i>	50% of the pension benefit accrued to date of death reduced by the appropriate early retirement and joint-and-survivor factors.
<i>B. Eligibility:</i>	Eligible for vesting but not eligible for early retirement, married at date of death.
<i>Benefit Formula:</i>	50% of the vested pension benefit accrued to date of death, payment deferred to no earlier than the early retirement date of the deceased Participant and reduced by the appropriate early retirement and joint-and-survivor factors.
Disability Benefit	
Eligibility	Ten years of Credited Service.
Benefit Formula	Pension Benefit accrued to date of disability, reduced by the value of any periodic payment provided under Workman's Compensation Law or similar law.

Admiral Foundry, Inc. Pension Plan
EIN/PN: 86-1123390/006 Plan Year: 2009
Change in Actuarial Assumptions
Schedule SB, Line 24

The expense assumption was changed from \$0 to \$29,400.

SECTION IV

MINIMUM CONTRIBUTION AMORTIZATION

The interest rates and corresponding present value factors as of November 3, 2009 are reflected below. Also shown are prior year amortization values and the development of the amortization for the 2009 plan year.

I. Interest Rate Table - Calculation of Shortfall Amortization Factors

<u>Year</u>	<u>Applicable Interest Rate</u>	<u>Discount Factor</u>	<u>Present Value Factor</u>
1	5.21%	1.000000	1.000000
2	5.21%	0.950480	1.950480
3	5.21%	0.903412	2.853892
4	5.21%	0.858675	3.712567
5	5.21%	0.816154	4.528721
6	6.74%	0.721712	5.250433
7	6.74%	0.676140	5.926573

II. Prior Year Amortization Amounts

<u>Plan Year</u>	<u>Installment</u>	<u>PV Factor</u>	<u>Present Value</u>
2008	52,459	5.250433	275,432
2007	0	4.528721	0
2006	0	3.712567	0
2005	0	2.853892	0
2004	0	1.950480	0
2003	0	1.000000	0
	\$52,459		\$275,432

III. Current Year Amortization

Exemption from Current year Amortization	No
1. Funding Shortfall to be amortized ¹	\$163,594
2. Present Value of Prior Year Amortization Installments	275,432
3. Current Year Amortization Base (1 - 2)	(111,838)
4. Shortfall Amortization Factor	5.926573
5. Current Year Amortization Installment (3 divided by 4)	(18,871)
6. Sum of Prior Year Amortization Installments	52,459
7. Net Shortfall Amortization Charge (5 + 6)	\$33,588

¹The Funding Shortfall to be amortized is calculated as (\$2,477,406 * 0.94) - \$2,165,168

**ADMIRAL FOUNDRY, INC. PENSION PLAN
FOR HOURLY EMPLOYEES REPRESENTED
BY UAW LOCAL 70**

Financial Statements and Supplementary Schedules
November 2, 2010 and 2009

**ADMIRAL FOUNDRY, INC. PENSION PLAN FOR HOURLY
EMPLOYEES REPRESENTED BY UAW LOCAL 70**

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* Other Supplemental Schedules required by Section 2520-103.10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

Report of Independent Auditors

To the Participants and Administrator of the
Admiral Foundry, Inc. Pension Plan for Hourly
Employees Represented by UAW Local 70

We were engaged to audit the financial statements of Admiral Foundry, Inc. Pension Plan for Hourly Employees Represented by UAW Local 70 (Plan) as of November 2, 2010 and 2009 and for the years then ended, and the supplemental schedules as of and for the year ended November 2, 2010 as listed in the accompanying index. These financial statements and 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 G, which was certified by Prudential Retirement Insurance and Annuity Company, the custodian 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 custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended November 2, 2010 and 2009, that the information provided to the plan administrator by the custodian is complete and accurate.

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

Donovan, Klimczak and Company

Donovan, Klimczak and Company
Certified Public Accountants

September 12, 2011

**ADMIRAL FOUNDRY, INC. PENSION PLAN FOR HOURLY
EMPLOYEES REPRESENTED BY UAW LOCAL 70**

Statements of Net Assets Available for Benefits
November 2, 2010 and 2009

	<u>2010</u>	<u>2009</u>
ASSETS		
Investment contract with insurance company, at estimated fair value:		
General Deposit Account	\$ 528,710	\$ 407,168
Pooled separate accounts	<u>1,566,896</u>	<u>1,543,103</u>
Total investments	2,095,606	1,950,271
Employer contribution receivable	<u>27,832</u>	<u>35,631</u>
TOTAL ASSETS	<u>2,123,438</u>	<u>1,985,902</u>
LIABILITIES		
Accounts payable	<u>1,206</u>	<u>1,133</u>
TOTAL LIABILITIES	<u>1,206</u>	<u>1,133</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 2,122,232</u>	<u>\$ 1,984,769</u>

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

**ADMIRAL FOUNDRY, INC. PENSION PLAN FOR HOURLY
EMPLOYEES REPRESENTED BY UAW LOCAL 70**

Statements of Changes in Net Assets Available for Benefits
Years Ended November 2, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Additions to net assets attributed to:		
Investment income		
Net appreciation in fair value of investments	\$ 230,726	\$ 201,683
Net investment income	<u>55,872</u>	<u>73,413</u>
	286,598	275,096
Employer contributions	<u>67,177</u>	<u>35,631</u>
Total additions	353,775	310,727
 Deductions from net assets attributed to:		
Benefits paid to participants	181,401	186,031
Administrative expenses	<u>34,911</u>	<u>35,205</u>
Total deductions	<u>216,312</u>	<u>221,236</u>
Net increase in net assets available for benefits	137,463	89,491
Net assets available for benefits		
Beginning of year	<u>1,984,769</u>	<u>1,895,278</u>
End of year	<u><u>\$ 2,122,232</u></u>	<u><u>\$ 1,984,769</u></u>

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

**ADMIRAL FOUNDRY, INC. PENSION PLAN FOR HOURLY
EMPLOYEES REPRESENTED BY UAW LOCAL 70**

Notes to Financial Statements
November 2, 2010 and 2009

NOTE A – DESCRIPTION OF PLAN

The following brief description of the Admiral Foundry, Inc. Pension Plan for Hourly Employees Represented by UAW Local 70 (Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a defined benefit pension plan covering employees of Admiral Foundry, Inc. (Company) who have completed one year of service and are a member of a collective bargaining unit represented by the International Union United Auto, Aerospace & Agricultural Implement Workers of America UAW-Amalgamated Local No. 70. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Pension Benefits

A participant is entitled to annual pension benefits beginning at normal retirement age (65) equal to \$282 multiplied by the number of a participant's years of credited service if the participant's cessation of service occurs on or after August 3, 2001. A participant is entitled to annual pension benefits beginning at normal retirement age (65) equal to \$270 multiplied by the number of the participant's years of credited service if the participant's cessation of service occurs on or after August 3, 2000, but prior to August 3, 2001. If the participant's cessation of service occurs on or prior to August 2, 2000, they are entitled to varying types (depending on length of service) of annual pension benefits as described in Section 5.2 of the Plan agreement. Early retirement is allowed at age 60 upon completion of five years of service. Employees forfeit the right to receive any portion of their accumulated plan benefits if they terminate before rendering five years of service. Employees may elect to receive their pension benefits in the form of a joint and survivor annuity or as a life annuity.

Death and Disability Benefits

If an active participant dies on or before his normal retirement age, a death benefit will be paid to the employee's spouse equal to 50 percent of the value of the employee's accumulated pension benefits reduced by the appropriate early retirement and joint and survivor factors. An active employee with ten years of credited service who becomes disabled is entitled to receive disability benefits until normal retirement age at which time a disabled participant begins receiving normal retirement benefits or until the date the participant is no longer disabled.

Administrative Expenses

The Plan is responsible for payment of the custodian expenses and fees, including actuarial and recordkeeping services, however the Company may pay the Plan expenses directly.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Date of Management's Review

Subsequent events were evaluated through September 12, 2011, which is the date the financial statements were available to be issued.

**ADMIRAL FOUNDRY, INC. PENSION PLAN FOR HOURLY
EMPLOYEES REPRESENTED BY UAW LOCAL 70**
Notes to Financial Statements (Continued)
November 2, 2010 and 2009

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Basis of Accounting

The Plan's financial statements are prepared on the accrual basis of accounting.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are recorded at estimated fair value (see Note C) as reported by the Prudential Retirement Insurance and Annuity Company (Prudential Retirement).

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

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. 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. The accumulated plan benefits for active employees are based on their years of credited service ending on the date as of which the benefits information is presented (the valuation date). 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. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by an actuary from Prudential Retirement and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuations as of November 3, 2009 and 2008 were (a) life expectancy of participants (the RP 2000 Mortality Table projected to 2010 with scale AA), (b) retirement age assumptions (the assumed average retirement age was 65) and (c) investment return. The 2009 and 2008 valuations included assumed average rates of return of 6.50%, assuming administrative expenses of \$29,400. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Payment of Benefits

Benefit payments to participants are recorded upon distributions.

**ADMIRAL FOUNDRY, INC. PENSION PLAN FOR HOURLY
EMPLOYEES REPRESENTED BY UAW LOCAL 70**

Notes to Financial Statements (Continued)

November 2, 2010 and 2009

NOTE C – FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

The fair value measurements authoritative literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were used only when Level 1 or Level 2 inputs were not available.

Level 3 Fair Value Measurements

The fair value of the General Deposit Account is determined by Prudential Retirement by applying a market value adjustment to the book value of the account. The market value adjustment is determined by discounting expected future investment cash flow from both investment income and repayment of principal for each investment purchased directly for the General Deposit Account segment used for defined benefit contracts. The fair value of the pooled separate accounts is based on the quoted price of the underlying securities and the number of units owned by the Plan at year-end.

Fair Value Measurements at Reporting Date Using:

	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>November 2, 2010</u>			
Investment contract with insurance company			
General Deposit Account	\$ -	\$ -	\$ 528,710
Pooled separate accounts	<u>-</u>	<u>-</u>	<u>1,566,896</u>
Total	<u><u>\$ -</u></u>	<u><u>\$ -</u></u>	<u><u>\$ 2,095,606</u></u>
<u>November 2, 2009</u>			
Investment contract with insurance company			
General Deposit Account	\$ -	\$ -	\$ 407,168
Pooled separate accounts	<u>-</u>	<u>-</u>	<u>1,543,103</u>
Total	<u><u>\$ -</u></u>	<u><u>\$ -</u></u>	<u><u>\$ 1,950,271</u></u>

**ADMIRAL FOUNDRY, INC. PENSION PLAN FOR HOURLY
EMPLOYEES REPRESENTED BY UAW LOCAL 70**

Notes to Financial Statements (Continued)
November 2, 2010 and 2009

NOTE C – FAIR VALUE MEASUREMENTS (Continued)

Fair Value Measurements Using Significant Unobservable Inputs (Level 3):

	General Deposit Account	Pooled Separate Accounts
<u>November 2, 2010</u>		
Balance, beginning of year	\$ 407,168	\$ 1,543,103
Realized gains	-	25,994
Unrealized gains related to instruments still held at the reporting date	32,973	171,759
Purchases, sales, issuances and settlements (net)	88,569	(173,960)
Balance, end of year	<u>\$ 528,710</u>	<u>\$ 1,566,896</u>
<u>November 2, 2009</u>		
Balance, beginning of year	\$ 273,461	\$ 1,627,763
Realized gains	-	31,391
Unrealized gains related to instruments still held at the reporting date	22,303	147,989
Purchases, sales, issuances and settlements (net)	111,404	(264,040)
Balance, end of year	<u>\$ 407,168</u>	<u>\$ 1,543,103</u>

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the periods above are reported in net appreciation in fair value of investments in the statement of changes in net assets available for benefits.

NOTE D – EMPLOYER PLAN SPONSOR

In 2006 the Plan Sponsor, Admiral Foundry, Inc. discontinued the segment of operations that employed the hourly workers represented by UAW Local 70. Accordingly, the participants covered under the plan no longer accrue benefits; however, it is management's intent to continue funding the annual actuarial determined minimum funding requirements as required by ERISA to allow the Plan to continue paying already accrued benefits or until such time as the Plan assets are sufficient to purchase annuity contracts that will fully fund the remaining vested interest of all participants.

NOTE E – FUNDING POLICY

The Company's funding policy is to make annual contributions to the Plan in amounts not less than the minimum funding requirement of ERISA or more than that permitted by the Internal Revenue Code (IRC). At November 2, 2010 and 2009, the Company's allowable contribution to meet the minimum funding requirements of ERISA totaled \$67,177 and \$35,631, respectively. At November 2, 2010, the Plan recognized these amounts.

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

**ADMIRAL FOUNDRY, INC. PENSION PLAN FOR HOURLY
EMPLOYEES REPRESENTED BY UAW LOCAL 70**
Notes to Financial Statements (Continued)
November 2, 2010 and 2009

NOTE F – PLAN TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

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.

Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).

All other vested benefits (that is, invested benefits not insured by the PBGC).

All non-vested benefits.

Benefits to be provided via contracts under which Prudential Retirement is obligated to pay the benefits would be excluded for allocation purposes.

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. For Plan terminations occurring during 2010 that ceiling is \$4,500 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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.

NOTE G – CERTIFIED FINANCIAL INFORMATION

The Plan assets are invested in products sold by Prudential Retirement. Except for the Guaranteed Deposit Account, the investment balance and related investment information included in the financial statements, accompanying notes and supplemental schedules are derived from statements which have been certified by Prudential Retirement as complete and accurate in accordance with 29 CFR 2520.103-5(c) and CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

**ADMIRAL FOUNDRY, INC. PENSION PLAN FOR HOURLY
EMPLOYEES REPRESENTED BY UAW LOCAL 70**

Notes to Financial Statements (Continued)

November 2, 2010 and 2009

NOTE H – CONTRACT WITH INSURANCE COMPANY

The Company has an investment contract with Prudential Retirement. Amounts are invested in the Guaranteed Deposit Account and various pooled separate accounts. Prudential Retirement maintains the assets of the Guaranteed Deposit Account in an unallocated fund, which is credited with interest at varying rates. For the years ended November 2, 2010 and 2009, interest credited approximated 5.28% and 5.85%, respectively.

NOTE I – INVESTMENTS

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

	November 2,	
	<u>2010</u>	<u>2009</u>
Investment contract with insurance company, at estimated fair value:		
Guaranteed Deposit Account	\$ 528,710	\$ 407,168
Pooled separate accounts		
International Blend / AQR	310,332	289,271
Core Plus Bond / Reams Fund	191,143	215,446
Private Placement Fund	189,864	220,168
Large Cap Growth / Turner Inv	152,612	137,846
Dryden S&P 500 Index	150,681	143,403
Large Cap Value / AJO	149,853	144,612
Large Cap Blend / Victory	144,699	136,765
Cohen & Steers Realty Income	106,427	97,136
Other pooled separate accounts	<u>171,285</u>	<u>158,456</u>
Total Investments	<u>\$ 2,095,606</u>	<u>\$ 1,950,271</u>

During the years ended November 2, 2010 and 2009, the Plan's investments, including gains and losses on investments bought and sold, as well as held during the year, appreciated in value by \$230,726 and \$201,683, respectively as follows:

	<u>2010</u>	<u>2009</u>
Investment contract with insurance company, at estimated fair value:		
Guaranteed Deposit Account	\$ 32,973	\$ 22,303
Pooled separate accounts	<u>197,753</u>	<u>179,380</u>
Net appreciation in fair value of investments	<u>\$ 230,726</u>	<u>\$ 201,683</u>

NOTE J – RELATED-PARTY TRANSACTIONS

Plan assets include investments in funds managed by Prudential Retirement. Prudential Retirement is the Plan's custodian and, as such, transactions with the custodian qualify as party-in-interest transactions.

Personnel and facilities of the Company have been used to perform administrative functions for the Plan at no charge to the Plan.

**ADMIRAL FOUNDRY, INC. PENSION PLAN FOR HOURLY
EMPLOYEES REPRESENTED BY UAW LOCAL 70**

Notes to Financial Statements (Continued)

November 2, 2010 and 2009

NOTE K – RISKS AND UNCERTAINTIES

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

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

NOTE L – TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated June 2, 2003, that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

NOTE M – ACCUMULATED PLAN BENEFITS

Statement of Accumulated Plan Benefits	November 3, 2009
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving benefits	\$ 1,587,198
Participants with deferred benefits	881,053
	<u>2,468,251</u>
Nonvested benefits	<u>-</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 2,468,251</u>

Statement of Changes in Accumulated Plan Benefits	Year Ended November 3, 2009
Actuarial present value of accumulated plan benefits at beginning of plan year	\$ 2,483,638
Increase (decrease) during the year attributable to:	
Benefits accumulated and actuarial (gain)/loss	15,158
Benefits paid	(186,031)
Interest at 6.50%	<u>155,486</u>
Net decrease	<u>(15,387)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 2,468,251</u>

**ADMIRAL FOUNDRY, INC. PENSION PLAN FOR HOURLY
EMPLOYEES REPRESENTED BY UAW LOCAL 70**

Notes to Financial Statements (Continued)

November 2, 2010 and 2009

NOTE N – RECONCILIATION OF PLAN FINANCIAL STATEMENTS TO THE FORM 5500

The Annual Return/Report of Employee Benefit Plan (Form 5500) is prepared on the modified cash basis. Accordingly, certain balances included on Schedule H (Part I and II) of the Form 5500 differ from those included in these financial statements. The Guaranteed Deposit Account is recorded at estimated fair value in the accompanying financial statements and at contract value in the Form 5500. In addition, the Plan recognized an employee contribution receivable in the accompanying financial statements that was paid subsequent to the year-end by the Company. The ending net asset balances are reconciled as follows:

	<u>2010</u>	<u>2009</u>
Net assets reflected on Form 5500	\$ 2,061,204	\$ 1,948,842
Add:		
Cumulative FASC 960-325-35 fair value adjustment	34,402	1,429
Employer contribution receivable	27,832	35,631
Accounts payable	<u>(1,206)</u>	<u>(1,133)</u>
Net assets reflected in financial statements	<u>\$ 2,122,232</u>	<u>\$ 1,984,769</u>

**ADMIRAL FOUNDRY, INC. PENSION PLAN FOR HOURLY
EMPLOYEES REPRESENTED BY UAW LOCAL 70**

Supplemental Schedule I

Schedule H (line 4i) Form 5500 - Schedule of Assets (Held at End of Year)

November 2, 2010

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	PRIAC	Guaranteed Deposit Account	\$ 494,308	\$ 528,710
*	PRIAC	Intl Blend / AQR	274,945	310,332
*	PRIAC	Core Plus Bond / Reams Fund	169,348	191,143
*	PRIAC	Private Placement Fund	112,529	189,864
*	PRIAC	Large Cap Growth / Turner Inv	157,128	152,612
*	PRIAC	Dryden S&P 500 Index	68,712	150,681
*	PRIAC	Large Cap Value / AJO	143,794	149,853
*	PRIAC	Large Cap Blend / Victory	67,988	144,699
*	PRIAC	Cohen & Steers Realty Income	126,588	106,427
*	PRIAC	Small Cap Growth / TimesSquare	53,092	86,472
*	PRIAC	Small Cap Value / AM Fund	87,130	84,662
*	PRIAC	CIGNA Open-End Real Estate	<u>59</u>	<u>151</u>
	Total		<u>\$ 1,755,621</u>	<u>\$ 2,095,606</u>

* Indicates a party-in-interest to the Plan

This schedule was derived from data certified as complete and accurate by Prudential Retirement Insurance and Annuity Company (PRIAC).

**ADMIRAL FOUNDRY, INC. PENSION PLAN FOR HOURLY
EMPLOYEES REPRESENTED BY UAW LOCAL 70**

Supplemental Schedule II

Schedule H (Line 4j) Form 5500 - Schedule of Reportable Transactions *

Year Ended November 2, 2010

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset / book value	(h) Current value of asset on transaction date	(i) Realized gain or (loss)
PRIAC	Guaranteed Deposit	\$ 280,585	\$ 216,848	\$ 280,585 \$ 216,848	\$ 280,585 \$ 216,848	\$ -

* Transactions or a series of transactions in excess of five percent of the Plan's assets at November 2, 2010 as defined in Section 2520.103-6 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

This schedule was derived from data certified as complete and accurate by Prudential Retirement Insurance and Annuity Company (PRAIC).

**ADMIRAL FOUNDRY, INC. PENSION PLAN FOR HOURLY
EMPLOYEES REPRESENTED BY UAW LOCAL 70**

Supplemental Schedule I

Schedule H (line 4i) Form 5500 - Schedule of Assets (Held at End of Year)

November 2, 2010

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	PRIAC	Guaranteed Deposit Account	\$ 494,308	\$ 528,710
*	PRIAC	Intl Blend / AQR	274,945	310,332
*	PRIAC	Core Plus Bond / Reams Fund	169,348	191,143
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*	PRIAC	Small Cap Growth / TimesSquare	53,092	86,472
*	PRIAC	Small Cap Value / AM Fund	87,130	84,662
*	PRIAC	CIGNA Open-End Real Estate	<u>59</u>	<u>151</u>
	Total		<u>\$ 1,755,621</u>	<u>\$ 2,095,606</u>

* Indicates a party-in-interest to the Plan

This schedule was derived from data certified as complete and accurate by Prudential Retirement Insurance and Annuity Company (PRIAC).

**ADMIRAL FOUNDRY, INC. PENSION PLAN FOR HOURLY
EMPLOYEES REPRESENTED BY UAW LOCAL 70**

Supplemental Schedule II

Schedule H (Line 4j) Form 5500 - Schedule of Reportable Transactions *

Year Ended November 2, 2010

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset / book value	(h) Current value of asset on transaction date	(i) Realized gain or (loss)
PRIAC	Guaranteed Deposit	\$ 280,585	\$ 216,848	\$ 280,585 \$ 216,848	\$ 280,585 \$ 216,848	\$ -

* Transactions or a series of transactions in excess of five percent of the Plan's assets at November 2, 2010 as defined in Section 2520.103-6 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

This schedule was derived from data certified as complete and accurate by Prudential Retirement Insurance and Annuity Company (PRAIC).