Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation C	complete all entries in acco	ordance wit	h the instructions to the Form 550	0-SF.			
	art I Annual Report Identifi							
For	calendar plan year 2009 or fiscal plan	year beginning 11/30/20	009	and ending 1	1/29/2	2010		
Α.	This return/report is for:	gle-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant plan	
В	This return/report is for:	return/report	x final retur	n/report		_		
_		amended return/report	Short plar	year return/report (less than 12 mo	nths)			
•	片	•	H .	• •	11110)			
C		m 5558		cextension		DFVC progra	am	
		cial extension (enter descrip						
Pa	art II Basic Plan Information	n —enter all requested infor	mation				_	
	Name of plan				1b	Three-digit		
SHE	RMAN PENSION PLAN					plan number (PN)	001	
					10	Effective date of	of plan	
					10	11/30/1	•	
2a	Plan sponsor's name and address (en	 mployer if for single-employ	er plan)		2b	Employer Identi	fication Numbe	r
	RMAN PRESSURE CASTING CORP.	. , ,	or plant		_~	(EIN) 13-563		
					2c	Plan sponsor's	telephone numl	per
	ONS RD				3-8058			
ARIM	ONK, NY 10504		2d	Business code		s)		
32	Plan administrator's name and addres	os (if same as Plan spansor	ontor "Com	2"\	3h	331400 Administrator's		
	ARD W. SHERMAN AND JANE SHEF			=)	30	51-609		
		ARMONK,	NY 10504		3c	Administrator's	telephone num	ber
						912-27		
	f the name and/or EIN of the plan spon			eport filed for this plan, enter the	4b	EIN		
1	name, EIN, and the plan number from	the last return/report. Spon	sor's name		4c	DN		
52	Total number of participants at the be	aginning of the plan year				FIN		
	Total number of participants at the be				5a			57
b	Total number of participants at the en	, ,			5b			0
С	Total number of participants with acco				5c			
60	complete this item)				•		X Yes	No
	Were all of the plan's assets during the Are you claiming a waiver of the annument						Y Tes [NO
b	under 29 CFR 2520.104-46? (See ins						X Yes	No
	If you answered "No" to either 6a o		-					
Pa	rt III Financial Information							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	l of Year	
а	Total plan assets		7a	31615	1			0
b	Total plan liabilities		7b	()			
С	Net plan assets (subtract line 7b from	ı line 7a)	7с	31615	1			0
8	Income, Expenses, and Transfers for			(a) Amount		(b) :	Total	
а	Contributions received or receivable f			(a) Amount		(6)	- Otai	
	(1) Employers		8a(1)	()			
	(2) Participants		8a(2)		0			
	(3) Others (including rollovers)		8a(3)					
b	Other income (loss)		8b					
С	Total income (add lines 8a(1), 8a(2),	8a(3), and 8b)	8c					0
d	Benefits paid (including direct rollover							
	to provide benefits)		8d	31615	1			
е	Certain deemed and/or corrective dist	stributions (see instructions)	8e		_			
f	Administrative service providers (sala	aries, fees, commissions)	8f					
g	Other expenses		8g					
h	Total expenses (add lines 8d, 8e, 8f, a	and 8g)					316	151
i	Net income (loss) (subtract line 8h fro						-316	151
j	Transfers to (from) the plan (see instr							
	, . , p (222 men	,	ı di	1	1			

D (IV/	DI	O L	
Part IV	Plan	Charact	eristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1G 3D 1H

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

	,							
art	V Compliance Questions							
0	During the plan year:		Yes	No		Ar	nount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х				
С	Was the plan covered by a fidelity bond?	10c		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X				
f	Has the plan failed to provide any benefit when due under the plan?	10f		Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Χ				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))						X Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of E	RISA?.	.	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver. Month ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
	Enter the minimum required contribution for this plan year			12b				
	Enter the amount contributed by the employer to the plan for this plan year			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left o negative amount)		[12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art	VII Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?						X Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up of the PBGC?	nder	the co	ntrol 			X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to					
1	3c(1) Name of plan(s):		130	(2) EIN	N(s)		13c(3)	PN(s)
auti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establi	shed.			
Jnde SB o	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/reschedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/respirate is true, correct, and complete.	rn/rep	ort, in	cluding	, if appli			
	y year or any or a							

SIGN	Filed with authorized/valid electronic signature.	09/16/2011	EDWARD SHERMAN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	09/16/2011	EDWARD SHERMAN
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

instructions

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Internal Revenue Code (the Code).

2009

OMB No. 1210-0110

This Form is Open to Public Inspection

Retirement Income Security Act of 1974 (ERISA) and section 6059 of the

			▶ File as a	an attachm	ent to Form	5500 or 5	5500-SF.					
For calendar plan	n year 2009 or fisc	cal plan year	beginning 1	1/30/2009			and e	nding 11	/29/2010	0		
Round off ar	nounts to neares	st dollar.										
▶ Caution: A p	enalty of \$1,000 w	vill be assess	ed for late filing o	f this report	unless reaso	onable ca	use is establis	shed.				
A Name of plan SHERMAN PENS	SION PLAN						B Three-	digit ımber (PN	l)	•	001	
C Plan sponsor's	s name as shown o	on line 2a of	Form 5500 or 55	00-SF			D Employe	er Identific	ation Nu	ımber (FIN)	
	SSURE CASTING						. ,				,	
							13-5630030)				
E Type of plan:	X Single Mu	ultiple-A	Multiple-B	F	Prior year pla	n size. X	100 or fewer	101-	·500 🔲	More t	han 500	
		<u> </u>	Watapie B	•	1 nor your pic	11 01ZC. P	100 01 10 001			WOLCE	Harrooc	
Part I Bas	sic Information	n										
	luation date:	Mon	th <u>11 </u>	Day <u>30</u>	Year 2	2009	_					
2 Assets:												
a Market	value							2a				31615
b Actuari	al value							2b				31615
3 Funding tar	get/participant cou	unt breakdow	n			(1) N	umber of part	icipants		(2)	Funding Tar	get
a For ret	ired participants a	and beneficia	ies receiving pay	ment	3a			(0			(
b For ter	minated vested pa	articipants			3b			28	8			24472
	tive participants:	·										
	on-vested benefits	S			3c(1)							
` ,	ested benefits				- (-)							166632
` '	otal active				2 (2)			29	9			166632
. ` ′	otal active							5				191105
							П					
	at-risk, check the											
_	g target disregardi	0.	•					4a				
at-risk	g target reflecting for fewer than five											
5 Effective int	erest rate							5				5.87 %
6 Target norn	nal cost							6				
Statement by En	rolled Actuary											
accordance with a	knowledge, the informat pplicable law and regula my best estimate of anti	ations. In my opin	ion, each other assum									
SIGN HERE									(09/15/2	011	
		Signature	of actuary							Date		
EDWARD J VIGN	EAU	Oignaturo	or doldary							11-027	' 32	
	т.	ima ar print n	ama of actuany					Moot	rocont			
TLC PENSION CO			ame of actuary					IVIOSI		enrollm 31-425-	ent number	
TEOT ENGION OF	31100211110, 1110.											
35 PINELAWN RO MELVILLE, NY 11	OAD, SUITE 103E 747		name					Telephon	e numbe	er (inclu	uding area co	ode)
		Address	of the firm				_					
If the actuary has	not fully reflected a	any regulatio	n or ruling promu	lgated unde	r the statute	in comple	ting this sche	dule, chec	k the bo	ox and	see	

Page 2-	1	
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Schedule SB (Form 5500) 2009

Pa	art II	Begin	ning of year	carryov	er and prefunding ba	lances						
	,						(a)	Carryover balance		(b) l	Prefundi	ng balance
7		-	•		icable adjustments (Item 13				0			0
8	Portion (used to	offset prior year's	funding re	quirement (Item 35 from pric	or year)			0			0
9	Amount	remainii	ng (Item 7 minus i	tem 8)					0			0
10	Interest	on item	9 using prior year	's actual re	eturn of%				0			0
11					d to prefunding balance:							
	a Exce	ss contr	ributions (Item 38	from prior	year)		-					0
	b Intere	est on (a	a) using prior year	's effective	e rate of5.79 %							0
					year to add to prefunding bala							0
	d Porti	on of (c)	to be added to p	refunding l	palance							0
12				_	eemed elections				0			0
13	Balance	at begir	nning of current ye	ear (item 9	+ item 10 + item 11d – item	12)			0			0
P	art III	Fun	ding percenta	ages		-						
14											14	16.54 %
 14 Funding target attainment percentage										15	16.54 %	
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce										16	17.15 %	
47	caron, year o ranang requirement											
	art IV		tributions an	•								
18					year by employer(s) and emp			T				
(N	(a) Date 1M-DD-YY		(b) Amount p employer		(c) Amount paid by employees	(a) [(MM-DE	Date D-YYYY)	(b) Amount pa employer(s	-	(0	-	nt paid by oyees
,		,	, ,	· /	1 /		,		,		'	,
						Totals ▶	18(b)		0	18(c)		0
19	Discount	ted emp	loyer contributions	s – see ins	structions for small plan with	a valuation	date after t	he beginning of the	year:	•		
					nimum required contribution				19a			0
	_				djusted to valuation date			-	19b			0
	C Contri	butions a	allocated toward m	inimum req	uired contribution for current y	ear adjuste	d to valuatio	n date	19c			0
20	Quarterly	y contrib	outions and liquidi	ty shortfall:	s:	·						
				-	the prior year?						X	Yes No
		•	•		stallments for the current yea						<u> </u>	Yes X No
	C If 20a	is "Yes,	" see instructions	and comp	lete the following table as ap	oplicable:					_	_
				1	Liquidity shortfall as of e	nd of Quarte	er of this pla	an year				
		(1) 19	st		(2) 2nd		(3)	3rd			(4) 4th	
			0	l		0		() [0

Pa	rt V Assumptio	ns used to determine	funding target and tar	get n	ormal cost					
21	Discount rate:									
	a Segment rates:	1st segment: 5.43 %	2nd segment: 6.63 %		3rd segment: 6.69 %		N/A, full yield curve	used		
	b Applicable month	(enter code)				21b		1		
22	Weighted average ret	irement age				22		65		
23	Mortality table(s) (see	e instructions)	rescribed - combined	Pres	cribed - separate	Substitut	te			
Pa	rt VI Miscellane	ous items								
24	Has a change been m	nade in the non-prescribed ac	tuarial assumptions for the cu		•			X No		
25			lan year? If "Yes," see instru				<u> </u>	X No		
-			Participants? If "Yes," see in					□ No		
27			inding rules, enter applicable					□ '''		
		` ",				27				
Pa	rt VII Reconcilia	ation of unpaid minim	um required contribut	ions	for prior years					
28	Unpaid minimum requ	uired contribution for all prior	/ears			. 28 219				
29	Discounted employer	contributions allocated towar	d unpaid minimum required c	ontribu	tions from prior years	29		0		
	,							0		
30	Remaining amount of	unpaid minimum required co	ntributions (item 28 minus iter	m 29)		. 30		219996		
Pa	rt VIII Minimum	required contribution	for current year							
31	Target normal cost, a	djusted, if applicable (see ins	tructions)			31		0		
32	Amortization installme	ents:			Outstanding Bala	ance	Installment			
	a Net shortfall amorti	ization installment				1480239		276975		
	b Waiver amortizatio	n installment				0		0		
33			nter the date of the ruling lette	_	•	33		0		
34	• •	0,	er/prefunding balances (item			34		276975		
			Carryover balance		Prefunding bala	nce	Total balance			
35	Balances used to offs	et funding requirement		0		0		0		
36	Additional cash requir	rement (item 34 minus item 3	5)			36		276975		
37		ed toward minimum required o		37		0				
38	Interest-adjusted exce	ess contributions for current y	ear (see instructions)			38	0			
39	Unpaid minimum requ	uired contribution for current y	tem 37)	39	276975					
40	Unpaid minimum requ	uired contribution for all years		40		496971				

Form (500-SF

Department | the Treasury Internal Revious Service

Departme I of Labor

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public

		exity Administration exenty Corporation				frue code),			lns	spection	••
			➤ Complete all entries in acc	ordan	ce with th	e instructio	ns to the Form 5	500-SF.			
			dentification Information	·	11/30/2	0000	and ending	11.	29/2010		
			fiscal plan year beginning								
A ·	This return/re	ort is for:	xi single-employer plan	불			it multiemployer)	L	one-participa	Rf high	
B	This return/re	ort is for:	first return/report	122	al return/re	•					
			an amended return/report	∐ sho	ort plan ye:	ar return/repo	ort (less than 12 m	onths) ⊷	1		
C	Check box if I	ling under:	x Form 5568	aut	tomatic ext	ension		L	DFVC progra	m	
		Ī	special extension (enter descript	lion)							
25	et II Ba	sic Plan Infor	mation enter all requested in	nformal	lion.						
	Name of pla								hree-digit		
	eh amman	Pension Plan		٨					ilan number PN) >>	001	•
	Difermen	Editaton Lien							ffective date o	of plan	
									1/30/1966		
2a	Plan spons	r's name and addre	ess (employer, if for single-employe	er plan)					Employer ideni EIN) 13-56		er
	Sherman	Pressure Cast	ting Corp.						Plan sponsor's		nber
	l Lyons	Rd							(914) 273-	8058	
	~		10505						Business code	(see instruction	ins)
	Armonk		NY 10504 address (If same as plan employer	r enler	/ºame2º				331400 Administrator's	EIN	······
3a	FIRM ROMIN	. SHERMAN ANI	D JANE SHERMAN	i, cino	001110 }		-		51-6092916		
								3c	Administrator's	telephone nu	mber
	1 Lyons	Rda							(912) 273-	8058	
បទ	Armonk		NY 10504			. Fr 17 17 -	1 Lucillan	4h	4b ein		
4	if the name	and/or EIN of the p	olan sponsor has changed since the er from the last return/report. Spons	e last re sor's Na	aturn/repor ame	i illeo for ims	pan, ener me			,,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
							4c	PN			
5a	Total numb	er of participants at	the beginning of the plan year.					. <u>5a</u>	ļ	<u>57</u>	
b	Total numb	er of participants at	t the end of the plan year ith account balances as of the end	af the t	nlan voar (dofined hens	afit nions do not	. 30	 		
C	complete th	is item)						. 5c			
6a	Were all of	ihe plan's assets d	uring the plan year invested in eligi	ble ass	ets? (Sec	instructions.)			x Yes	No
i	Are you da	ming a waiver of the	ne annual examination and report o	of an inc	dependent	qualified put	olic accountant (IC	PA)		X Yes	No
	under 29 C	FR 2520.104-46? (See instructions on waiver eligibility er 6a or 6b, the plan cannot use	y anu c Form 5	ionomons.) i500-SF at	nd must insi				Limit	
n et i		nancial Inforr				-					
		and Liabilities	Itation	3	Phileson.	(a) E	leginning of Year		(b) Er	d of Year	
•					7a		316,1		····		0
a b	•			` ' <u> </u>	7b			G			
		sets (subtract line	7h from line 7al	1	7c		316,1	51.			0
-0			ofers for this Plan Year				(a) Amount		()	o) Total	
8		penses, and trans		f	*						
2	(1) Emple				8a(1)						
	(2) Partici	iants		• •	8a(2)						
	(3) Other	(including rollover	s)	• •	8a(3)						
ŀ		ne (loss)		· •	ď8	manisher					0
•	Total inco	ne(add lines 8a(1),	8a(2), 8a(3), and 8b)		8c _						
(Benefits p to provide		rollovers and insurance premiums	` <u> </u>	8d		316,	151			
			clive distributions (see instructions)		86						
			ers (salaries, fees, commissions)		8f						
1		:: nses 2920:			8g				, and a		
			On Dr and Pal		8h	i Carrie de la compansión de la compansi				316	,151
•	-	nses (add lines 8d			8i					(316,	.151)
1			ne 8h from line 8c).		8]						
	Hansiers	o from me high (are manufully		-3 	L	EEOO GE			Form 5500-	SF (2009)

	Fon	n 5508-SF 2009			Pag	ge 2-		_		
Rai	EV I	Plan Charac	teristics						······································	
	1.r	LG 3D 1	K	pplicable pension feature						•
Pa	CV Co	nipliance C	luestions							
10		ihe plan year:					,	es No	Α	mount
a	Was th	en i a fallure to tr	ansmit to the plan any p	participant contribution v L's Voluntary Fiduciary (rithin the time period	described in	10a	x		
b	Were th	ne e any nonexe	mpt transactions with a	ny party-in-interest? (Do	not include transacti	ons reported	10b	×		
c	Was th	e plan covered b	y a fidelity bond?				10c	x		
đ	Did the or disho			ursed by the plan's fidelit		sed by fraud	10d	x		
e	insuran	ce services or ol	ther organization that p	ers, agents, or other per rovides some or all of the	e benefits under the p	dan? (See	100	x		
f				due under the plan?			10f	x		
g				es," enter amount as of y			10g	х		·····
h	If this is			a blackout period? (See		FR	10h	х		
i	if 10h v excepti	ra ; answered "Y or s to providing	es," check the box if you the notice applied unde	e either provided the re er 29 CFR 2520.101-3	quired notice or one o	of the	101			
	EVI Pe	nsion Fund	ing Compliance							
11				m funding requirements		ctions and compl				. ∐Yes X No
12				e minimum funding requ	rements of section 4	12 of the Code or	section	n 302 of E	RISA? .	. Yes X No
	-	•		l 2e below, as applicable						
	grantin	g the waiver		r a prior year is being at and 10 of Schedule MB		Mor	ons, an oth	d enter th	e date of the ay	letter ruling Year
i.				is plan year				. 12h		
C	Enjer#	he amount contr	ibuted by the emplayer	to the plan for this plan	year			. 120		
ď	negaliv	re impunt) .		int in line 12b. Enter the				120		<u> </u>
e				line 12d be met by the f	unding deadline? .		. , ,	·	Yes	No NA
			ations and Trans							X Yes No
13a				lopted during the plan ye			• •	138	1	· Kites Citto
				hat reverted to the empt ants or beneficiaries, tra		Jan or brought ur	der the		<u> </u>	
	of the l	PBSC?		were transferred from t		1 1 1 1 1			• •	- XYes □No
		an e of plan(s):	sa tions tionalcrice. (c.	30 HOR GORGINAL				13c(2) EIN(s)	13c(3) PN(s)
	100(1)14	on e or puntar.					1			
					· · · · · · · · · · · · · · · · · · ·		1			
				of this return/report w						
SB	or Schedu	es of perjury and ie viB completed s, correct, and co	i and signed by an enn	h in the instructions, I do blied actuary, as well as	eclare that I have exa the electronic versio	emined this return n of this return/rep	/report, port, an	, including d to the b	, if applicable est of my kno	, a Schedule wiedge and
		7 6	MI Chin			Edward Sher	man			
1===		Instupe of plan :	administrator		Date 9//5///	Enter name of in		al signing	as plan admi	nistrator
臺	GN.	Mars	11. Chin	ne-		Edward She				
	- Suzual		oyer/plan sponsor		Date 9/15/1/	Enter name of it	ndividu	al signing	as employer	or plan sponsor
										

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

		- File a	s an allachment to Fi	י טטפפ וווזכ	บา อองบ-อเ	Γ,				_
For ca	ilendar plan year 2009 or fiscal plan year	beginning	11/30/2009		and en	iding	11/29/	2010		
	und off amounts to nearest dollar. ution: A penalty of \$1,000 will be asses	sed for late filing of	this report unless reas	onable cai	use is esta	blished.	·		•	
A Na	me of plan Sherman Pension Plan					B Three- plan n	digit umber (P	N) >	001	The State of the S
C Pia	n sponsor's name as shown on line 2a c	of Form 5500 or 550	0-EZ			D Emplo	yer Ident	ification	Number (EIN)	A MINISTER OF THE PARTY OF THE
	Sherman Pressure Casting					=	630030			
ЕТу	pe of plan: X Single Multip	ole-A Multiple	-B F Prior ye	ear plan siz	ze: 🗓 100	or fewer	101-	500	More than 5	
Part	Basic Information									
1 [Enter the valuation date:	Month11	Day <u>30</u>	_ Year	2009					
2 /	Assets:									
_ ′	a Market value						2a		216	,151
	O Actuarial value						2b			,151
	unding target/participant count breakdov				(1) Num	ber of partic		(2)	Funding Targ	
	For retired participants and beneficial		ent	3a		0		=4		0
j	For terminated vested participants			3b		28			244	,727
(For active participants:			•						
	(1) Non-vested benefits			3c(1)						0
	(2) Vested benefits		<i></i> .	3c(2)					1,666	,326
	(3) Total active			3c(3)		29			1,666	
	Total			3d		57		NI-N- 11-W- (- 1-W	1,911	,053
	f the plan is at-risk, check the box and co	-					4 -			
	Funding target disregarding prescribe	-					4a			
	Funding target reflecting at-risk assur at-risk for fewer than five consecutive	-	_			:	4b			
5 8							5		5.87	
	Effective interest rate					· · · · · · ·	6			0
	ment by Enrolled Actuary						- 			
	To the best of my knowledge, the information supplied in the accordance with applicable law and regulations. In my opton combination, offer my best estimate of anticipated are right.	s schulule and accompanying seen other assumption is re- ceunder the plan.	schedules, statements and attach asonable (taking into account the e	iments, if any, is experience of the	s complete and a e plan and reaso	accurate. Each pres mable expectations	oribed assump and such oil	lion was app ier assumptio	lied in ons, în	
SIG HEI	# W # W # W # W # W # W # W # W # W # W	1mm					09/1	5/2011		
- Service Laurent Co.	Signa EDWARD J VIGNEAU	iture it actuary						Date 02732		
	Type or p	rint name of actuar	/			Most r	ecent en	rollment	number	
	TLC Pension Consulting, In	c.) 425-			
		īrm name				Telephone n	umber (ii	ncluding	area code)	
	35 PINELAWN ROAD, SUITE 10	3E								
បន	WELVILLE N	11747								
	:	ess of the firm								
if the a instruct	ctuary has not fully reflected any regulatitions	on or ruling promul	gated under the statute	in comple	eting this s	chedule, che	ck the bo	ox and si	ee	<u></u>

Part II Beginning of year carryover	and prefunding balances				•					
	· · · · · · · · · · · · · · · · · · ·	(a)	Carryover balance	(b)	Prefunding	balance				
7 Balance at beginning of prior year after a	applicable adjustments (item 13 from p	orior								
year)			0				0			
8 Portion used to offset prior year's funding			0		•		0			
9 Amount remaining (item 7 minus item 8)	<u>`</u>	·	0				0			
10 Interest on item 9 using prior year's actu			0				0			
11 Prior year's excess contributions to be a		The second secon	The state of the s							
a Excess contributions (item 38 from p	=	The second secon					0			
b Interest on (a) using prior year's effect							<u>_</u>			
c Total available at beginning of curren		Contract to the Contract to	And the second s			-	0			
d Portion of item (c) to be added to pre	· · · · · · · · · · · · · · · · · · ·		And the second s				0			
12 Reduction in balances due to elections of			0	Ť			<u> </u>			
13 Balance at beginning of current year (ite			0	 			0			
Part III Funding percentages		•		-1						
14 Funding target attainment percentage					14	16.54	%			
15 Adjusted funding target attainment percentage				16.54	//					
16 Prior year's funding percentage for purpo										
current year's funding requirement	3 ,		•		16	17.15	%			
17 If the current value of the assets of the p			-			16.54	%			
Part IV Contributions and liquidity			, , , , , , , , , , , , , , , , , , , ,							
18 Contributions made to the plan for the th	· · · · · · · · · · · · · · · · · · ·	yees:								
(a) Date (b) Amount paid by	(c) Amount paid by	(a) Date	(b) Amount paid by		(c) Amo	ount paid by				
(MM-DD-YYYY) employer(s)		(MM-DD-YYYY)	employer(s)			loyees				
						_				
					<u> </u>					
		Totals ► 18(b)		0	18(c)		<u> </u>			
19 Discounted employer contributions see	e instructions for small plan with a valu	uation date after th	ne beginning of the year:							
a Contributions allocated toward unpaid	d minimum required contribution from	prior years		19a			0			
b Contributions made to avoid restriction	ons adjusted to valuation date			19b			0			
C Contributions allocated toward minimum a	required contribution for current year adjust	ted to valuation date		19c						
20 Quarterly contributions and liquidity shor	tfall(s):									
a Did the plan have a "funding shortfall	a Did the plan have a "funding shortfall" for the prior year?									
b If 20a is "Yes," were required quarter					Yes	XNo				
c If 20a is "Yes," see instructions and o	•	•		[
	Liquidity shortfall as of en	d of Quarter of thi	is plan year							
(1) 1st					1) 4th					

Part V Assumpt	ions used to determine f	unding target and target norr	nal cost			
21 Discount rate:			I			
a Segment rates:	1st segment	2nd segment	3rd segment		N/A, full yield curve used	
•	5.43 %	6.63 %	6.69 %			
		 		21b	1	
				22	65	
23 Mortality table(s) (Prescribed combined	Prescribed separate		ubstitute	
Part VI Miscella	neous items					
24 Has a change bee	en made in the non-prescribed	d actuarial assumptions for the cu	rrent plan year? If "Yes," see	e instr	ructions regarding required	
attachment					Yes X No	
		nt plan year? If "Yes," see instruct				
		ctive Participants? If "Yes," see ins		atta	chment x Yes No	
27 If the plan is eligib	ole for (and is using) alternativ	e funding rules, enter applicable o	ode and see instructions			
regarding attachm				27		
		m required contributions for			<u> </u>	
28 Unpaid minimum	required contribution for all pr	ior years		28	219,996	
29 Discounted emplo	yer contributions allocated to	ward unpaid minimum required co	ntributions from prior years			
(item 19a)		<u></u>		29	0	
		d contributions (item 28 minus iten		30	219,996	
Part VIII Minimur	n required contribution f	or current year				
31 Target normal cos	st, adjusted, if applicable (see	instructions)		31	0	
32 Amortization insta	illments:		Outstanding Balance		Installment	
a Net shortfall amor	tization installment		1,480,	239	276,975	
bWaiver amortization	on installment			0	0	
33 If a waiver has be	en approved for this plan yea	r, enter the date of the ruling letter	granting the approval			
(Month	DayYea	r) and the waived a	mount	33	0	
34 Total funding requ	irement before reflecting carr	yover/prefunding balances	·			
(item 31 + item 32	2a + item 32b - item 33)			34	276,975	
		Carryover balance	Prefunding Balance		Total balance	
35 Balances used to	offset funding requirement					
36 Additional cash re	36	276,975				
36 Additional cash requirement (item 34 minus item 35)					-	
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	•	37	0	
38 Interest-adjusted	38	0				
39 Unpaid minimum	39	276,975				
40 Unpaid minimum	40	496,971				

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Sherman Pressure Casing Corp. 13-5630030 / 001

For the plan year 11/30/2009 through 11/29/2010

Valuation Date: 11/30/2009

Funding Method: As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at nearest birthday

New participants are included in current year's valuation

Retrospective Compensation - Highest 5 consecutive years of the last10 years of participation

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is

the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e)

Minimum

Interest Rates -

Pre-Retirement - Mortality Table - 09C - 2009 Funding Target - Combined - IRC 430(h)(3)(A)

Turnover/Disability - None
Salary Scale - None
Expense Load - None
Ancillary Ben Load - None

Post-Retirement - Mortality Table - 09C - 2009 Funding Target - Combined - IRC 430(h)(3)(A)

Cost of Living - None

Lump Sum - G5CM - 1951 Group Annuity Proj To 1990, Scale C (male) wth Females set back 5

years at 8.5%

or

09E - 2009 Applicable Mortality Table for 417(e) (unisex)

Asset Valuation Method: Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest - 8%

Post-Retirement - Interest - 8%

Mortality Table - U84 - 1984 Unisex

Permissively Aggregated Plans - Not tested As Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Normal Form for MVAR - Joint with 50% Survivor Benefits

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

Sherman Pressure Casing Corp.
13-5630030 / 001
For the plan year 11/30/2009 through 11/29/2010

The age reported is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Schedule SB, Part V Summary of Plan Provisions

Sherman Pressure Casing Corp. 13-5630030 / 001

For the plan year 11/30/2009 through 11/29/2010

Employer: Sherman Pressure Casing Corp.

Type of Entity - C-Corporation

EIN: 13-5630030 TIN: 59-6092916 Plan #: 001

Dates: Effective - 11/30/1966 Year end - 11/29/2010 Valuation - 11/30/2009

Top Heavy Years - 2009

Eligibility: All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 20.5 Months of service - 6

Hours Required for - Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000

Plan Entry - Anniversary date on or next following eligibility satisfaction

Retirement: Normal - First of month coincident with or next following attainment of age 65

Early - Not provided

Average Compensation: Highest 5 consecutive years of the last10 years of participation

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits: Retirement - Derived from the unit credit benefit formula below rounded to the nearest dollar:

per year of participation reduced by 1/25 for each year of participation less than 25 years

beginning year 1

Accrued Benefit - Pro-rata based on participation

Minimum Benefit - None Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Death Benefit - Present Value of Vested Accrued Benefit

Top Heavy Minimum: 2% of average compensation per top heavy year of participation excluding years prior to the adoption date of

the plan and 1984 (if earlier), limited to 10 years

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$195,000

Maximum 401(a)(17) compensation - \$245,000

Normal Form: Life Annuity Guaranteed for 10 Years

Optional Forms: Life Annuity

Life Annuity Guaranteed for 10 Years

Joint with 50%, 75% or 100% Survivor Benefit

Vesting Schedule: 100% Vested immediately

Service is calculated using all years of service

Schedule SB, Part V Summary of Plan Provisions

Sherman Pressure Casing Corp. 13-5630030 / 001

For the plan year 11/30/2009 through 11/29/2010

<u>Present Value of Accrued Benefit:</u> Based on the greater of 417(e) or Actuarial Equivalence 417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0 - 5	3.55
Segment 2	6 - 20	4.75
Segment 3	> 20	4.94

Mortality Table - 09E - 2009 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest - 8.5%

Mortality Table - G5CM - 1951 Group Annuity Proj To 1990, Scale C (male) wth Females set back 5 years

Post-Retirement - Interest - 8.5%

Mortality Table - G5CM - 1951 Group Annuity Proj To 1990, Scale C (male) wth Females set back 5 years

Schedule SB, line 32 - Schedule of Amortization Bases

Sherman Pressure Casing Corp. 13-5630030 / 001 For the plan year 11/30/2009 through 11/29/2010

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	11/30/2008	1,379,937	Shortfall	1,219,975	6	232,986
	11/30/2009	260,264	Shortfall	260,264	7	43,989
Totals:				\$1,480,239		\$276,975

Schedule SB, line 26 Schedule of Active Participant Data Sherman Pressure Casing Corp.

Sherman Pressure Casing Corp.
13-5630030/001
For the plan year 11/30/2009 through 11/29/2010

Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25										
25 to 29										
30 to 34										
35 to 39										
40 to 44					1					
45 to 49					2	2	1			
50 to 54				2			2	2		
55 to 59				4	1	2	1	1		
60 to 64				3				1	1	
65 to 69								1	1	
70 & up									1	