

Form 5500-SF <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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). ► Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	<input checked="" type="checkbox"/> single-employer plan <input type="checkbox"/> multiple-employer plan (not multiemployer) <input type="checkbox"/> one-participant plan
B This return/report is for:	<input type="checkbox"/> first return/report <input type="checkbox"/> final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> short plan year return/report (less than 12 months)
C Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>NATIONAL BRIDGE CO., INC. CASH BALANCE PENSION PLAN</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">1b Three-digit plan number (PN) ►</td> <td style="width:40%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2007</u></td> </tr> </table>	1b Three-digit plan number (PN) ►	<u>002</u>	1c Effective date of plan <u>01/01/2007</u>	
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1c Effective date of plan <u>01/01/2007</u>					
2a Plan sponsor's name and address (employer, if for single-employer plan) <u>NATIONAL BRIDGE CO., INC.</u> <u>1060 MILITARY ROAD</u> <u>BUFFALO, NY 14217-2528</u>	2b Employer Identification Number (EIN) <u>16-1202244</u>				
	2c Plan sponsor's telephone number <u>716-876-1600</u>				
	2d Business code (see instructions) <u>237310</u>				
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") <u>NATIONAL BRIDGE CO., INC.</u> <u>1060 MILITARY ROAD</u> <u>BUFFALO, NY 14217-2528</u>	3b Administrator's EIN <u>16-1202244</u>				
	3c Administrator's telephone number <u>716-876-1600</u>				
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. Sponsor's name	4b EIN				
	4c PN				
5a Total number of participants at the beginning of the plan year	5a <u>9</u>				
b Total number of participants at the end of the plan year.....	5b <u>8</u>				
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....	5c				
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.					

Part III	Financial Information																																										
7 Plan Assets and Liabilities	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th style="width:20%; text-align: center;">(a) Beginning of Year</th> <th style="width:20%; text-align: center;">(b) End of Year</th> </tr> <tr> <td>a Total plan assets</td> <td style="text-align: right;"><u>251643</u></td> <td style="text-align: right;"><u>334282</u></td> </tr> <tr> <td>b Total plan liabilities.....</td> <td style="text-align: right;"><u>0</u></td> <td style="text-align: right;"><u>0</u></td> </tr> <tr> <td>c Net plan assets (subtract line 7b from line 7a).....</td> <td style="text-align: right;"><u>251643</u></td> <td style="text-align: right;"><u>334282</u></td> </tr> </table>		(a) Beginning of Year	(b) End of Year	a Total plan assets	<u>251643</u>	<u>334282</u>	b Total plan liabilities.....	<u>0</u>	<u>0</u>	c Net plan assets (subtract line 7b from line 7a).....	<u>251643</u>	<u>334282</u>																														
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8 Income, Expenses, and Transfers for this Plan Year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th style="width:20%; text-align: center;">(a) Amount</th> <th style="width:20%; text-align: center;">(b) Total</th> </tr> <tr> <td>a Contributions received or receivable from:</td> <td></td> <td></td> </tr> <tr> <td> (1) Employers</td> <td style="text-align: right;"><u>60068</u></td> <td></td> </tr> <tr> <td> (2) Participants</td> <td style="text-align: right;"><u>0</u></td> <td></td> </tr> <tr> <td> (3) Others (including rollovers).....</td> <td style="text-align: right;"><u>0</u></td> <td></td> </tr> <tr> <td>b Other income (loss).....</td> <td style="text-align: right;"><u>22669</u></td> <td></td> </tr> <tr> <td>c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</td> <td></td> <td style="text-align: right;"><u>82737</u></td> </tr> <tr> <td>d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....</td> <td style="text-align: right;"><u>0</u></td> <td></td> </tr> <tr> <td>e Certain deemed and/or corrective distributions (see instructions)</td> <td style="text-align: right;"><u>0</u></td> <td></td> </tr> <tr> <td>f Administrative service providers (salaries, fees, commissions)</td> <td style="text-align: right;"><u>0</u></td> <td></td> </tr> <tr> <td>g Other expenses.....</td> <td style="text-align: right;"><u>98</u></td> <td></td> </tr> <tr> <td>h Total expenses (add lines 8d, 8e, 8f, and 8g).....</td> <td></td> <td style="text-align: right;"><u>98</u></td> </tr> <tr> <td>i Net income (loss) (subtract line 8h from line 8c).....</td> <td></td> <td style="text-align: right;"><u>82639</u></td> </tr> <tr> <td>j Transfers to (from) the plan (see instructions)</td> <td></td> <td></td> </tr> </table>		(a) Amount	(b) Total	a Contributions received or receivable from:			(1) Employers	<u>60068</u>		(2) Participants	<u>0</u>		(3) Others (including rollovers).....	<u>0</u>		b Other income (loss).....	<u>22669</u>		c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		<u>82737</u>	d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	<u>0</u>		e Certain deemed and/or corrective distributions (see instructions)	<u>0</u>		f Administrative service providers (salaries, fees, commissions)	<u>0</u>		g Other expenses.....	<u>98</u>		h Total expenses (add lines 8d, 8e, 8f, and 8g).....		<u>98</u>	i Net income (loss) (subtract line 8h from line 8c).....		<u>82639</u>	j Transfers to (from) the plan (see instructions)		
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Part IV Plan Characteristics**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1C 1G

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

10	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? (See instructions and DOL's Voluntary Fiduciary Correction Program)		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c	Was the plan covered by a fidelity bond?	X		20000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e	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.)		X	
f	Has the plan failed to provide any benefit when due under the plan?		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) ☒ Yes ☐ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year	12b	
c 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 of a negative amount)	12d	

e Will the minimum funding amount reported on line 12d be met by the funding deadline? ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a** _____

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	09/17/2011	CHARLES MARCHESE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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

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

A Name of plan <u>NATIONAL BRIDGE CO., INC. CASH BALANCE PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>NATIONAL BRIDGE CO., INC.</u>	D Employer Identification Number (EIN) <u>16-1202244</u>
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>	
2 Assets:	
a Market value	2a <u>248235</u>
b Actuarial value	2b <u>248235</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>0</u> <u>0</u>
b For terminated vested participants	3b <u>2</u> <u>1121</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>0</u>
(2) Vested benefits	3c(2) <u>208818</u>
(3) Total active	3c(3) <u>7</u> <u>208818</u>
d Total	3d <u>9</u> <u>209939</u>
4 If the plan is at-risk, check the box and complete items (a) and (b)	<input type="checkbox"/>
a Funding target disregarding prescribed at-risk assumptions	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>6.73</u> %
6 Target normal cost	6 <u>66364</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>09/07/2011</u>
Signature of actuary	Date
<u>SARA K. DEFILIPPO</u>	<u>11-07318</u>
Type or print name of actuary	Most recent enrollment number
<u>DUNBAR, BENDER & ZAPF, INC.</u>	<u>412-263-0102</u>
Firm name	Telephone number (including area code)
<u>437 GRANT STREET, SUITE 1100</u> <u>PITTSBURGH, PA 15219-6114</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2010
v.092308.1

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)	0	14328
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	0	14328
10	Interest on item 9 using prior year's actual return of <u>29.00</u> %	0	4155
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		5543
b	Interest on (a) using prior year's effective rate of <u>6.11</u> %		339
c	Total available at beginning of current plan year to add to prefunding balance		5882
d	Portion of (c) to be added to prefunding balance.....		5000
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).....	0	23483

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	107.05 %
15	Adjusted funding target attainment percentage.....	15	118.24 %
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	86.20 %
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
08/08/2011	60068	0			
			Totals ▶	18(b)	60068
				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 52358
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c If 20a is "Yes," see instructions and complete the following table as applicable:	

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

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

21 Discount rate:				
a Segment rates:	1st segment: 5.03 %	2nd segment: 6.73 %	3rd segment: 6.82 %	<input type="checkbox"/> 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) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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	51551
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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	51551
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		0
36 Additional cash requirement (item 34 minus item 35).....	36	51551
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	52358
38 Interest-adjusted excess contributions for current year (see instructions).....	38	807
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

Plan Name: National Bridge Co., Inc. Cash Balance Pension Plan

Sponsor Name: National Bridge Co., Inc.

EIN: 16-1202244

Plan Number: 002

Schedule SB, line 26 - Schedule of Active Participant Data											
Attained Age	Years of Credited Service to January 1, 2010										
	0 to 4		5 to 9		10 to 14		15 to 19		20 to 24		Total
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	
1 to 19	-		-		-		-		-		0
20 to 24	-		-		-		-		-		0
25 to 29	-		-		-		-		-		0
30 to 34	-		-		-		-		-		0
35 to 39	2		-		-		-		-		2
40 to 44	2		-		-		-		-		2
45 to 49	-		-		-		-		-		0
50 to 54	2		-		-		-		-		2
55 to 59	-		-		-		-		-		0
60 to 64	1		-		-		-		-		1
65 to 69	-		-		-		-		-		0
70 to 74	-		-		-		-		-		0
75 & up	-		-		-		-		-		0
Total	7		0		0		0		0		7

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2010**This Form is Open to Public
Inspection**

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

▶ Round off amounts to nearest dollar.

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

A Name of plan
NATIONAL BRIDGE CO., INC. CASH BALANCE PENSION PLAN**B** Three-digit
plan number (PN) ▶ 002**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

NATIONAL BRIDGE CO., INC.

D Employer Identification Number (EIN)

16-1202244

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 01 Day 01 Year 2010**2** Assets:**a** Market value **2a** 248235**b** Actuarial value **2b** 248235**3** Funding target/participant count breakdown**a** For retired participants and beneficiaries receiving payment **3a** (1) Number of participants 0 (2) Funding Target 0**b** For terminated vested participants **3b** 2 1121**c** For active participants:(1) Non-vested benefits **3c(1)** 0(2) Vested benefits **3c(2)** 208818(3) Total active **3c(3)** 7 208818**d** Total **3d** 9 209939**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** 6.73%**6** Target normal cost **6** 66364**Statement by Enrolled Actuary**

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

**SIGN
HERE**

Signature of actuary

SARA K. DEFILIPPO

Type or print name of actuary

DUNBAR, BENDER & ZAPF, INC.

Firm name

437 GRANT STREET, SUITE 1100

PITTSBURGH PA 15219-6114

Address of the firm

9/7/2011

Date

1107318

Most recent enrollment number

412-263-0102

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) 2010
v.092308.1

Equating Short-run Use of OHS or Quantity of OHS with your			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:			
a Segment rates:	1st segment: 5.03%	2nd segment: 6.73%	3rd segment: 6.82%
			<input type="checkbox"/> 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) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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	51551
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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	51551
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		0
36 Additional cash requirement (item 34 minus item 35)	36	51551
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	52358
38 Interest-adjusted excess contributions for current year (see instructions)	38	807
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

NATIONAL BRIDGE CO., INC. CASH BALANCE PENSION PLAN
EIN / PN: 16-1202244 / 002

Schedule SB, Part V – Summary of Plan Provisions

The following is a summary of the major provisions of the above plan as of the valuation date. Please refer to the plan document for a more complete description of the most recent plan provisions.

- I. Effective Date: January 1, 2007
- II. Definitions
 - A. Actuarial Equivalence (§7.10): The applicable 417(e)(3)(B) mortality table (Post-Retirement Only) and 5.0% (Pre-Retirement) and 5.5% (Post-Retirement) interest rates. However, the amount of any single sum distribution from the Plan will be equal to the amount credited to the Participant's Cash Balance Account on the date of the distribution.
 - B. Compensation (§2.10): Total earnings including deferrals pursuant to any salary reduction agreements
 - C. Employee (§2.22): Any Employee employed by the Employer
 - D. Entry Date (§2.24): January 1 and July 1
 - E. Excluded Employee (§2.26): Any Leased Employee, any Employee covered by a collective bargaining agreement, any Employee who is a nonresident alien receiving no earned income, any Employee employed by an Affiliated Employer, and any "common law employee".
 - F. Plan Year (§2.43): January 1 to December 31
- III. Eligibility, Participation (§3.01): Each Eligible Employee will commence participation in the Plan on the Entry Date coincident with or immediately following the later of the completion of one (1) Year of Service and age twenty-one (21).
- IV. Year of Service (§2.63): Earned for each Plan Year in which an Employee completes at least 1,000 hours
- V. Income Eligibility
 - A. Normal Retirement Age (§2.37): The later of a participant's 65th birthday or fifth anniversary of their date of participation.
 - B. Normal Retirement Date (§2.38): First day of the calendar month coincident with or immediately following the attainment of Normal Retirement Age
 - C. Late (§5.06): Permitted upon termination of employment
 - D. Early Retirement: None provided
 - E. Disability (§2.14): Must be a physical or mental disability that is sufficient to prevent a Participant from performing work for which he was suited prior to the such disability

NATIONAL BRIDGE CO., INC. CASH BALANCE PENSION PLAN
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Schedule SB, Part V – Summary of Plan Provisions (continued)

VI. Retirement Income

A. Normal Form of Benefit (§5.01): Life Annuity

- B. Retirement Benefit (§5.02): A Cash Balance Account will be maintained on behalf of each Participant. As of December 31, 2007 and each December 31 thereafter, the Cash Balance Account for each Cash Balance Participant who has completed 1,000 or more hours of service during the Plan Year will be credited with an amount equal to a percentage of his or her Compensation for such Plan Year as shown in the table below.

Participant	Percentage of Compensation
Each Highly Compensated Employee	33.80%
Each Non-Highly Compensated Employee	2.00%

As of December 31, 2009 and each December 31 thereafter, the Cash Balance Account for each Cash Balance Participant who has completed 1,000 or more hours of service during the Plan Year will be credited with an amount equal to a percentage of his or her Compensation for such Plan Year as shown in the table below.

Participant	Percentage of Compensation
Each Highly Compensated Employee	33.80%
Each Non-Highly Compensated Employee	3.00%

In addition, as of each December 31 after December 31, 2007, each such participant's Cash Balance Account will also be credited with an amount equal to the amount of his or her Cash Balance Account as of the immediately preceding December 31, multiplied by the interest rate on 30-year Treasury securities as specified for the month of November in the Plan Year prior to the Plan Year containing the December 31.

The amount of the Cash Balance Benefit as of any particular date of determination will be payable in the Normal Form of Benefit. This will be determined by accumulating the Cash Balance Account through the Participant's Normal Retirement Date (without regard to whether the Participant is credited with any additional hours of service) with interest credits (assuming no change in the rate mentioned above for the month of November immediately preceding the Plan Year containing the date of determination).

- C. Accrued Benefit (§2.01): The benefit amount earned by a Participant as of a particular date of determination based on his Years of Service as of that date.

NATIONAL BRIDGE CO., INC. CASH BALANCE PENSION PLAN
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Schedule SB, Part V – Summary of Plan Provisions (continued)

VII. Vesting

- A. Death, Disability, or Retirement (§6.01): Upon termination due to death or Disability or following attainment of Normal Retirement Age, the Participant will be one hundred percent (100%) vested regardless of length of employment.
- B. Other Termination (§6.02): Upon termination for reasons other than death or disability or before Normal Retirement Age, the Participant will be vested according to the table below. Years of Service prior to the effective date of the Plan will be included.

Years of Service	Vested Percentage
Less than 3	0%
3 or more	100%

VIII. Death Benefit (§5.08):

- A. If a Participant dies prior to the commencement of benefits, the Trustee will pay his or her beneficiary an amount equal to the Actuarial Equivalent present value of the Participant's Accrued Benefit as of the date of death.
- B. Upon the death of a Participant subsequent to the commencement of benefits, his beneficiary will be entitled to whatever death benefit may be available under the settlement arrangements pursuant to which the Participant's benefit was payable.

- IX. Disability Benefit (§5.09): If a Participant becomes disabled, the amount of such disability retirement benefit will be equal to the Participant's Accrued Benefit as of the date the disability is established. If the Participant elects to receive his disability retirement benefit before his Normal Retirement Date, the amount payable will be reduced to the Actuarial Equivalent amount based on the date benefit payments commence.

X. Payment of Benefits

- A. Normal Form of Payment (§5.01): Life annuity
- B. Optional Forms (§7.03): Single Sum Payment, Life annuity, or Life annuity with 60, 120, 180, 240 months certain.
- C. Small Retirement Income Payments (§7.04): If the present value of a Participant's vested Accrued Benefit does not exceed \$5,000, a lump sum distribution will automatically be paid without requiring the Participant's consent.

NATIONAL BRIDGE CO., INC. CASH BALANCE PENSION PLAN
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Schedule SB, Part V – Summary of Actuarial Assumptions and Methods

1. Mortality:

	January 1, 2009	January 1, 2010
a. Funding:		
Pre-Retirement	None	None
Post-Retirement	RP-2000 Combined Table	RP-2000 Combined Table
Post-Retirement for Those Assumed to Elect a Lump Sum	IRC 417(e) Lump Sum Table for 2009	IRC 417(e) Lump Sum Table for 2010
b. Present Value of Accrued Benefits:	IRC 417(e) Lump Sum Table for 2009	IRC 417(e) Lump Sum Table for 2010

2. Interest Rate(s):

	January 1, 2009	January 1, 2010
a. Minimum / Maximum Funding*:		
Segment 1	5.07%	5.03%
Segment 2	6.09%	6.73%
Segment 3	6.56%	6.82%
Effective Rate of Interest	6.105%	6.729%
* Segment rates are based on the non-transitional rates issued for the fourth month prior to the beginning of the plan year		
b. Present Value of Accrued Benefits:		
Termination Basis:		
Cash Balance Credit Rate	4.00%	4.31%

3. Salary Scale: None

4. Cash Balance Account Interest Credit: 4.31% compounded annually for accumulating account balances

5. Expenses: The Plan Sponsor is assumed to pay all administrative expenses outside the Plan.

6. Form of Payment: 100% of deferred vested & active participants assumed to take a lump sum payment

7. Asset Valuation Method: Market Value

8. Assumed Retirement Age: Normal Retirement Age or attained age if greater

NATIONAL BRIDGE CO., INC. CASH BALANCE PENSION PLAN
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Schedule SB, Part V – Summary of Actuarial Assumptions and Methods (continued)

9. Top Heavy Minimum: Minimum benefits were recognized in the defined contribution plan as of the valuation date since the plan was top heavy as of the determination date.

10. Funding Method:

Traditional Unit Credit

The actuarial cost method used in the valuation was the unit credit cost method.

The normal cost is the sum of all the individual normal costs for each participant. For active participants, the individual normal cost is the present value of the benefit earned during the year being valued. For active participants whose credited service equals or exceeds the plan maximum, if any, and for non-active participants, the normal cost is zero.

The actuarial accrued liability is the sum of the individual accrued liabilities for all participants. The individual accrued liability for an active participant is the present value of the accrued benefit as of the valuation date. The unfunded liability is the actuarial accrued liability less the valuation assets.

The total annual cost of the plan is the normal cost plus the shortfall amortization charge.

Projected Unit Credit

The actuarial cost method used in the development of the maximum contribution and the at-risk liabilities was the projected unit credit cost method.

Under this method, the normal cost is the sum of the individual normal costs for all participants. For an active participant, the individual normal cost is the present value at the current age of the projected benefit at the assumed retirement age, based on the actuarial assumptions, divided by the participant's expected years of credited service at that age. For a non-active participant, the normal cost is zero.

The actuarial accrued liability is the sum of the individual accrued liabilities for all plan participants. For an active participant, the individual accrued liability is the product of the normal cost and the total years of credited service at the current age. For non-active participants, the individual accrued liability is the present value at the current age of future benefits. The unfunded actuarial accrued liability equals the actuarial accrued liability less the valuation assets.

Plan Name: National Bridge Co., Inc. Cash Balance Pension Plan

Sponsor Name: National Bridge Co., Inc.

EIN: 16-1202244

Plan Number: 002

Schedule SB, Attachment to line 19 - Discounted Employer Contributions					
Date of Contribution	Contribution Amount	Plan Year Applied	(a) Applicable Effective Interest Rate	Interest Adjusted Contribution	
08/08/2011	60,068	1/1/2010	6.73%	52,358	(b)
Totals:	60,068			52,358	

(a) Increased by 5 percentage points if applicable

(b) Portion of this deposit represents a late quarterly installment

NATIONAL BRIDGE CO., INC. CASH BALANCE PENSION PLAN
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Schedule SB, Line 22 – Description of Weighted Average Retirement Age

<u>Age</u>	<u>Retirement Probability</u>	<u>Weight</u>
65	100%	100.00

Weighted Retirement Age is 65