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

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [X] 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. . . . . ▶ [X]

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
BERLIN FOUNDRY CORPORATION RETIREMENT INCOME PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 07/01/1972

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
BOARD OF TRUSTEES GREATER WISCONSIN EMPLOYER-UNION PENSION TRUST FUND

11431 N. PORT WASHINGTONG ROAD
SUITE 202
MEQUON, WI 53092-3449

11431 N. PORT WASHINGTON ROAD
SUITE 202
MEQUON, WI 53092-3449

2b Employer Identification Number (EIN)
39-6188024

2c Sponsor's telephone number
262-241-1670

2d Business code (see instructions)
331500

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	Filed with authorized/valid electronic signature.	09/27/2011	DAWN S BRETZEL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/27/2011	DENNIS LATUS
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
BOARD OF TRUSTEES GREATER WISCONSIN EMPLOYER-UNION

11431 N. PORT WASHINGTONG ROAD
SUITE 202
MEQUON, WI 53092-3449

3b Administrator's EIN
39-6188024

3c Administrator's telephone number
262-241-1670

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	502
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**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	0
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**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	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)	X	Trust
(4)		General assets of the sponsor

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

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	X	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)	X	**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

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

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
BERLIN FOUNDRY CORPORATION RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BOARD OF TRUSTEES GREATER WISCONSIN EMPLOYER-UNION PENSION TRUST FUND

D Employer Identification Number (EIN)
39-6188024

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2010			
2	Assets:			
a	Market value	2a		7601545
b	Actuarial value	2b		7944102
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a	111	3705955
b	For terminated vested participants	3b	175	1920392
c	For active participants:			
	(1) Non-vested benefits	3c(1)		163630
	(2) Vested benefits	3c(2)		4682262
	(3) Total active	3c(3)	159	4845892
d	Total	3d	445	10472239
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		6.60 %
6	Target normal cost	6		300349

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

Date
08-02851

DAVID N STROM, FSA, MAAA

Type or print name of actuary

Most recent enrollment number
312-984-8550

THE SEGAL COMPANY

Firm name

Telephone number (including area code)

101 NORTH WACKER DRIVE
CHICAGO, IL 60606-1724

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 [ ]

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)	237213	
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	237213	
9	Amount remaining (Item 7 minus item 8)		
10	Interest on item 9 using prior year's actual return of 21.89 %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		135
b	Interest on (a) using prior year's effective rate of 8.19 %		11
c	Total available at beginning of current plan year to add to prefunding balance		146
d	Portion of (c) to be added to prefunding balance		
12	Reduction in balances due to elections or deemed elections		
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	75.85 %
15	Adjusted funding target attainment percentage	15	75.85 %
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	84.57 %
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
04/13/2010	122756		07/11/2011	84509	
07/13/2010	122756				
10/13/2010	122756				
01/14/2011	122756				
06/20/2011	84510				
06/27/2011	84510				
			Totals ► 18(b)	744553	18(c)

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	
b	Contributions made to avoid restrictions adjusted to valuation date	19b	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	701414

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.60 %	6.65 %	6.76 %	☐ N/A, full yield curve used

b Applicable month (enter code) **21b**

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**	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	**29**	
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**	300349

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	2109247	397806
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	**34**	698155

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement			

36 Additional cash requirement (item 34 minus item 35)	**36**	698155
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	701414
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	3259
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	
40 Unpaid minimum required contribution for all years	**40**	

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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

A Name of plan	**B** Three-digit plan number (PN) ▶	
BERLIN FOUNDRY CORPORATION RETIREMENT INCOME PLAN		003
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
BOARD OF TRUSTEES GREATER WISCONSIN EMPLOYER-UNION PENSION TRUST FUND	39-6188024	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

RUSSELL INVESTMENT GROUP

91-1117282

(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 51	INVESTMENT MANAGER	43394	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

PREVIANT GOLDBERG

39-1211596

(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?
29 50	ATTORNEY	14725	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

THE SEGAL GROUP

13-1975125

(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?
11 50	ACTUARY	12858	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

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

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

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

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

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

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

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

A Name of plan
BERLIN FOUNDRY CORPORATION RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES GREATER WISCONSIN EMPLOYER-UNION PENSION TRUST FUND

D Employer Identification Number (EIN)
39-6188024

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: RUSSELL CONCENTRATED EQUITY FUND

b Name of sponsor of entity listed in (a): RUSSELL TRUST COMPANY

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)
91-1117282-042	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL EQUITY I FUND

b Name of sponsor of entity listed in (a): RUSSELL TRUST COMPANY

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)
91-1117282-003	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL EQUITY II FUND

b Name of sponsor of entity listed in (a): RUSSELL TRUST COMPANY

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)
91-1117282-006	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL GLOBAL REAL ESTATE SEC FUND

b Name of sponsor of entity listed in (a): RUSSELL TRUST COMPANY

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)
91-1117282-041	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL INTERNATIONAL FUND

b Name of sponsor of entity listed in (a): RUSSELL TRUST COMPANY

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)
91-1117282-005	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL LONG DURATION BOND FUND

b Name of sponsor of entity listed in (a): RUSSELL TRUST COMPANY

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)
26-6609096-003	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 1000 INDEX FUND

b Name of sponsor of entity listed in (a): RUSSELL TRUST COMPANY

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)
91-1117282-033	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL WORLD EQUITY FUND

b Name of sponsor of entity listed in (a): RUSSELL TRUST COMPANY

c EIN-PN 91-1117282-046	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

Part II Information on Participating Plans (to be completed by DFEs)

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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

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

A Name of plan
BERLIN FOUNDRY CORPORATION RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES GREATER WISCONSIN EMPLOYER-UNION PENSION TRUST FUND

D Employer Identification Number (EIN)
39-6188024

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	34535	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	192136	
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	6332	
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)	7384530	
(10) Value of interest in pooled separate accounts	1c(10)		
(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)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e	847	
f	Total assets (add all amounts in lines 1a through 1e)	1f	7618380	
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	12195	
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	12195	
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	7606185	

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)	368269	
	(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)		368269
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)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
	(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)		
	(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)		

			(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)		
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		1025078
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
	(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		1393347
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	432725	
	(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)		432725
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)	30778	
	(2) Contract administrator fees	2i(2)		
	(3) Investment advisory and management fees	2i(3)	43394	
	(4) Other	2i(4)	133928	
	(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		208100
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		640825
	Net Income and Reconciliation			
k	Net income (loss). Subtract line **2j** from line **2d**	2k		752522
l	Transfers of assets:			
	(1) To this plan	2l(1)		
	(2) From this plan	2l(2)		8358707

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) [X] 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 [X] No

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

(1) Name: FREYBERG HINKLE ET AL **(2)** EIN: 39-1531945

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.)	4a		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.)	4b		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.)	4c		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.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		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?	4g		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?	4h		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.)	4i		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.)	4j	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?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ... [X] **Yes** [ ] **No** **Amount:** 0

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)
GREDE SUBSIDIARIES, LLC RETIREMENT INCOME PLAN	39-1535863	004

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

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

A Name of plan
BERLIN FOUNDRY CORPORATION RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES GREATER WISCONSIN EMPLOYER-UNION PENSION TRUST FUND

D Employer Identification Number (EIN)
39-6188024

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

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): _____ _____

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** 0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

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):

---

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):

INDEPENDENT AUDITOR'S REPORT

BERLIN FOUNDRY CORPORATION
RETIREMENT INCOME PLAN

DECEMBER 31, 2010

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FREYBERG HINKLE
ASHLAND POWERS & STOWELL S.C.

Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

Plan Administrator and Board of Trustees
The Greater Wisconsin Employer-Union
Pension Trust Fund

We have audited the statements of net assets available for benefits of the Berlin Foundry Corporation Retirement Income Plan (the Plan) as of December 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

As described in Note 1 to the financial statements, the Board of Trustees of the Berlin Foundry Corporation Retirement Income Plan agreed to merge the Plan into the Grede Wisconsin Subsidiaries LLC Retirement Income Plan on January 1, 2011.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the Berlin Foundry Corporation Retirement Income Plan as of December 31, 2010 and 2009, and the changes in its financial status for the years then ended in conformity with U.S. generally accepted accounting principles.

Our audits were performed for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules as detailed in the table of contents are presented for the purpose of additional analysis and are not a required part of the basic financial statements. These supplemental schedules are the responsibility of the Plan's management. The supplemental schedules have been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Freyberg Hinkle
Ashland Powers + Stowell, S.C.

Brookfield, Wisconsin
July 29, 2011

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Exhibit I

BERLIN FOUNDRY CORPORATION
RETIREMENT INCOME PLAN

Statements of Net Assets Available for Benefits
December 31, 2010 and 2009

	2010	2009
ASSETS		
Investments, at fair value		
Russell Trust Company		
Commingled Trust Funds	$	$ 7,384,530
Receivables		
Due from Greater Wisconsin Employer-		
Union Pension Trust Fund	$	$ 6,332
Employer contributions		192,136
Total receivables	$	$ 198,468
Cash		
Checking account	$	$ 34,535
Prepaid expenses	$	$ 847
Total assets	$	$ 7,618,380
LIABILITIES		
Accounts payable	$	$ 12,195
Net assets available for benefits	$	$ 7,606,185

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

Exhibit II

BERLIN FOUNDRY CORPORATION
RETIREMENT INCOME PLAN

Statements of Changes in Net Assets Available for Benefits

For the Years Ended December 31, 2010 and 2009

	2010	2009
Additions to net assets		
Investment earnings		
Russell Trust Company		
Commingled Trust Funds	$ 1,025,078	$ 1,403,124
Less investment expenses	(43,394)	(38,276)
Net investment income	$ 981,684	$ 1,364,848
Employer contributions	368,269	277,617
Total additions	$ 1,349,953	$ 1,642,465
Deductions from net assets		
Benefits paid to participants	$ 432,725	$ 364,864
Administrative expenses	164,706	131,394
Total deductions	$ 597,431	$ 496,258
Net increase in net assets available for benefits	$ 752,522	$ 1,146,207
Net assets available for benefits		
Beginning of year	7,606,185	6,459,978
Transfer of assets as a result of merger agreement	(8,358,707)	
End of year	$	$ 7,606,185

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

BERLIN FOUNDRY CORPORATION
RETIREMENT INCOME PLAN

Notes to Financial Statements
December 31, 2010 and 2009

1. Description of the Plan

Merger

In February 2010 the Company completed a business combination with Grede LLC to become Grede Wisconsin Subsidiaries LLC. Subsequent to that business combination, Grede Wisconsin Subsidiaries LLC entered into an agreement (succession agreement) that amends the Berlin Foundry Corporation Retirement Income Plan effective January 1, 2011 to provide that the Plan Sponsor, Trustee and Plan Administrator becomes the Employer and that the Plan would no longer be jointly administered by the Board of Trustees and that Grede Wisconsin Subsidiaries LLC has agreed to act in those capacities. Refer to the Grede Wisconsin Subsidiaries LLC Retirement Income Plan document for a description of the plan after January 1, 2011.

The following brief description of the Plan prior to the above mentioned merger is provided for general information purposes. Participants should refer to the Plan document for additional information.

General

The Plan is a defined benefit plan covering Grede Wisconsin Subsidiaries LLC (Company) employees who are represented by the United Steelworkers of America AFL-CIO for collective bargaining purposes.

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

Administration

The Plan's assets available for pension benefits are held in a fund administered by the Greater Wisconsin Employer-Union Pension Trust Fund (Trustee). The Plan has an agreement with the Trustee to hold, invest, and distribute the Plan's assets under the provision of the Plan agreement. Additionally, the Trustee provides certain services relative to the administration of the Plan.

Pension benefits

The normal retirement benefit is attained at age 65, although the Plan permits an early retirement benefit at age 60 for those participants with twelve or more years of service. Any participant active July 1, 1989 or after will receive $14.00 per month for each service unit earned after July 1, 1972, the effective date of the Plan (future accrual service units). Effective June 17, 1997, the benefit level increased to $16.00 per month for each service unit, and effective October 1, 2002, the benefit level increased to $18.00 per month for each service unit. In addition to the pension benefits for future accrual service units earned after the effective date of the Plan, participants receive pension benefits of $1.00 per month for each year of service earned prior to the effective date of the Plan (past accrual service units).

If early retirement is taken, the amount of the monthly pension benefits is reduced by 5% for each year prior to the normal retirement age. Participants retiring after the normal retirement age receive increased benefits of 6%-10% for each year their actual retirement age follows the normal retirement age.

1. Description of the Plan (continued)

Disability benefits

Active participants with ten or more years of service are entitled to disability benefits if they become permanently and totally disabled. The monthly disability benefits are equal to the participant's accrued monthly pension benefits as of the date of disability. Disability payments are paid until normal retirement age at which time participants begin receiving normal pension benefits.

Death benefits

Survivor death benefits are payable to surviving spouses of participants who were vested prior to their death and had not met the age and service requirements for early retirement. Monthly surviving spouse benefits, payments of which are deferred to the participant's earliest retirement date, are equal to one-half of the participant's accrued monthly pension benefits as of the date of death under the one-half survivorship option.

Vesting

Active participants become 100% vested after five years of service. Participants terminating with less than five years of service forfeit the rights to their accumulated pension benefits.

2. Summary of significant accounting policies

Basis of accounting

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting.

Use of estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Accordingly, actual results may differ from those estimates.

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for a discussion of fair value measurements.

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. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

2. Summary of significant accounting policies (continued)

Administrative expenses

In addition to administrative expenses incurred and paid for directly by the Plan, certain services and expenses are paid by the Trustee and allocated to the related pension funds based on number of participants.

Date of management's review

Management has evaluated subsequent events for the Plan through the date the financial statements were issued, and has concluded that there are no recognized or non-recognized subsequent events relevant for financial statement disclosure.

New accounting standards

In January 2010, the FASB issued ASU No. 2010-06, *Fair Value Measurements and Disclosures* (ASU No. 2010-06), which amends ASC 820 (originally issued as FASB Statement No. 157, *Fair Value Measurements*), adding new disclosure requirements for Level 1 and 2, separate disclosures of purchases, sales, issuances, and settlements relating to Level 3 measurements and clarification of existing fair value disclosures. ASU No. 2010-06 is effective for periods beginning after December 15, 2009, except for the requirement to provide Level 3 activity of purchases, sales, issuances, and settlements on a gross basis, which will be effective for fiscal years beginning after December 15, 2010. The application of this guidance only affects disclosures and therefore will not impact the Plan's financial statements.

3. Funding policy

The Plan's funding policy is that the Union and Company agree upon a multiplier and the Trustees set an amount to be contributed to the Plan by the Company periodically, which is at least as much as required by law.

4. Retiree allocated contracts

Certain retired Company employees are covered under a prior pension plan, which in turn is covered by "allocated" contracts with an insurance company. The insurance company has retained and guaranteed these retiree payments.

5. Investments

The Plan's investment earnings, including interest, dividends, and gains and losses on investments bought and sold, as well as held during the year was $1,025,078 and $1,403,124 for the years ended December 31, 2010 and 2009.

Investments that represent 5% or more of the Plan's net assets at December 31, 2010 and 2009 are as follows:

	2010		2009	
	No. Shares	Fair Value	No. Shares	Fair Value
Investments, at fair value				
Russell Trust Company				
Commingled Trust Funds				
Russell Equity I Fund			23,870	$ 967,702
Russell Global Real Estate				
Securities Fund			54,516	726,695
Russell International Fund			21,589	894,433
Russell Long Duration Fixed				
Income Fund			261,552	3,677,415

6. Fair value measurements

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures,* provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lower priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

6. Fair value measurements (continued)

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

Russell Trust Company: Russell Trust Company is the trustee and investment manager of the Commingled Employee Benefits Funds which offers participation in forty-seven collective, common or commingled trust funds providing various investment objectives to ERISA qualified purchasers. Securities are valued on the basis of market valuations provided by independent pricing services when such prices are available and reliable. If market quotations are not readily available for a security or if subsequent events suggest that a market quotation is not reliable, fair value is determined, using procedures established by and under the general supervision of the trustee. The trustee may involve subjective judgments as to the fair value of securities.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values, and are not necessarily an indication of the risk associated with investing in those securities. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with those of 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 FASB updated its guidance on fair value measurements and disclosures to clarify that for equity and debt securities, major category should be defined as major security type, based on the nature and risks of the security. In determining whether disclosure for a particular security type is necessary and whether it is necessary to further separate a particular security type into greater detail, all of the following should be considered: the activity or business sector, vintage, geographic concentration, credit quality, or economic characteristic. Because the requirements of this updated guidance need not be applied retrospectively, the 2009 security types have not been separated into greater detail.

There were no investments held at December 31, 2010. See Note 1 for information relating to the merger and transfer of assets. The following summarizes by level, within fair value hierarchy, the Plan's assets at fair value as of December 31, 2009:

	Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Russell Trust Company Commingled Trust Funds	$	$ 7,384,530	$	$ 7,384,530

7. Actuarial present value of accumulated plan benefits

Accumulated plan benefits as of valuation date January 1, 2011 and 2010, using an interest rate assumption of 7.50% for 2010 is as follows:

	2010	2009
Vested benefits		
Retired participants	$ -0-	$ 3,157,516
Other participants		5,420,301
	$	$ 8,577,817
Nonvested benefits		82,848
Total actuarial present value of accumulated plan benefits	$ -0-	$ 8,660,665

The actuarial present value of accumulated plan benefits changed during the years ended December 31, 2010 and 2009 is as follows:

	2010	2009
Value at beginning of year	$ -0-	$ 8,308,128
Increase (decrease) attributable to:		
Interest		608,287
Benefits accumulated and actuarial experience		109,114
Benefits paid		(364,864)
Value at end of year	$ -0-	$ 8,660,665

The above calculations were determined by the actuary for the Plan using the unit credit actuarial cost method. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The actuary is responsible for the computation of the necessary funding provisions of ERISA as they apply to the Plan.

Additional pertinent actuarial information is contained in the actuarial report dated June 16, 2010, presenting the results of the actuarial valuations of the Plan as of January 1, 2010.

8. Tax status

The Internal Revenue Service issued its latest determination letter dated May 4, 2010, applicable to amendments adopted through November 6, 2009, which states that the Plan and related trust continue to qualify under the applicable sections of the Internal Revenue Code. The Trustees believe that the Plan continues to qualify and operate as designed.

U.S. generally accepted accounting principles require management of an organization to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service. Plan management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010 there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. There are currently no audits for any tax periods in progress. Plan management believes it is no longer subject to income tax examinations for year prior to 2007.

9. Related-party transactions

Certain plan investments are shares of commingled trust funds managed by the Russell Investment Company Commingled Employee Benefit Funds Trust. Russell Trust Company is the investment manager as defined by the Plan, and therefore these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management services amounts to $43,394 and $38,276 for the years ended December 31, 2010 and 2009.

10. 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.

ADDITIONAL INFORMATION

BERLIN FOUNDRY CORPORATION
RETIREMENT INCOME PLAN

Plan Sponsor: The Greater Wisconsin Employer -
Union Pension Trust Fund
Plan Sponsor EIN: 39-6188024
Plan Number: 003

Schedule H, Line 4j - Schedule of Reportable Transactions
For the Year Ended December 31, 2010

The following series of transactions exceeded 5% of the fair value of Plan assets at January 1, 2010:

(a) Identity of Party Involved	(b) Description of Assets, Interest Rate and Maturity In Case of a Loan	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Russell Trust Company	* Russell Long Duration Fixed Income Fund various sales	$	$ 4,325,246	$	$	$ 3,267,607	$ 4,325,246	$ 1,057,639
	* Russell Global Real Estate Securities Fund various sales		1,017,568			915,765	1,017,568	101,803
	* Russell Equity I Fund various sales		1,325,358			1,355,113	1,325,358	(29,755)
	* Russell Equity II Fund various sales		460,015			409,915	460,015	50,100
	* Russell International Fund various sales		1,179,116			1,141,916	1,179,116	37,200
	* Russell World Wide Equity Fund various sales		404,220			267,295	404,220	136,925

* This party represents a party-in-interest

See accompanying notes and auditor's opinion.

BERLIN FOUNDRY CORPORATION
RETIREMENT INCOME PLAN

Schedules of Administrative Expenses
For the Years Ended December 31, 2010 and 2009

	2010			
	Allocated	Direct	Total	2009
Salaries and wages	$ 19,674	$	$ 19,674	$ 21,935
Payroll taxes	1,543		1,543	1,718
Employee benefits	13,823		13,823	12,127
Actuarial expense		13,706	13,706	38,685
Legal fees and expenses		14,725	14,725	6,400
Auditing fees		2,347	2,347	2,471
Other-plan merger/wrap-up		12,014	12,014	
Office rent	2,428		2,428	2,670
Office supplies	2,233	1,214	3,447	1,503
Equipment maintenance and rental	701		701	813
Computer expenses	1,807	1,900	3,707	899
Telephone	645		645	602
Insurance				
PBGC		39,947	39,947	32,863
Trustees fiduciary responsibility	5,285		5,285	5,454
Trustees fiduciary responsibility-extended coverage		27,812	27,812	
Other	162		162	185
Meeting expenses	201		201	251
Travel expenses	377		377	291
Bank fees	1,290		1,290	1,266
Dues and subscriptions	103		103	166
Depreciation expense	769		769	1,078
Gain on disposals of office equipment				17
Total administrative expenses	$ 51,041	$ 113,665	$ 164,706	$ 131,394

See accompanying notes and auditor's opinion.

BERLIN FOUNDRY CORPORATION
RETIREMENT INCOME PLAN

Historical Summary

	2010	2009	2008	2007
Net assets available for pension benefits at beginning of year	$ 7,606,185	$ 6,459,978	$ 9,279,671	$ 9,260,032
Additions (reductions)	$ 1,349,953	$ 1,642,465	$ (2,341,289)	$ 437,428
Deductions	(597,431)	(496,258)	(478,404)	(417,789)
Net increase (decrease) in net assets	$ 752,522	$ 1,146,207	$ (2,819,693)	$ 19,639
Transfer of assets as a result of merger agreement	(8,358,707)			
Net assets available for pension benefits at end of year	$	$ 7,606,185	$ 6,459,978	$ 9,279,671
Actuarial present value of accumulated pension benefits				
Vested benefits		$ 8,577,817	$ 8,190,879	$ 8,009,179
Nonvested benefits		82,848	117,249	197,870
Total		$ 8,660,665	$ 8,308,128	$ 8,207,049
Excess (deficit) of net assets available for pension benefits over accumulated pension benefits		$ (1,054,480)	$ (1,848,150)	$ 1,072,622
Number of participants (audited)				
Active participants		159	240	234
Inactive participants eligible for future pension benefits		175	158	159

See accompanying notes and auditor's opinion.

Summary of Plan Provisions

This subsection summarizes the major provisions of the Plan as included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

PLAN STATUS: ONGOING	
Normal retirement:	
Age requirement:	65
Service requirement:	5 years of vesting service or 5 years of plan participation
Amount:	$1 multiplied by credited past service plus $18.00 multiplied by credited future service
Late retirement:	
Age requirement:	Retirement after Normal Retirement Date
Service requirement:	5 years of vesting service
Amount:	Greater of accrued benefit on normal retirement date actuarially increased to late retirement date or accrued benefit on late retirement date
Early retirement:	
Age requirement:	60
Service requirement:	12 years of benefit accrual service
Amount:	Regular pension accrued reduced by 5% for each year of age less than 65
Disability:	
Age requirement:	None
Service requirement:	10 years of vesting service
Amount:	Regular pension accrued payable from date of disability to normal retirement date or date of death, whichever is earlier. Upon reaching the normal retirement date, the benefit is converted to a regular pension. If the participant dies before reaching the normal retirement date, the pre-retirement death benefit will be payable to the surviving spouse, if any.

Summary of Plan Provisions *continued*

Vesting:	
Age requirement:	None
Service requirement:	5 years of service
Amount:	Regular or early pension accrued based on plan in effect when last active
Vesting percentage:	100% after 5 years of service
Pre-retirement death benefits:	
Eligibility:	Qualified married participant vested in an accrued benefit
When paid:	The later of the participant's earliest retirement date or the date of death
Amount:	50% of the benefit the employee would have received had he or she survived and retired on the day before the benefit commencement date and elected the 50% joint and survivor annuity
Charge for coverage:	None
Post-retirement death benefits:	
Joint and Survivor:	If married, pension benefits are paid in the form of a joint and 50% survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If rejected, or if not married, benefits are payable for the life of the employee with five years of payment guaranteed, or in any other available optional form elected by the employee in an actuarially equivalent amount.
Benefit credit:	Years of service earned according to the following table:

Hours Worked	Years of Benefit Accrual Service
Less than 180	None
180 – 359	0.1
360 – 539	0.2
540 – 719	0.3
720 – 869	0.4
870 - 1,979	1.0
1,980 - 2,159	1.1
Continues in steps of 180	Continues in steps of 0.1

Summary of Plan Provisions *continued*

Participation:	
	After completion of one hour of service during a calendar year
Service:	
Credited Past Service:	Benefit Accrual Service earned before July 1, 1972
Credited Future Service:	Benefit Accrual Service earned after June 30, 1972
Vesting Service:	One year of vesting service for each credit year during the contribution period in which the employee works 180 hours
Forms of benefit:	
Normal Form:	Life annuity with 60 payments guaranteed
Optional forms:	Straight life annuity Life annuity with 60, 120 or 180 payments guaranteed 50%, 66 2/3%, 75% or 100% joint and survivor annuity
Actuarial basis for conversion to optional benefit forms:	Ratio of (a) the purchase rate under Annuity Contract GA 37576 for the Normal Form to (b) the purchase rate available under such Annuity Contract for the optional form

SCHEDULE OF ACTIVE PARTICIPANT DATA – (2010 Schedule SB, Line 26)

Berlin Foundry Corporation Retirement Income Plan, EIN: 39-6188024 / PN: 003

Participants in Active Service by Age and Years of Benefit Service as of January 1, 2010

	Years of Credited Service									
Age	**Total**	**0-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & up**
Under	7	3	4	--	--	--	--	--	--	--
25-29	11	3	7	1	--	--	--	--	--	--
30-34	18	3	9	2	4	--	--	--	--	--
35-39	13	3	4	2	3	1	--	--	--	--
40-44	15	5	2	--	4	4	--	--	--	--
45-49	16	2	5	1	3	3	2	--	--	--
50-54	13	1	1	2	2	--	1	2	4	--
55-59	33	--	--	1	1	2	2	3	8	16
60-64	31	--	--	2	--	--	3	3	8	15
65-69	2	--	--	--	--	--	--	--	--	2
70 & up	--	--	--	--	--	--	--	--	--	--
Total	159	20	32	11	17	10	8	8	20	33

STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS– (2010 Schedule SB, Part V)

Berlin Foundry Corporation Retirement Income Plan, EIN: 39-6188024 / PN: 003

Actuarial Assumptions and Methodologies (Funding)

Interest:	The interest rates used for the 2010 plan year are the 24-month average corporate bond yields ending in January 2010. These discount rates are 4.60% for payments in the first 5 years, 6.65% for payments in years 6 – 20, and 6.76% for payments thereafter, which translates to an effective interest rate of 6.60%. This market-based assumption is one of the options mandated by law. (Prior year interest rates were the spot corporate bond yields ending in October 2008, which translates to an effective interest rate of 8.19%.) The yield curve used to determine the PBGC variable rate premium is the same as funding.
Mortality rates:	RP2000 separate annuitant and non-annuitant tables with static projection to 2017 and 2025, respectively. This assumption is one of the choices allowed by the regulations. (Prior year mortality table assumption was similar to this year, except with one less year of projection.)
Termination rates:	

Age	Male	Female
20	23.25%	23.25%
25	17.00	17.00
30	12.63	12.63
35	9.88	9.88
40	8.13	8.13
45	6.88	6.88
50	5.63	5.63
55	0.00	0.00
60	0.00	0.00

Actuarial Assumptions and Methodologies (Funding) *continued*

<table>
<tr><td>Disability rates:</td><td>
<table>
<tr><th>Age</th><th>Male</th><th>Female</th></tr>
<tr><td>20</td><td>0.08%</td><td>0.10%</td></tr>
<tr><td>25</td><td>0.09</td><td>0.11</td></tr>
<tr><td>30</td><td>0.10</td><td>0.14</td></tr>
<tr><td>35</td><td>0.12</td><td>0.20</td></tr>
<tr><td>40</td><td>0.17</td><td>0.27</td></tr>
<tr><td>45</td><td>0.28</td><td>0.39</td></tr>
<tr><td>50</td><td>0.51</td><td>0.61</td></tr>
<tr><td>55</td><td>0.97</td><td>0.94</td></tr>
<tr><td>60</td><td>1.48</td><td>1.20</td></tr>
</table>
</td></tr>
<tr><td>Retirement age:</td><td>Age 65</td></tr>
<tr><td>Future benefit accruals:</td><td>Each employee is assumed to work 2,050 hours per future year</td></tr>
<tr><td>Unknown data for participants:</td><td>Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.</td></tr>
<tr><td>Percent married:</td><td>75%</td></tr>
<tr><td>Age difference:</td><td>Females are 3 years younger than their spouses</td></tr>
<tr><td>Administrative expenses:</td><td>$138,000</td></tr>
</table>

Actuarial Assumptions and Methodologies (Funding) *continued*

Asset method:	Assets are determined by averaging the market value as of the valuation date and the adjusted market values as of the preceding two years. The resulting value is limited to between 90% to 110% of market value of assets. The averaging method is to be adjusted for expected earnings. The expected earnings are based on assumed rates of return of 6.43% for 2008 and 6.69% for 2009, which are equal to the applicable PPA third segment rates of 6.43% and 6.69%, respectively.
Funding method:	Funding method is unit credit actuarial cost method, as prescribed by law. The liability is measured on an accrual-to-date basis using mandated mortality tables and interest rates.

Shortfall Amortization Bases

Under PPA, the initial unfunded funding target (funding target minus actuarial value of assets net of credit balances) is amortized over seven years. In subsequent years, the unfunded funding target minus the outstanding balance of the prior shortfall bases established is set up as another base and amortized over a new seven-year period. If the unfunded funding target falls below zero (i.e., net assets exceed the funding target), all existing bases are eliminated and no base is established for the current year.

The Plan qualifies for transition relief in 2010 because it did not have a deficit reduction contribution in 2007. The transition percentages (96% in 2010 and 100% thereafter) of the funding target are used to determine whether a shortfall amortization base will have to be established. WRERA provides that these transition percentages apply in determining the amount of the shortfall amortization and also apply regardless of whether a shortfall amortization base was established in any prior year.

Shortfall Exemption Test as of January 1, 2010

This chart shows whether the Plan is exempt from establishing a shortfall amortization base as of January 1, 2010.

1.	Funding target	$10,472,239
2.	Actuarial value of assets	7,944,102
3.	Prefunding balance (applicable only if the prefunding balance will be used to offset the minimum required contribution or quarterly payments)	0
4.	Net plan assets: (2) – (3)	7,944,102
5.	Funded percentage: (4) ÷ (1)	75.85%
6.	Was Plan subject to deficit reduction contribution in 2007?	No
7.	Required transition percentage	96%
8.	Exempt from new shortfall amortization base?	No

Shortfall Amortization Bases *continued*

Development of Shortfall Amortization as of January 1, 2010

This chart summarizes the development of the current year's shortfall amortization base and shortfall amortization installment.

1.	Funding target	$10,472,239
2.	Actuarial value of assets	7,944,102
3.	Carryover balance	0
4.	Prefunding balance	0
5.	Net plan assets: (2) – (3) – (4)	7,944,102
6.	Transition percentage	96%
7.	Funding shortfall: [(1) x (6)] – (5), not less than zero	$2,109,247
8.	Present value of outstanding shortfall amortization bases	947,154
9.	Shortfall base to be established: (7) – (8)	1,162,093
10.	Shortfall amortization factor for 7 years	5.9835
11.	Shortfall amortization installment: (9) ÷ (10)	$194,217

Schedule of Shortfall Amortization Bases as of January 1, 2010

This chart details the shortfall amortization bases established in current and prior years.

Year Established	Original Base	Present Value of Remaining Installments	Years Remaining	Shortfall Amortization Charge
2010	$1,162,093	$1,162,093	7	$194,217
2009	115,184	108,964	6	20,544
2008	1,094,393	838,190	5	183,045
Total		**$2,109,247**		**$397,806**

DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE – (2010 Schedule SB, Line 22)

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Average retirement age for Schedule SB, line 22:	65, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential retirement age times the retirement rate at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages, based on all the active participants included in the January 1, 2010 actuarial valuation.
Retirement from active status:	100% upon attainment of age 65 and 5 years of vesting service or 5 years of plan participation

BERLIN FOUNDRY CORPORATION
RETIREMENT INCOME PLAN

Plan Sponsor: The Greater Wisconsin Employer - Union Pension Trust Fund
Plan Sponsor EIN: 39-6188024
Plan Number: 003

Schedule H, Line 4j - Schedule of Reportable Transactions
For the Year Ended December 31, 2010

The following series of transactions exceeded 5% of the fair value of Plan assets at January 1, 2010:

(a) Identity of Party Involved	(b) Description of Assets, Interest Rate and Maturity In Case of a Loan	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Russell Trust Company	* Russell Long Duration Fixed Income Fund various sales	$	$ 4,325,246	$	$	$ 3,267,607	$ 4,325,246	$ 1,057,639
	* Russell Global Real Estate Securities Fund various sales		1,017,568			915,765	1,017,568	101,803
	* Russell Equity I Fund various sales		1,325,358			1,355,113	1,325,358	(29,755)
	* Russell Equity II Fund various sales		460,015			409,915	460,015	50,100
	* Russell International Fund various sales		1,179,116			1,141,916	1,179,116	37,200
	* Russell World Wide Equity Fund various sales		404,220			267,295	404,220	136,925

* This party represents a party-in-interest

See accompanying notes and auditor's opinion.

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

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
BERLIN FOUNDRY CORPORATION RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
THE GREATER WISCONSIN EMPLOYER-UNION PENSION TRUST

D Employer Identification Number (EIN)
39-6188024

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2010

2 Assets:

a	Market value	2a	7601545
b	Actuarial value	2b	7944102

3 Funding target/participant count breakdown

			(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a	111	3705955
b	For terminated vested participants	3b	175	1920392
c	For active participants:			
	(1) Non-vested benefits	3c(1)		163630
	(2) Vested benefits	3c(2)		4682262
	(3) Total active	3c(3)	159	4845892
d	Total	3d	445	10472239

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	6.60%
6	Target normal cost	6	300349

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 DAVID N. STROM DNS — 08/31/2011

Signature of actuary — Date

DAVID N. STROM, FSA, MAAA — 1102851

Type or print name of actuary — Most recent enrollment number

THE SEGAL COMPANY — 312-984-8500

Firm name — Telephone number (including area code)

101 NORTH WACKER DRIVE
SUITE 500
CHICAGO IL 60606-1724

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 [ ]

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)	237213	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	237213	0
9	Amount remaining (Item 7 minus Item 8)	0	0
10	Interest on item 9 using prior year's actual return of 21.89%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		135
	b Interest on (a) using prior year's effective rate of 8.19%		11
	c Total available at beginning of current plan year to add to prefunding balance		146
	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)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	75.85%
15	Adjusted funding target attainment percentage	15	75.85%
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	84.57%
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
04/13/2010	122756	0			
07/13/2010	122756	0			
10/13/2010	122756	0			
01/14/2011	122756	0			
06/20/2011	84510	0			
06/27/2011	84510	0			
07/11/2011	84509	0			
			Totals ▶ 18(b)	744553	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	701414

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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:	2nd segment:	3rd segment:	
4.60%	6.65%	6.76%	☐ N/A, full yield curve used

b Applicable month (enter code)	21b	0
22 Weighted average retirement age	22	65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31		300349
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		2109247	397806
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		698155

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35)	36	698155
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	701414
38 Interest-adjusted excess contributions for current year (see instructions)	38	3259
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