

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
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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	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☒		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan UNITED FOUNDRIES INC. RETIREMENT PLAN INTERNATIONAL ASSOCIATION OF MACHINISTS, LODGE 1019	1b Three-digit plan number (PN) ►	005	
	1c Effective date of plan	10/01/1980	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) UNITED FOUNDRIES, INC. 1400 GRACE AVENUE, NE CANTON, OH 44705	2b Employer Identification Number (EIN)	25-1524946	
	2c Sponsor's telephone number	330-456-2761	
	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.	10/12/2011	MARK REMILLARD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
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") UNITED FOUNDRIES, INC. 1400 GRACE AVENUE, NE CANTON, OH 44705	3b Administrator's EIN 25-1524946 3c Administrator's telephone number 330-456-2761
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	128
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	9
b Retired or separated participants receiving benefits.....	6b	93
c Other retired or separated participants entitled to future benefits.....	6c	26
d Subtotal. Add lines 6a , 6b , and 6c	6d	128
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	
f Total. Add lines 6d and 6e	6f	128
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	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1A 1G

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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

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

A Name of plan <u>UNITED FOUNDRIES INC. RETIREMENT PLAN INTERNATIONAL ASSOCIATION OF MACHINISTS, LODGE 1019</u>	B Three-digit plan number (PN) ▶ <u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>UNITED FOUNDRIES, INC.</u>	D Employer Identification Number (EIN) <u>25-1524946</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>
2	Assets:
a	Market value 2a <u>4785961</u>
b	Actuarial value 2b <u>5063316</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>93</u> <u>5277841</u>
b	For terminated vested participants 3b <u>26</u> <u>501458</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>7997</u>
(2)	Vested benefits 3c(2) <u>927628</u>
(3)	Total active 3c(3) <u>9</u> <u>935625</u>
d	Total 3d <u>128</u> <u>6714924</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>6.60</u> %
6	Target normal cost 6 <u>19338</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>08/15/2011</u>
Signature of actuary	Date
<u>FRANK T. VEDEGYS, FSA</u>	<u>11-04752</u>
Type or print name of actuary	Most recent enrollment number
<u>CBIZ BENEFITS & INSURANCE, INC.</u>	<u>216-447-9000</u>
Firm name	Telephone number (including area code)
<u>6050 OAK TREE BLVD, SUITE 500</u> <u>6050 OAK TREE BLVD, SUITE 500</u> <u>CLEVELAND, OH 44131</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II	Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance	
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	3987	
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	3987	
9 Amount remaining (Item 7 minus item 8).....	0		
10 Interest on item 9 using prior year's actual return of <u>28.17</u> %	0		
11 Prior year's excess contributions to be added to prefunding balance:			
a Excess contributions (Item 38 from prior year)		24893	
b Interest on (a) using prior year's effective rate of <u>8.30</u> %		2066	
c Total available at beginning of current plan year to add to prefunding balance		26959	
d Portion of (c) to be added to prefunding balance.....		26959	
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	26959	

Part III	Funding percentages		
14 Funding target attainment percentage.....	14		75.00 %
15 Adjusted funding target attainment percentage.....	15		75.00 %
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		72.12 %
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	
01/20/2010	50000					
02/15/2010	50000					
03/15/2010	50000					
04/15/2010	50000					
05/15/2010	100000					
06/15/2010	100000					
			Totals ►	18(b)	400000	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	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	392738
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:		

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

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

21 Discount rate:				
a Segment rates:	1st segment: 5.03 %	2nd segment: 6.73 %	3rd segment: 6.82 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
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	19338
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1678567	330789
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	350127
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	350127
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	392738
38 Interest-adjusted excess contributions for current year (see instructions).....	38	42611
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	0

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 UNITED FOUNDRIES INC. RETIREMENT PLAN INTERNATIONAL ASSOCIATION OF MACHINISTS, LODGE 1019	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED FOUNDRIES, INC.	D Employer Identification Number (EIN) 25-1524946	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

PNC BANK

22-1146430

(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?
21 13	NONE	28477	Yes ☒ No ☐	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 ☐

(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: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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 UNITED FOUNDRIES INC. RETIREMENT PLAN INTERNATIONAL ASSOCIATION OF MACHINISTS, LODGE 1019	B Three-digit plan number (PN) ► 005
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED FOUNDRIES, INC.	D Employer Identification Number (EIN) 25-1524946

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	189650	0
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(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)	4600537	5028495
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	4790187	5028495

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	1806	0
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1806	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4788381	5028495
---	-----------	---------	---------

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)	400000	
(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)		400000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	166	
(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)		166
(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)	113478	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		113478
(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)		
(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)		408039
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		921683

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	653093	
(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)		653093
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	28476	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		28476
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		681569

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		240114
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MEADEN & MOORE, LTD.

(2) EIN: 34-1818258

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 <u>UNITED FOUNDRIES INC. RETIREMENT PLAN INTERNATIONAL ASSOCIATION OF MACHINISTS, LODGE 1019</u>	B Three-digit plan number (PN) ▶ <u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>UNITED FOUNDRIES, INC.</u>	D Employer Identification Number (EIN) <u>25-1524946</u>

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): <u>22-1146430</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3 <u>0</u>

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

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

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

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

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

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

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

Schedule R (Form 5500) 2010
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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): _____

UNITED FOUNDRIES, INC. RETIREMENT PLAN,
INTERNATIONAL ASSOCIATION OF MACHINISTS,
LODGE 1019

FINANCIAL STATEMENTS
WITH
INDEPENDENT AUDITORS' REPORT

December 31, 2010

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INDEPENDENT AUDITORS' REPORT

Plan Administrator

United Foundries, Inc. Retirement Plan, International Association of Machinists, Lodge 1019
Canton, Ohio

We were engaged to audit the financial statements of the UNITED FOUNDRIES, INC. RETIREMENT PLAN, INTERNATIONAL ASSOCIATION OF MACHINISTS, LODGE 1019 as of December 31, 2010 and 2009, and for the years then ended and the supplemental schedules as of December 31, 2010 as listed in the accompanying index. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information in Note 7, which was certified by PNC Bank, NA (the Trustee of the Plan), except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of December 31, 2010 and 2009 and for the years then ended, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

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

MEADEN & MOORE, LTD.
Certified Public Accountants

August 18, 2011
Akron, Ohio



Meaden & Moore, Ltd.

(A Meaden & Moore Company)

One GOJO Plaza Suite 275 Akron, Ohio 44311-4439 888-827-5195 330-535-5149 FAX 330-379-3494
Akron Atlanta Charlotte Chicago Cleveland Columbus Los Angeles Naperville New York Orlando Phoenix Pittsburgh Wooster

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

United Foundries, Inc.
Retirement Plan, International Association of Machinists, Lodge 1019

	December 31	
	<u>2010</u>	<u>2009</u>
ASSETS		
Receivable - Employer contributions	\$ -	\$ 189,650
Investments, at fair value:		
Allegiant Money Market Fund	-	147,402
PNC Prime Money Market	57,369	-
Allegiant Large Cap Value Fund	-	931,198
American Century Small Cap Portfolio	247,923	436,586
Baron Small Cap Fund	255,179	442,033
Harbor Fund Capital Appreciation Fund	1,383,589	1,006,466
Pimco Total Return Bond Fund	885,198	564,061
Ishares Emerging Markets Fund	156,885	350,302
Templeton Institutional Funds	656,331	722,489
MFS Value Fund	<u>1,386,021</u>	<u>-</u>
Total Investments	<u>5,028,495</u>	<u>4,600,537</u>
Total Assets	5,028,495	4,790,187
LIABILITIES	<u>-</u>	<u>1,806</u>
Net Assets Available for Benefits	<u>\$ 5,028,495</u>	<u>\$ 4,788,381</u>

See accompanying notes.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

United Foundries, Inc.
Retirement Plan, International Association of Machinists, Lodge 1019

	Year Ended December 31	
	2010	2009
Additions to Net Assets Attributed to:		
Contributions:		
Employer	\$ 400,000	\$ 379,300
Investment Income		
Interest income	166	219
Dividend income	113,478	79,803
Net unrealized/realized appreciation	408,039	1,006,502
Total Investment Income	521,683	1,086,524
Deductions from Net Assets Attributed to:		
Benefits paid to participants	653,093	593,525
Administrative expenses	28,476	18,377
Total Deductions	681,569	611,902
Net Increase	240,114	853,922
Net Assets Available for Benefits:		
Beginning of Year	4,788,381	3,934,459
End of Year	\$ 5,028,495	\$ 4,788,381

See accompanying notes.

NOTES TO FINANCIAL STATEMENTS

United Foundries, Inc. Retirement Plan, International Association of Machinists, Lodge 1019

1 Description of Plan

The following description of The United Foundries, Inc. Retirement Plan, International Association of Machinists, Lodge 1019 (the Plan) provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General:

The Plan, which began October 1, 1980 and was restated effective October 18, 2004, to comply with legislation affecting tax qualified retirement plans, is a non-contributory defined benefit pension plan covering substantially all hourly employees of the Youngstown plant of United Foundries, Inc. (the Company) that are represented by the International Association of Machinists, Lodge 1019. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan was amended effective January 1, 2007. The Amendment changed the valuation provisions for lump sum distributions, defined the maximum annual pension amount under the Plan as the lesser of \$160,000 or a participants highest average compensation for three consecutive years of service while they were an active participant in the Plan, reduces the maximum benefit if the employee retires before age 65, and provides an appeals procedure for grievances.

As of March 31, 2009, the Youngstown Plant was shut down and all employees laid off. There were no changes to the Plan due to the plant shut down.

Eligibility:

All employees of the Company age twenty-one and older and who are employed for one year of continuous service.

Funding Policy:

The Company has agreed to voluntarily contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan participants. The Company's present intention is to make contributions in amounts sufficient to annually fund the Plan's current service cost and the prior service cost plus interest over a period of thirty years. The Plan has met the Employee Retirement Income Security Act (ERISA) minimum funding requirements.

NOTES TO FINANCIAL STATEMENTS

United Foundries, Inc.
Retirement Plan, International Association of Machinists, Lodge 1019

2 Summary of Significant Accounting Policies

Basis of Accounting:

The Plan's transactions are reported on the accrual basis of accounting.

Investments:

Marketable securities are reported at fair market value as of the balance sheet date. Fair market values represent quoted market prices or, if quoted market prices are not available, estimated fair values as determined by the Plan's investment broker.

Interest income is recorded when received by the Plan. Dividends are recorded on the ex-dividend date.

Use of Estimates:

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Actuarial Present Value of Accumulated Plan Benefits:

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' average annual compensation during five highest consecutive completed calendar years out of the last 10 years of credited service. The accumulated Plan benefits for active employees are based on their highest average compensation during the five years ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances - retirement, death, disability, and termination of employment are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated Plan benefits.

NOTES TO FINANCIAL STATEMENTS

United Foundries, Inc.
Retirement Plan, International Association of Machinists, Lodge 1019

2 Summary of Significant Accounting Policies, Continued

Administrative Fees:

All administrative expenses are paid by either the Plan or the Company. Fees paid during the year for professional services rendered by parties-in-interest were based on customary and reasonable rates for such services.

Payment of Benefits:

Benefit payments to participants are recorded upon distribution.

Plan Termination:

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA. Benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC). In the event the Plan terminates, the net assets of the Plan shall be allocated among the participants and beneficiaries in accordance with the priorities mandated by ERISA. Whether a particular participant's accumulated Plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty, while other benefits may not be provided for at all. A full description of the defined benefit Plan termination priorities is available in the Plan Document.

Risks and Uncertainties:

The Plan's investment includes investments in mutual funds with varying degrees of risk, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statements of Net Assets Available for Plan Benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits 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.

NOTES TO FINANCIAL STATEMENTS

United Foundries, Inc.
Retirement Plan, International Association of Machinists, Lodge 1019

2 Summary of Significant Accounting Policies, Continued

Subsequent Events:

Management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements.

Subsequent events have been evaluated through August 18, 2011, which is the date the financial statements were available to be issued.

3 Fair Value Measurements

As defined in FASB ASC 820, "Fair Value Measurements", 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. In determining fair value, the Company utilizes certain assumptions that market participants would use in pricing the asset or liability, including assumptions about risk and/or the risks inherent in the inputs to the valuation technique. These inputs can be readily observable, market corroborated, or generally unobservable firm inputs. The Company utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. Based on the examination of the inputs used in the valuation techniques, the Company is required to provide the following information according to the fair value hierarchy. The fair value hierarchy ranks the quality and reliability of the information used to determine fair values. Financial assets and liabilities carried at fair value will be classified and disclosed in one of the following three categories:

- * 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.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

NOTES TO FINANCIAL STATEMENTS

United Foundries, Inc.
Retirement Plan, International Association of Machinists, Lodge 1019

3 Fair Value Measurements, Continued

Following is a description of the valuation methodologies used for instruments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy.

Mutual Funds and Money Market

The fair value of the mutual funds are based on quoted market prices and are classified as Level 1. The fair value of the money market fund is based on the values of the underlying assets as determined by the investment broker and is classified as Level 2.

The following table presents the financial instruments carried at fair value, on a recurring basis, as of December 31, 2010, by the valuation hierarchy (as described above).

	Quoted Market Prices in Active Markets (Level 1)	Models with Significant Observable Market Parameters (Level 2)	Total Carrying Value in the Statement of Net Assets Available for Benefits
Mutual Funds:			
Money Market	\$ -	\$ 57,369	\$ 57,369
Domestic Equity	3,272,712	-	3,272,712
Domestic Fixed	885,198	-	885,198
International Equity	813,216	-	813,216
	<u>\$ 4,971,126</u>	<u>\$ 57,369</u>	<u>\$ 5,028,495</u>

NOTES TO FINANCIAL STATEMENTS

United Foundries, Inc.
Retirement Plan, International Association of Machinists, Lodge 1019

3 Fair Value Measurements, Continued

The following table presents the financial instruments carried at fair value, on a recurring basis, as of December 31, 2009, by the valuation hierarchy (as described above).

	Quoted Market Prices in Active Markets (Level 1)	Models with Significant Observable Market Parameters (Level 2)	Total Carrying Value in the Statement of Net Assets Available for Benefits
Mutual Funds:			
Money Market	\$ -	\$ 147,402	\$ 147,402
Domestic Equity	2,816,283	-	2,816,283
Domestic Fixed	564,061	-	564,061
International Equity	1,072,791	-	1,072,791
	<u>\$ 4,453,135</u>	<u>\$ 147,402</u>	<u>\$ 4,600,537</u>

4 Tax Status

On June 13, 2008, the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended, however, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

NOTES TO FINANCIAL STATEMENTS

United Foundries, Inc.
Retirement Plan, International Association of Machinists, Lodge 1019

5 Accumulated Plan Benefits

The Plan's actuary, CBIZ Benefits & Insurance Services, Inc., estimates the actuarial present value of accumulated Plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The accumulated Plan benefit information as of the beginning of each Plan year is as follows:

	<u>January 1, 2010</u>
Actuarial present value of accumulated Plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 5,313,803
Other participants	<u>1,440,715</u>
	6,754,518
Nonvested benefits	<u>8,054</u>
	<u>\$ 6,762,572</u>

The changes in the actuarial present value of accumulated Plan benefits are as follows:

	<u>2010</u>
Present value of benefits, beginning of year	\$ 6,003,941
Change in actuarial assumptions	1,110,729
Benefits paid	(593,525)
Decrease in discount period	372,108
Benefits accumulated and non investment experience	<u>(130,681)</u>
Present value of benefits, end of year	<u>\$ 6,762,572</u>

NOTES TO FINANCIAL STATEMENTS

United Foundries, Inc.
Retirement Plan, International Association of Machinists, Lodge 1019

5 Accumulated Plan Benefits, Continued

Significant assumptions underlying the actuarial computations are:

Mortality basis: 2010 Combined Mortality Table for Healthy Lives (2010) and 2009 Combined Mortality Table for Healthy Lives (2009).

Actuarial cost method: Entry age normal cost method.

Investment return: Approximately 6.5% (2010) and 8.3% (2009) per year compounded annually. The tiered segment rates specified by the Pension Protection Act of 2006 were utilized in 2010. The tiered segment rates range from 4.7% - 6.7% (2010) and the yield curve rates ranged from 5.5% - 8.3% (2009).

Disability: Rates are based on age and gender. Representative rates are as follows:

<u>Age</u>	<u>Male Rate</u>	<u>Female Rate</u>
25	0.0%	0.0%
35	0.1%	0.1%
40	0.2%	0.3%
55	0.7%	1.0%

Withdrawal: Age based rates. Illustrative rates below:

<u>Age</u>	<u>% Withdrawing</u>
25	7.7
35	6.3
40	5.2
55	1.0

Retirement: Employees completing 30 years of service prior to age 64 are expected to retire at the later of age 62 or the age when 30 years of service are completed. Other employees are expected to retire at age 64 (if they have at least 10 years of service), otherwise at later of age 65 or the age when 5 years of service are completed.

Vesting: Employees who complete five years of service are vested in their benefit.

NOTES TO FINANCIAL STATEMENTS

United Foundries, Inc.
Retirement Plan, International Association of Machinists, Lodge 1019

6 Investments

The Plan's funds are invested in mutual and money market funds through PNC Bank, NA. Investments which constitute more than 5% of the Plan's net assets are:

	<u>2010</u>	<u>2009</u>
Allegiant Large Cap Value Fund	N/A	\$ 931,198
American Century Small Cap Portfolio	N/A	\$ 436,586
Baron Small Cap Fund	\$ 255,179	\$ 442,033
Harbor Fund Capital Appreciation Fund	\$ 1,383,589	\$ 1,006,466
Pimco Total Return Bond Fund	\$ 885,198	\$ 564,061
Ishares Emerging Markets Fund	N/A	\$ 350,302
Templeton Institutional Funds	\$ 656,331	\$ 722,489
MFS Value Fund	\$ 1,386,021	N/A

7 Information Prepared and Certified by Trustee

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified as complete and accurate by PNC Bank, NA, (trustee of the Plan):

	<u>2010</u>	<u>2009</u>
Investments, at fair value	\$ 5,028,495	\$ 4,600,537
Interest income	\$ 166	\$ 219
Dividend income	\$ 113,478	\$ 79,803
Net realized/unrealized appreciation of investments	\$ 408,039	\$ 1,006,502

8 Party-in-Interest Transactions

Certain Plan investments are shares of mutual funds managed by PNC Bank, NA, the Trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest. Usual and customary fees were paid by the mutual fund for the investment management services.

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
Form 5500, Schedule H, Part IV, Line 4i

United Foundries, Inc.
Retirement Plan, International Association of Machinists, Lodge 1019

EIN 25-1524946
Plan Number 005

December 31, 2010

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	PNC Prime Money Market	Money Market Fund	\$ 57,369	\$ 57,369
	American Century Small Cap Portfolio	Mutual Fund	226,084	247,923
	Baron Small Cap Fund	Mutual Fund	196,374	255,179
	Harbor Fund Capital Appreciation Fund	Mutual Fund	1,104,471	1,383,589
	Pimco Total Return Bond Fund	Mutual Fund	871,292	885,198
	Ishares Emerging Markets Fund	Mutual Fund	147,979	156,885
	Templeton Institutional Funds	Mutual Fund	647,113	656,331
	MFS Value Fund	Mutual Fund	1,268,318	1,386,021
			<u>\$ 4,519,000</u>	<u>\$ 5,028,495</u>

* Party-in-interest to the Plan.

SCHEDULE OF REPORTABLE TRANSACTIONS
Form 5500, Schedule H, Part IV, Line 4j

United Foundries, Inc.
Retirement Plan, International Association of Machinists, Lodge 1019

EIN 25-1524946
Plan Number 005

December 31, 2010

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase		(d) Selling		(e) Lease		(f) Expense Incurred with Transaction		(g) Cost of Asset		(h) Current Value of Asset on Transaction Date		(i) Net Gain (Loss)	
		Price		Price		Rental				Asset		Date			
Category 1: Single transaction in excess of 5% of assets															
PNC	American Century Small Cap Portfolio	\$	-	\$	246,769	\$	-	\$	-	\$	235,787	\$	246,769	\$	10,982
PNC	Baron Small Cap Fund	\$	-	\$	239,634	\$	-	\$	-	\$	235,357	\$	239,634	\$	4,277
PNC	Harbor Fund Capital Appreciation Fund	\$	284,629	\$	-	\$	-	\$	-	\$	284,629	\$	284,629	\$	-
PNC	MFS Ser TR I Value Fund	\$	1,274,000	\$	-	\$	-	\$	-	\$	1,274,000	\$	1,274,000	\$	-
PNC	PIMCO Total Return Instl Fund	\$	258,104	\$	-	\$	-	\$	-	\$	258,104	\$	258,104	\$	-
PNC	PNC LG Cap Value Fund	\$	-	\$	925,920	\$	-	\$	-	\$	931,198	\$	925,920	\$	(5,278)
PNC	PNC Money Market Fund	\$	-	\$	232,457	\$	-	\$	-	\$	232,457	\$	232,457	\$	-

**Schedule SB, line 19 –
Discounted Employer Contributions**

Date of Contribution	Contribution Amount	Contribution due date	Number of days to Beginning of Plan Year	Number of Days Late	Discounted Contribution
1/20/2010	\$50,000	4/15/2010	19.00	0	\$49,834
2/15/2010	\$28,779	4/15/2010	45.00	0	\$28,553
2/15/2010	\$21,221	7/15/2010	45.00	0	\$21,054
3/15/2010	\$50,000	7/15/2010	73.00	0	\$49,365
4/15/2010	\$7,558	7/15/2010	104.00	0	\$7,422
4/15/2010	\$42,442	10/15/2010	104.00	0	\$41,676
5/15/2010	\$36,337	10/15/2010	134.00	0	\$35,494
5/15/2010	\$63,663	1/15/2011	134.00	0	\$62,187
6/15/2010	\$15,116	1/15/2011	165.00	0	\$14,686
6/15/2010	<u>\$84,884</u>	9/15/2011	165.00	0	<u>\$82,467</u>
	\$ 400,000				\$392,738

Effective Rate for Discounting: 6.60%

Late Quarterly interest rate: 11.60%

**Schedule SB, line 22 –
Description of Weighted Average Retirement Age**

The expected retirement age was calculated for each active participant as the lesser of:

- The age employee will have 30 years of service, but not before age 62; and
- the age employee will have 10 years of service, but not before age 64; and
- the age employee will have 5 years of service, but not before age 65.

The average of the resulting ages of all actives is 62.1 which is rounded up to age 63.

**Schedule SB, line 32 –
Schedule of Amortization Bases**

Type of Base	Date Established	Balance At Val Date	Payment	Years Remaining At Val Date
Shortfall	1/1/2008	\$496,284	109,230	5
Shortfall	1/1/2009	1,044,765	198,416	6
Shortfall	1/1/2010	137,518	23,143	7
Total		\$1,678,567	\$330,789	

**Schedule SB, line 26 –
Schedule of Active Participant Data**

<u>Attained Age</u>	<u>Years of Credited Service</u>						Total
	< 15	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	
Under 25	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0	0
45 to 49	0	0	0	1	0	0	1
50 to 54	0	0	0	0	0	1	1
55 to 59	0	0	0	0	0	3	5
60 to 64	0	0	0	1	0	0	1
65 to 69	0	0	0	0	0	1	1
70 & up	0	0	0	0	0	0	0
Total	0	0	0	2	0	4	9

**Schedule SB, Part V –
Statement of Actuarial Assumptions/Methods**

Selected Interest Rates

5.03% 1st segment rate
6.73% 2nd segment rate
6.82% 3rd segment rate

Salary Scale

2.50% per year

Mortality Rates

2010 Combined Mortality for healthy lives
Disability Mortality per IRS Rev. Ruling 96-7 for Disabled

Retirement Age

Employees are expected to retire based on the following:
Employees completing 30 years of service prior to age 64 are expected to retire at the later of age 62 or the age when 30 years of service are completed. Other employees are expected to retire at age 64 if they have at least ten years of service. Otherwise the later of age 65 or the age when five years of service are completed.

Withdrawal

Sample Rates:

<u>Age</u>	<u>Rate of Termination</u>
25	7.7%
35	6.3%
40	5.2%
55	1.0%

Disability

Sample Rates:

<u>Age</u>	<u>Rate of Disability</u>	
	<u>Male</u>	<u>Female</u>
25	0.0%	0.0%
35	0.1%	0.1%
40	0.2%	0.3%
55	0.7%	1.0%

Marriage

85% of participants are assumed to be married. Wives are assumed to be three years younger than their husbands.

**Schedule SB, Part V –
Statement of Actuarial Assumptions/Methods**

Actuarial Value of Assets	The Actuarial Value of Assets is a smoothed value of expected and actual Market Value of Assets. The Actuarial Value of Assets must be within 10% of the Market Value of Assets on the valuation date and no more than 24 months of past experience can be recognized in the smoothing process
Form of Payment	Straight Life Annuity for single and 50% joint and survivor for married participants.

**Schedule SB, Part V –
Summary of Plan Provisions**

1. Anniversary Date January 1
2. Eligibility Age 21 and one year of Credited Service.
3. Average Monthly Compensation The sum of a participant's compensation during the five highest consecutive completed calendar years out of the last ten years prior to the date of termination, divided by 60.
4. Eligibility of Benefits
 - a) Normal Retirement The first day of the month coinciding with or immediately preceding the 65th birthday and 5 years of participation.
 - b) Early Retirement The first day of the month coinciding with or following age 60 and 15 years of participation or any age and 30 years of participation.
 - c) Late Retirement A participant may remain in employment beyond the Normal Retirement Date.
 - d) Deferred Vested Five years of credited service. Each Participant in active employment as of December 31, 2004, shall become 100% vested in his accrued benefit determined as of December 31, 2004.
 - e) Disability Age 62 with 15 years of Credited Service upon total and permanent disability.
 - f) Spouse's Pension Eligible for Deferred Vested Pension.
 - g) Death None except Spouse's Pension.
5. Benefit Amounts
 - a) Normal Retirement The greater of (i) and (ii) delayed for 3 months while receiving a Special Payment:

**Schedule SB, Part V –
Summary of Plan Provisions**

(i) 1.1% times continuous service up to 30 years plus 1.2% times continuous service in excess of 30 years, times Average Monthly Compensation, times 1.05.

(ii) \$28.00 per month times continuous service.

Special Payment is a single payment equal to 13 weeks of vacation pay less vacation already used in the year of retirement.

b) Early Retirement

A monthly pension for life commencing at Normal Retirement Date equal to employee's accrued monthly pension using his Credited Service and "Average Monthly Compensation" as of early retirement date. Alternatively, the employee may elect to have the monthly payments commence earlier, reduced by the tabled early retirement factors (ERF) below based on the age at benefit commencement.

<u>Age</u>	<u>< 15 years</u>	<u>>= 15 years</u>
65	1.000	1.000
64	.9072	1.000
63	.8253	1.000
62	.7528	1.000
61	.6885	.9145
60	.6310	.8382

ERF = 1.0 for any age with 30 years of Credited Service.

c) Late Retirement

A monthly pension for life commencing at Late Retirement Date, calculated as of the employee's Normal Retirement and actuarially increased to Late Retirement Date.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2010**This Form is Open to Public
Inspection**For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan UNITED FOUNDRIES, INC. INTERNATIONAL ASSOCIATION OF MACHINIST, LODGE	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF UNITED FOUNDRIES, INC.	D Employer Identification Number (EIN) 25-1524946
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2010</u>		
2 Assets:		
a Market value.....	2a	4,785,961
b Actuarial value.....	2b	5,063,316
3 Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a 93	5,277,841
b For terminated vested participants.....	3b 26	501,458
c For active participants:		
(1) Non-vested benefits.....	3c(1)	7,997
(2) Vested benefits.....	3c(2)	927,628
(3) Total active.....	3c(3) 9	935,625
d Total.....	3d 128	6,714,924
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	19,338

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

Frank T. Vedegys, FSA

Type or print name of actuary

CBIZ Benefits & Insurance, Inc.

Firm name

6050 Oak Tree Blvd, Suite 500

Cleveland

OH 44131

Address of the firm

8/15/11

Date

11-04752

Most recent enrollment number

(216) 447-9000

Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	3,987
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	3,987
9 Amount remaining (Item 7 minus item 8)	0	0
10 Interest on item 9 using prior year's actual return of <u>28.17</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		24,893
b Interest on (a) using prior year's effective rate of <u>8.30</u> %		2,066
c Total available at beginning of current plan year to add to prefunding balance		26,959
d Portion of (c) to be added to prefunding balance		26,959
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	26,959

Part III Funding percentages

14 Funding target attainment percentage	14	75.00 %
15 Adjusted funding target attainment percentage	15	75.00 %
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	72.12 %
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
01/20/2010	50,000				
02/15/2010	50,000				
03/15/2010	50,000				
04/15/2010	50,000				
05/15/2010	100,000				
06/15/2010	100,000				
Totals ▶			18(b)	400,000	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	392,738

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

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

Part V Assumptions used to determine funding target and target normal cost**21** Discount rate:**a** Segment rates:1st segment:
5.03 %2nd segment:
6.73 %3rd segment:
6.82 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

63

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**

19,338

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment.....

1,678,567

330,789

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**

350,127

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**

350,127

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

392,738

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

42,611

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....**39**

0

40 Unpaid minimum required contribution for all years**40**

0

SCHEDULE OF REPORTABLE TRANSACTIONS
Form 5500, Schedule H, Part IV, Line 4j

United Foundries, Inc.
Retirement Plan, International Association of Machinists, Lodge 1019

EIN 25-1524946
Plan Number 005

December 31, 2010

(a) Identity of Party Involved	(b) Description of Asset	(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)	
Category 1: Single transaction in excess of 5% of assets															
PNC	American Century Small Cap Portfolio	\$	-	\$	246,769	\$	-	\$	-	\$	235,787	\$	246,769	\$	10,982
PNC	Baron Small Cap Fund	\$	-	\$	239,634	\$	-	\$	-	\$	235,357	\$	239,634	\$	4,277
PNC	Harbor Fund Capital Appreciation Fund	\$	284,629	\$	-	\$	-	\$	-	\$	284,629	\$	284,629	\$	-
PNC	MFS Ser TR I Value Fund	\$	1,274,000	\$	-	\$	-	\$	-	\$	1,274,000	\$	1,274,000	\$	-
PNC	PIMCO Total Return Instl Fund	\$	258,104	\$	-	\$	-	\$	-	\$	258,104	\$	258,104	\$	-
PNC	PNC LG Cap Value Fund	\$	-	\$	925,920	\$	-	\$	-	\$	931,198	\$	925,920	\$	(5,278)
PNC	PNC Money Market Fund	\$	-	\$	232,457	\$	-	\$	-	\$	232,457	\$	232,457	\$	-

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
Form 5500, Schedule H, Part IV, Line 4i

* United Foundries, Inc.
Retirement Plan, International Association of Machinists, Lodge 1019

EIN 25-1524946
Plan Number 005

December 31, 2010

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
* PNC Prime Money Market		Money Market Fund	\$ 57,369	\$ 57,369
American Century Small Cap Portfolio		Mutual Fund	226,084	247,923
Baron Small Cap Fund		Mutual Fund	196,374	255,179
Harbor Fund Capital Appreciation Fund		Mutual Fund	1,104,471	1,383,589
Pimco Total Return Bond Fund		Mutual Fund	871,292	885,198
Ishares Emerging Markets Fund		Mutual Fund	147,979	156,885
Templeton Institutional Funds		Mutual Fund	647,113	656,331
MFS Value Fund		Mutual Fund	1,268,318	1,386,021
			<u>\$ 4,519,000</u>	<u>\$ 5,028,495</u>

* Party-in-interest to the Plan.

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2010</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>			
A	This return/report is for:	☐ a multiemployer plan; ☒ a single-employer plan;	☐ a multiple-employer plan; or ☐ a DFE (specify) _____
B	This return/report is:	☐ the first return/report; ☐ an amended return/report;	☐ the final return/report; ☐ a short plan year return/report (less than 12 months).
C	If the plan is a collectively-bargained plan, check here. ☒		
D	Check box if filing under:	☒ Form 5558; ☐ special extension (enter description) _____	☐ automatic extension; ☐ the DFVC program;

Part II Basic Plan Information - enter all requested information			
1 a	Name of plan UNITED FOUNDRIES INC. RETIREMENT PLAN INTERNATIONAL ASSOCIATION OF MACHINISTS, LODGE 1019	1 b	Three-digit plan number (PN) ► <u>005</u>
		1 c	Effective date of plan <u>10/01/1980</u>
2 a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) UNITED FOUNDRIES, INC. 1400 GRACE AVENUE, NE CANTON OH 44705	2 b	Employer Identification Number (EIN) <u>25-1524946</u>
		2 c	Sponsor's telephone number <u>330-456-2761</u>
		2 d	Business code (see instructions) <u>331500</u>

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

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

SIGN HERE		<u>10/3/2011</u>	<u>MARK REMILLARD</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			<u>MARK REMILLARD</u>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

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

3 b Administrator's EIN

3 c Administrator's telephone number

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

a Sponsor's name

4 b EIN

4 c PN

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

5

128

6 Number of participants as of the end of the plan year (welfare plans complete only lines **6 a**, **6 b**, **6 c**, and **6 d**).

a Active participants

6 a

9

b Retired or separated participants receiving benefits

6 b

93

c Other retired or separated participants entitled to future benefits

6 c

26

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

6 d

128

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

6 e

0

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

6 f

128

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)

6 g

0

h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested

6 h

0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)

7

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

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

9 a Plan funding arrangement (check all that apply)

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

9 b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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