

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 <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>THE QUALITY CASTINGS COMPANY PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1972</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>01/01/1972</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>				
1c Effective date of plan <u>01/01/1972</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>QUALITY CASTINGS COMPANY</u> <u>PO BOX 58</u> <u>ORRVILLE, OH 44667</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-0475320</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>330-682-6010</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>331110</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-0475320</u>	2c Sponsor's telephone number <u>330-682-6010</u>	2d Business code (see instructions) <u>331110</u>	
2b Employer Identification Number (EIN) <u>34-0475320</u>					
2c Sponsor's telephone number <u>330-682-6010</u>					
2d Business code (see instructions) <u>331110</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	Filed with authorized/valid electronic signature.	<u>10/12/2011</u>	<u>ROBERT NICHOLAS</u>
	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

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

Form 5500 (2010)
v.092307.1

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

QUALITY CASTINGS COMPANY

PO BOX 58
ORRVILLE, OH 44667**3b** Administrator's EIN

34-0475320

3c Administrator's telephone number

330-682-6010

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:**a** Sponsor's name**4b** EIN**4c** PN**5** Total number of participants at the beginning of the plan year**5**

403

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**

189

b Retired or separated participants receiving benefits.....**6b**

110

c Other retired or separated participants entitled to future benefits.....**6c**

50

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

349

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

45

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

394

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**

1

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7****8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1B 1G

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**9a** Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ 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

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)

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 THE QUALITY CASTINGS COMPANY PENSION PLAN	B Three-digit plan number (PN) 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF QUALITY CASTINGS COMPANY	D Employer Identification Number (EIN) 34-0475320
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month 01 Day 01 Year 2010	
2 Assets:	
a Market value	2a 7872856
b Actuarial value	2b 7872856
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a 155 5123400
b For terminated vested participants	3b 48 682163
c For active participants:	
(1) Non-vested benefits	3c(1) 4483
(2) Vested benefits	3c(2) 3668405
(3) Total active	3c(3) 200 3672888
d Total	3d 403 9478451
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 6.54 %
6 Target normal cost	6 133413

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		07/29/2011
Signature of actuary		Date
JULIUS SMETONA, F.S.A., E.A.		11-05589
Type or print name of actuary		Most recent enrollment number
DESALES ASSOCIATES		216-595-3940
Firm name		Telephone number (including area code)
29425 CHAGRIN BLVD. SUITE 102 PEPPER PIKE, OH 44122		
Address of the firm		

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	194241
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	194241
9	Amount remaining (Item 7 minus item 8).....	0	0
10	Interest on item 9 using prior year's actual return of <u>13.35</u> %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.50</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		
12	Reduction in balances due to elections or deemed elections.....		
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	0

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	83.06 %
15	Adjusted funding target attainment percentage.....	15	83.06 %
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	73.19 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV		Contributions and liquidity shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/03/2010	84361	0			
04/20/2010	99500	0			
05/11/2010	99500	0			
06/02/2010	99500	0			
07/06/2010	99500	0			
10/12/2010	12758	0			
			Totals ▶	18(b)	495119
				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	483766

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.60 %	2nd segment: 6.65 %	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 64
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	133413
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1605595	350346
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	483759
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		0
36 Additional cash requirement (item 34 minus item 35).....	36	483759
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	483766
38 Interest-adjusted excess contributions for current year (see instructions).....	38	7
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 THE QUALITY CASTINGS COMPANY PENSION PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 QUALITY CASTINGS COMPANY	D Employer Identification Number (EIN) 34-0475320	

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	
SUNGARD INSTITUTIONAL BROKERAGE INC	3777 EAST BUTTERFIELD, SUITE 800 LOMBARD, IL 60148

(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)

DESALES ASSOCIATES

29425 CHAGRIN BLVD.
PEPPER PIKE, OH 44122

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	20713	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FISRTMERIT BANK

106 SOUTH MAIN STREET
AKRON, OH 44308

(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?
10 14 15 21 25 27 31 37 38	NONE	12897	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

BOBER, MARKEY, FEDOROVICH

3421 RIDGEWOOD ROAD
AKRON, OH 44333

(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?
10	NONE	8500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 THE QUALITY CASTINGS COMPANY PENSION PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 QUALITY CASTINGS COMPANY	D Employer Identification Number (EIN) 34-0475320	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	38336	0
	(2) Participant contributions	1b(2)		
	(3) Other	1b(3)	48791	43102
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	633741	807637
	(2) U.S. Government securities	1c(2)	671048	910545
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)	2342643	1904303
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)	3448174	4174063
	(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)	675400	745768
	(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	7858133	8585418

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	7858133	8585418
---	-----------	---------	---------

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)	510258	
(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)		510258
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	13488	
(B) U.S. Government securities	2b(1)(B)	12111	
(C) Corporate debt instruments	2b(1)(C)	124480	
(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)		150079
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	140510	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	21412	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		161922
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1896026	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1910495	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-14469

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	470693	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		470693
(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)		75843
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1354326

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	584163	
(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)		584163
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)	29213	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	12897	
(4) Other	2i(4)	768	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		42878
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		627041

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		727285
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: BOBER, MARKEY, FEDOROVICH & COMPANY

(2) EIN: 34-1523030

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		500000
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.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 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)

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 THE QUALITY CASTINGS COMPANY PENSION PLAN		B Three-digit plan number (PN) ► 003
C Plan sponsor's name as shown on line 2a of Form 5500 QUALITY CASTINGS COMPANY		D Employer Identification Number (EIN) 34-0475320
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): 34-0475320 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 3
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): _____



CERTIFIED PUBLIC ACCOUNTANTS/BUSINESS ADVISORS
A PROFESSIONAL CORPORATION

AKRON | CLEVELAND

INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
The Quality Castings Company Pension Plan
Orrville, Ohio

We were engaged to audit the financial statements and supplemental schedule of The Quality Castings Company Pension Plan (the "Plan"), as of December 31, 2010 and 2009, and for the years then ended, as listed in the accompanying index. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by FirstMerit Bank, N.A., the Trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. 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 certifications from the Trustee as of and for the years ended December 31, 2010 and 2009, 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 supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, 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.

BOBER, MARKEY, FEDOROVICH & COMPANY

October 10, 2011

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 THE QUALITY CASTINGS COMPANY PENSION PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF QUALITY CASTINGS COMPANY	D Employer Identification Number (EIN) 34-0475320	

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other

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		7872856
b Actuarial value.....	2b		7872856
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	155	5123400
b For terminated vested participants.....	3b	48	682163
c For active participants:			
(1) Non-vested benefits.....	3c(1)		4483
(2) Vested benefits.....	3c(2)		3668405
(3) Total active.....	3c(3)	200	3672888
d Total.....	3d	403	9478451
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		6.54%
6 Target normal cost.....	6		133413

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 Julius Smetona, F.S.A., E.A. Type or print name of actuary DeSales Associates Firm name 29425 Chagrin Boulevard Suite 102 Pepper Pike OH 44122 Address of the firm	07/29/2011 Date 1105589 Most recent enrollment number 216-595-3940 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II	Beginning of year, carryover and prefunding balance	(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	194241
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	194241
9	Amount remaining (Item 7 minus item 8).....	0	0
10	Interest on item 9 using prior year's actual return of <u>13.35%</u>	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.50%</u>		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (Item 9 + item 10 + item 11d – item 12).....	0	0

14	Funding target attainment percentage.....	14	83.06%
15	Adjusted funding target attainment percentage.....	15	83.06%
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	73.19%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

18 Contributions made to the plan for the plan year by employer(s) and employees:						
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
03/03/2010	84361	0				
04/20/2010	99500	0				
05/11/2010	99500	0				
06/02/2010	99500	0				
07/06/2010	99500	0				
10/12/2010	12758	0				
			Totals ►	18(b)	495119	18(c)

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	483766

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

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

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

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

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

21 Discount rate:				
a Segment rates:				
1st segment: 4.60%	2nd segment: 6.65%	3rd segment: 6.76%	☐ N/A, full yield curve used	
b Applicable month (enter code)			21b	0
22 Weighted average retirement age			22	64
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	133413
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		1605595	350346
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	483759
		Carryover balance	Prefunding balance
35 Balances used to offset funding requirement			0
36 Additional cash requirement (item 34 minus item 35)		36	483759
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)		37	483766
38 Interest-adjusted excess contributions for current year (see instructions)		38	7
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

2010 Schedule SB, Line 19
Discounted Employer Contributions

Date Contribution Deposited	Amount	Plan Year to Which Contribution Allocated	Is Contribution Made to Satisfy Quarterly Requirement?	Quarterly Contribution Due Date	Effective Interest Rate	Penalty Interest Rate	Interest Discount	Discounted Contribution As of January 1, 2010
March 3, 2010	84,361	2010	Yes	April 15, 2010	6.54%	N.A.	888	83,473
April 20, 2010	24,485	2010	Yes	April 15, 2010	6.54%	5.00%	474	24,011
April 20, 2010	75,015	2010	Yes	July 15, 2010	6.54%	N.A.	1,406	73,609
May 11, 2010	33,831	2010	Yes	July 15, 2010	6.54%	N.A.	755	33,076
May 11, 2010	65,669	2010	Yes	October 15, 2010	6.54%	N.A.	1,465	64,204
June 2, 2010	43,177	2010	Yes	October 15, 2010	6.54%	N.A.	1,124	42,053
June 2, 2010	56,323	2010	Yes	January 15, 2011	6.54%	N.A.	1,466	54,857
July 6, 2010	52,523	2010	Yes	January 15, 2011	6.54%	N.A.	1,669	50,854
July 6, 2010	46,977	2010	No	N.A.	6.54%	N.A.	1,492	45,485
October 12, 2010	12,758	2010	No	N.A.	6.54%	N.A.	614	12,144
Totals:	495,119						11,353	483,766

Schedule SB, Line 22
Description of Weighted Average Retirement Age

(a) Age	(b) Probability of Retirement	(c) Probability-Weighted Retirement Age: (a) * (c)
<60	0	0
60	.10000	6.00000
61	.09000	5.49000
62	.08100	5.02200
63	.07290	4.59270
64	.06561	4.19904
65	.59049	38.38185
Weighted-Average Retirement Age: sum of column (c)		63.68559

2010 Schedule SB, Line 26
Schedule of Active Participant Data

	Years of Credited Service										
Attained Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 99	Total
0 to 24		1									1
25 to 29		3	6								9
30 to 34		1	8	2							11
35 to 39		1	6	4	6	1					18
40 to 44		1	6	3	2	11					23
45 to 49		1	5	5	6	10	1				28
50 to 54			11	5	3	10	5	9	5		48
55 to 59			3	4	6	2	3	2	8		28
60 to 64			4	1			3	6	9	3	26
65 to 69			1				1		1	3	6
70 to 99			2								2
Total	0	8	52	24	23	34	13	17	23	6	200

2010 Schedule SB, Line 32
Schedule of Amortization Bases

Date Shortfall Amortization Base <u>Established</u>	<u>Initial Balance</u>	<u>Initial Amortization Period</u>	<u>Remaining Amortization Period</u>	<u>Outstanding Balance as of January 1, 2010</u>	<u>Shortfall Amortization Installment</u>
1/1/2008	1,489,091	7 years	5 years	1,140,487	249,061
1/1/2009	1,231,511	7 years	6 years	1,099,890	207,374
1/1/2010	(634,782)	7 years	7 years	<u>(634,782)</u>	<u>(106,089)</u>
Shortfall Amortization Charge:				1,605,595	350,346

2010 Schedule SB, Part 5

Statement of Actuarial Assumptions and Methods

Twenty-Four Month Segment Rates	January 2009	January 2010
First Segment Rate	5.32%	4.60%
Second Segment Rate	6.45%	6.65%
Third Segment Rate	6.69%	6.76%

Valuation Mortality Table

(Static mortality table for valuations in 2010)

	<u>Pre-retirement</u>	<u>Post-retirement</u>
Males	Male RP-2000 Combined	Male RP-2000 Combined
Females	Female RP-2000 Combined	Female RP-2000 Combined

Disabled Mortality Male and female rates as set forth by Revenue Ruling 96-7.

Disability Rates

50% of Table S-10 of the 11th Railroad Retirement Board Valuation (modified)

Age	Rate	Age	Rate
15-34	.00400	50	.00775
35	.00050	51	.00850
36	.00075	52	.00940
37	.00100	53	.01045
38	.00130	54	.01165
39	.00165	55	.01305
40	.00205	56	.01465
41	.00245	57	.01655
42	.00295	58	.01865
43	.00345	59	.02190
44	.00400	60	.02330
45	.00460	61	.02180
46	.00520	62	.02020
47	.00580	63	.01670
48	.00640	64	.01500
49	.00705	65-70	.00000

Marital Assumption

75% of active participants are assumed to be married; wives are assumed to be three years younger than their husbands.

Retirement Rates

Less than age 60	0%
Age 60	10%
Age 61	10%
Age 62	10%
Age 63	10%
Age 64	10%
Age 65 and over	100%

The Quality Castings Company Pension Plan
EIN: 34-0475320
Plan Number: 003

2010 Schedule SB, Part 5

Statement of Actuarial Assumptions and Methods

(continued)

Salary Scale

Not applicable.

Withdrawal Rates

3-year select and ultimate rates that are based on an employee's age and service. Sample rates appear below.

Age	Years of Service			
	0	1	2	3+
20	.30000	.20030	.10000	.15000
25	.26053	.17368	.08684	.13026
30	.22105	.14737	.07368	.11052
35	.18158	.12105	.06053	.09080
40	.14211	.09474	.04737	.07106
45	.10263	.06842	.03421	.05132
50	.06316	.04211	.02105	.03158
55	.02368	.01579	.00789	.01184
58	.00000	.00000	.00000	.00000

Actuarial Cost Method

Unit Credit

Asset Valuation Method

Fair Market Value.

Expense Loading

None

Form of Distribution

All participants are assumed to elect a straight life annuity.

Asset data

Supplied by FirstMerit as of December 31, 2009.

Participant data

Supplied by The Quality Castings Company as of January 1, 2010

Benefits Valued

Death
Disability
Early, normal, and late retirement
Termination.

Other

The liability for termination benefits reflects the pre-retirement survivor annuity.

For onset of disability prior to the completion of ten Years of Service, the termination benefit reflecting liability for the pre-retirement survivor annuity is valued. However, disabled rather than healthy mortality rates are used.

Participants working past Normal Retirement Age are assumed to retire immediately.

The Quality Castings Company Pension Plan
EIN: 34-0475320
Plan Number: 003

2010 Schedule SB, Part 5

Summary of Plan Provisions

1. Effective Date January 1, 1972
2. Date of Last Plan Amendment January 27, 2001
3. Fiscal Year January 1 to December 31
4. Plan Year January 1 to December 31
5. Anniversary Date January 1 effective January 1, 1977¹
6. Accrued Benefit Years of Service times a multiplier of \$16 per month for determination dates that occur on or after 3/1/2002. For determination dates prior to 3/1/2002, the historical multipliers are given below:

Determination Date	Multiplier
01/01/72 – 12/31/74	\$4.00
01/01/75 – 12/31/77	\$5.00
01/01/78 – 12/31/78	\$7.00
01/01/79 – 12/31/79	\$8.50
01/01/80 – 12/31/84	\$10.00
01/01/85 – 11/30/89	\$11.00
12/01/89 – 02/29/92	\$12.00
03/01/92 – 12/31/94	\$13.00
01/01/95 – 06/30/98	\$14.00
07/01/98 – 02/28/02	\$15.00

7. Year of Service
(for accrual and vesting) Plan Year in which at least 1,000 Hours of Service are completed. Service prior to the effective date of the Plan is recognized.

More specifically, Years of Service is the sum of (a) and (b) below:
 - a. Years of Past Service: continuous service prior to 6/1/76 measured to the nearest whole month
 - b. Years of Future Service: Plan Years after 6/1/76 during which at least 1,000 Hours of Service are completed, except that fractional credit (1/12th of a year for each calendar month during which at least 83 Hours of Service were completed) was granted for:
 - The 6/1/76 – 12/31/76 short Plan Year;
 - An initial partial Plan Year of employment before 1/1/90; and
 - A partial Plan Year preceding a termination that occurred between 6/1/76 and 5/1/90.

¹ Prior to January 1, 1977, the Anniversary Date was June 1.

2010 Schedule SB, Part 5
Summary of Plan Provisions

(continued)

- | | |
|----------------------------------|---|
| 8. Participation Eligibility | Each employee becomes a Plan Participant on the anniversary of his or her date of hire provided that 1,000 Hours of Service are completed during the initial year of employment. If 1,000 Hours of Service are not completed in the initial year of employment, the employee shall become a Participant at the end of the first Plan Year in which 1,000 Hours of Service are completed. Employees hired after November 30, 2005, will not enter the Plan. |
| 9. Normal Retirement Age | Attainment of age 65 and completion of five Years of Service. |
| 10. Early Retirement Age | Attainment of age 55 and completion of ten Years of Service. |
| 11. Early Retirement Benefit | Accrued Benefit actuarially reduced for early commencement. |
| 12. Eligibility for Disability | Total and permanent disability as evidenced by receipt of Social Security disability benefits and completion of ten Years of Service. |
| 13. Disability Benefit | Payment of Accrued Benefit at age 55 without actuarial reduction for early commencement. |
| 14. Late Retirement Benefit | The greater of (a) the Accrued Benefit at Normal Retirement Date actuarially increased to Late Retirement Date and (b) the Accrued Benefit reflecting Years of Service and the multiplier at Late Retirement Date without actuarial increase. |
| 15. Pre-Retirement Death Benefit | The survivor portion of the vested Accrued Benefit under the actuarially equivalent 50% Joint and Survivor annuity that would have been payable to the participant at the participant's earliest retirement age. |
| 16. Vesting Schedule | Participants are 100% vested in their Accrued Benefit after completing five Years of Service. |
| 17. Normal Form of Benefit | Straight Life Annuity. |
| 18. Actuarial Equivalence | Male 1983 Group Annuity Mortality table and 7% interest. |

THE QUALITY CASTINGS COMPANY
PENSION PLAN

FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION

December 31, 2010 and 2009

**THE QUALITY CASTINGS COMPANY
PENSION PLAN
ANNUAL REPORT INDEX
December 31, 2010 and 2009**

The following financial statements and other information of The Quality Castings Company Pension Plan are included herewith:

- Statements of Net Assets Available for Benefits as of December 31, 2010 and 2009;
- Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2010 and 2009;
- Statements of Accumulated Plan Benefits as of December 31, 2010 and 2009;
- Statements of Changes in Accumulated Plan Benefits for the years ended December 31, 2010 and 2009;
- Notes to Financial Statements.

The following supplemental schedule of The Quality Castings Company Pension Plan included in the Annual Report of the Plan on Form 5500 file with the Department of Labor for the year ended December 31, 2010 are included herewith:

- Schedule H, Line 4i – Schedule of Assets (Held at Year End)

All other supplemental schedules and notes for which provisions are made in the applicable rules and regulations of the Department of Labor are not required under the related instructions or are inapplicable and, therefore, have been omitted.

THE QUALITY CASTINGS COMPANY
PENSION PLAN

TABLE OF CONTENTS

	Page No.
INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	2
Statements of Changes in Net Assets Available for Benefits	3
Statements of Accumulated Plan Benefits	4
Statements of Changes in Accumulated Plan Benefits	5
Notes to Financial Statements	6 - 13
SUPPLEMENTARY INFORMATION	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	14 - 15

THE QUALITY CASTINGS COMPANY
PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
ASSETS		
Investments at fair value		
Government securities	\$ 910,545	\$ 671,048
Corporate debt obligations	1,904,303	2,342,643
Common stock	4,174,063	3,448,174
Mutual funds	745,768	675,400
Interest-bearing cash	<u>807,637</u>	<u>633,741</u>
	8,542,316	7,771,006
Receivables		
Contributions	-	38,336
Accrued investment income	<u>43,102</u>	<u>48,791</u>
	43,102	87,127
 NET ASSETS AVAILABLE FOR BENEFITS	 <u><u>\$ 8,585,418</u></u>	 <u><u>\$ 7,858,133</u></u>

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

**THE QUALITY CASTINGS COMPANY
PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31, 2010 and 2009**

	<u>2010</u>	<u>2009</u>
ADDITIONS TO PLAN ASSETS ATTRIBUTED TO:		
Investment income:		
Interest	\$ 150,079	\$ 148,044
Dividends	161,922	144,246
Net appreciation of investments	<u>532,067</u>	<u>680,916</u>
	844,068	973,206
Employer contributions	<u>510,258</u>	<u>400,091</u>
TOTAL ADDITIONS	1,354,326	1,373,297
DEDUCTIONS FROM PLAN ASSETS ATTRIBUTED TO:		
Benefit payments to participants	584,163	558,905
Administrative expenses	<u>42,878</u>	<u>37,726</u>
TOTAL DEDUCTIONS	627,041	596,631
NET INCREASE	727,285	776,666
NET ASSETS AVAILABLE FOR BENEFITS BEGINNING OF THE YEAR	<u>7,858,133</u>	<u>7,081,467</u>
END OF THE YEAR	<u>\$ 8,585,418</u>	<u>\$ 7,858,133</u>

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

THE QUALITY CASTINGS COMPANY
PENSION PLAN
STATEMENTS OF ACCUMULATED PLAN BENEFITS
December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS		
VESTED BENEFITS		
Retired participants and beneficiaries	\$ 4,696,094	\$ 5,123,400
Other participants	<u>5,479,396</u>	<u>4,350,568</u>
	10,175,490	9,473,968
NONVESTED BENEFITS	<u>3,434</u>	<u>4,483</u>
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<u>\$ 10,178,924</u>	<u>\$ 9,478,451</u>

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

THE QUALITY CASTINGS COMPANY
PENSION PLAN
STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS
For the Years Ended December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR	\$ 9,478,451	\$ 9,409,728
INCREASE (DECREASE) DURING THE YEAR ATTRIBUTABLE TO:		
Benefits accumulated	133,413	143,175
Benefits paid	(584,163)	(558,905)
Increase for interest due to the decrease in the discount period	607,921	601,261
Effect of non-investment experience	(186,506)	(111,510)
Changes in actuarial assumptions (Note 2)	<u>729,808</u>	<u>(5,298)</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR	<u>\$ 10,178,924</u>	<u>\$ 9,478,451</u>

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

THE QUALITY CASTINGS COMPANY
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2010 and 2009

NOTE 1 - DESCRIPTION OF THE PLAN

The following brief description of The Quality Castings Company Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the plan document for more complete information.

General

The Plan is a defined benefit pension plan covering substantially all employees of The Quality Castings Company (the "Company" or "Plan Sponsor"). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan was amended in December 2005 in order to freeze participation in the Plan effective December 1, 2005, so that participation is limited to participants in the Plan as of December 1, 2005 and employees hired prior to December 1, 2005 and who satisfy the service requirements set forth by the Plan document. Employees hired on or after December 1, 2005 shall not be eligible to participate in the Plan.

Contributions and Funding Policy

The Plan Sponsor's funding policy is to, at a minimum, contribute an amount as determined by the Plan's actuary that will be sufficient to maintain the minimum funding standard in accordance with ERISA. The sponsor may make discretionary contributions above this amount. Contributions amounting to \$510,258 and \$400,091 were made for the years ended December 31, 2010 and 2009, respectively.

Pension Benefits

Employees with five or more years of service are entitled to monthly pension benefits beginning at the normal retirement age (65), equal to the product of years of service at date of termination times the following factor:

\$	4.00	if date of termination	01/01/1974 - 12/31/1974
\$	5.00	if date of termination	01/01/1975 - 12/31/1977
\$	7.00	if date of termination	01/01/1978 - 12/31/1978
\$	8.50	if date of termination	01/01/1979 - 12/31/1979
\$	10.00	if date of termination	01/01/1980 - 12/31/1984
\$	11.00	if date of termination	01/01/1985 - 11/30/1989
\$	12.00	if date of termination	12/01/1989 - 02/29/1992
\$	13.00	if date of termination	03/01/1992 - 12/31/1994
\$	14.00	if date of termination	01/01/1995 - 06/30/1998
\$	15.00	if date of termination	07/01/1998 - 02/28/2002
\$	16.00	if date of termination	03/01/2002 - after

The Plan also permits early retirement at ages 55 to 64 and the benefit is actuarially reduced to reflect early commencement. Benefits are in the form of a life annuity, including 50% joint and survivor and lump-sum payment under certain circumstances.

THE QUALITY CASTINGS COMPANY
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2010 and 2009

Death and Disability Benefits

If an active or terminated participant died after August 23, 1984 with at least one hour of service after January 1, 1976, prior to benefit commencement, while survived by spouse and while vested, a life annuity is payable to the surviving spouse. Active employees with at least ten (10) years of service who retire due to total or permanent disability are entitled to a life annuity equal to the accrued benefit as of the disability retirement date.

Vesting

Participants become 100% vested in accrued benefits after five years of credited service.

Administrative Expenses

Trustee fees and other administrative expenses, such as legal and professional fees are paid by the Plan. Pension Benefit Guarantee Corporation ("PBGC") premiums are paid by the Company.

Plan Termination

Although it has not expressed any intention to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth by ERISA. In the event the Plan terminates, the pension fund would be applied to purchase participants' accrued benefits as set forth by the plan document.

If the Plan terminates, certain benefits are insured by the PBGC. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type 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.

Information about the Plan, including present and future benefits, vesting and PBGC benefit guarantee provisions is contained in a summary document available from the Plan Administrator.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual basis of accounting.

**THE QUALITY CASTINGS COMPANY
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2010 and 2009**

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Sponsor to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may vary from those estimates.

Fair Value of Financial Instruments

Fair value estimates are made at a specific point in time based on relevant market information about the financial instrument. These estimates are subjective in nature and involve uncertainties and matters of significant judgment and, therefore, cannot be determined with precision. Changes in assumptions could significantly affect the estimates.

As required by the Fair Value Measurements and Disclosures Topic of the Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC"), the Plan adopted Accounting Standard Update No. 2010-06, Improving Disclosures about Fair Value Measurements. The amended guidance requires additional disclosures regarding assets and liabilities that are transferred between levels within the fair value hierarchy and about the valuation techniques and inputs used in estimating Level 2 and Level 3 fair value measurements. Plans are also required to disclose information in Level 3 roll-forward about purchases, sales, issuances and settlements on a gross basis effective for fiscal years beginning after December 31, 2010.

Investment Valuation

All assets of the Plan are held and invested by FirstMerit Bank, N.A.. ("FirstMerit"), the Plan Trustee. The investments are presented by FirstMerit at fair market value as of the year-end.

Income Recognition

Investment income consists of interest and dividend income. The net appreciation (depreciation) in the fair value of investments consists of realized gains or losses and the unrealized appreciation (depreciation) on those investments. Purchases and sales of investments are recorded on the trade-date basis. Dividends are recorded on the ex-dividend date. Realized gains and losses from security transactions are reported based on historical cost.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments and distributions that are attributable, under the Plan's provisions, to the service the employees have rendered.

THE QUALITY CASTINGS COMPANY
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2010 and 2009

The actuarial present value of accumulated plan benefits is determined by an actuarial firm, and is the amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and probability of payment between the valuation date and the expected date of payment. The significant actuarial assumptions used in the actuarial computations as of December 31, 2010 and 2009 are as follows:

- (a) Mortality table – RP-2000 Combined for 2010 and 2009
(b) Discount rate – segment rates as follows:

	2010	2009
Segment 1	2.94%	4.60%
Segment 2	5.82%	6.65%
Segment 3	6.46%	6.76%

For the years ending December 31, 2010 and 2009, the discount rates applied to the Plan by the actuary consisted of three segment rates, or interest rates, that apply to benefits paid during three time periods:

- Segment 1: payments that occur within the first five years from the valuation date
- Segment 2: payments that occur between years five and twenty from the valuation date
- Segment 3: payments that occur twenty or more years after the valuation date

Additional assumptions used in the actuarial computations as of December 31, 2010 and 2009 include employee turnover, marital and retirement rate assumptions, as well as, withdrawal rates. These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Payment of Benefits

Benefits are recorded when paid.

Income Taxes

The Income Taxes Topic of the FASB ASC requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010 and 2009, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for year prior to 2007.

THE QUALITY CASTINGS COMPANY
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2010 and 2009

Subsequent Events

In accordance with Subsequent Events Topic of the FASB ASC, the Plan has evaluated subsequent events through October 10, 2011, the date the financial statements were available to be issued.

NOTE 3 - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following is a summary of the unaudited information regarding the Plan, included in the Plan's financial statements, which was prepared by FirstMerit, as of and for the years ended December 31, 2010 and 2009 and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from FirstMerit as of and for the years ended December 31, 2010 and 2009, that such information is complete and accurate.

	<u>2010</u>	<u>2009</u>
Investments, at fair value	\$ 8,542,316	\$ 7,771,006
Accrued investment income receivable	\$ 43,102	\$ 48,791
Interest income	\$ 150,079	\$ 148,044
Dividend income	\$ 161,922	\$ 144,246
Net appreciation in the fair value of investments	\$ 532,067	\$ 680,916

NOTE 4 - INVESTMENTS

The Plan's investments are held by FirstMerit. The following schedule presents investments that represent five percent or more of the Plan's net assets as of December 31:

	<u>2010</u>	<u>2009</u>
Federated Government Obligations Fund	N/A	\$ 430,423

**THE QUALITY CASTINGS COMPANY
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2010 and 2009**

During 2010 and 2009, the Plan's investments, including those bought, sold, as well as held during the year, had net appreciation (depreciation) in value as follows:

	<u>2010</u>	<u>2009</u>
Interest-bearing cash	\$ 2,086	\$ 8,570
Government securities	30,845	19,184
Corporate debt obligations	673	170,173
Common stock	422,620	308,660
Mutual funds	75,843	174,329
	<u>\$ 532,067</u>	<u>\$ 680,916</u>

Fair value is a market-based measurement that is determined based on assumptions that market participants would use in pricing an asset or liability. As a basis for considering such assumptions, the Plan uses a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value as follows:

- Level 1 – Observable inputs such as quoted prices in active markets;
- Level 2 – Inputs, other than the quoted prices in active markets, that are observable either directly or indirectly; and
- Level 3 – Unobservable inputs in which there is little or no market data, which require the reporting entity to develop its own assumptions

The classification of fair value measurements within the hierarchy is based upon the lowest level of input that is significant to the measurement. Valuation methodologies used for assets and liabilities measured at fair value are as follows:

- Government securities: Valued at prices for similar securities. Securities are traded on an active market, but are not traded on a daily basis.
- Corporate debt obligations: Valued at prices for similar securities. Securities are traded on an active market, but are not traded on a daily basis.
- Interest-bearing cash: Money market funds are valued based on the underlying investments traded on the active market. Certificates of deposit are valued at prices for similar assets based on rates and maturity.

The methods described above may produce a fair value calculation that may not be indicative of the net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

**THE QUALITY CASTINGS COMPANY
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2010 and 2009**

The following table sets forth, by level within the fair value hierarchy, the Plan's assets at fair value as of:

	December 31, 2010			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ -	\$ 807,637	\$ -	\$ 807,637
Government securities	-	910,545	-	910,545
Corporate bonds	-	1,904,303	-	1,904,303
Common stock				
Materials	96,688	-	-	96,688
Consumer	908,095	-	-	908,095
Healthcare	584,906	-	-	584,906
Energy	641,322	-	-	641,322
Financial institutions	460,130	-	-	460,130
Industrials	218,021	-	-	218,021
Information technology	291,440	-	-	291,440
Telecommunications	360,446	-	-	360,446
Utilities	613,015	-	-	613,015
Mutual funds				
Growth	440,228	-	-	440,228
Balanced	305,540	-	-	305,540
	<u>\$ 4,919,831</u>	<u>\$ 3,622,485</u>	<u>\$ -</u>	<u>\$ 8,542,316</u>

THE QUALITY CASTINGS COMPANY
PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2010 and 2009

	December 31, 2009			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ -	\$ 633,741	\$ -	\$ 633,741
Government securities	-	671,048	-	671,048
Corporate bonds	-	2,342,643	-	2,342,643
Common stock				
Materials	88,944	-	-	88,944
Consumer	813,160	-	-	813,160
Healthcare	552,833	-	-	552,833
Energy	435,540	-	-	435,540
Financial institutions	369,513	-	-	369,513
Industrials	118,935	-	-	118,935
Information technology	285,870	-	-	285,870
Telecommunications	280,355	-	-	280,355
Utilities	503,024	-	-	503,024
Mutual funds				
Growth	453,681	-	-	453,681
Balanced	221,719	-	-	221,719
	<u>\$ 4,123,574</u>	<u>\$ 3,647,432</u>	<u>\$ -</u>	<u>\$ 7,771,006</u>

NOTE 5 - PARTY-IN-INTEREST TRANSACTION

Certain Plan investments are interest-bearing cash accounts managed by FirstMerit. In addition, the Plan owns shares of FirstMerit Corp. common stock. FirstMerit is the Trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest. Fees paid by the Plan for the investment management services and other professional fees amounted to \$42,878 and \$37,726 for the years ended December 31, 2010 and 2009, respectively. There are also indirect fees deducted directly from investment earnings of the Plan.

NOTE 6 - TAX STATUS

The Plan has obtained a favorable determination letter from the Internal Revenue Service to the effect that the Plan is exempt from Federal income taxes dated July 12, 2002. While the Plan has been amended since the determination letter, a new determination letter has not been received. The Plan Sponsor believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code, and therefore, the Plan was qualified and considered tax-exempt as of the financial statement date.

THE QUALITY CASTINGS COMPANY
PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 34-0475320
PLAN 003
December 31, 2010

(a)	(b) Identity of issues, borrower, lessor or similar party. Assets held and administered by FirstMerit Bank, N.A.	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	Federated Government Obligations Fund	Money Market Fund, at 0.01% interest		
	Lehman Brothers FSB CD	Certificate of Deposit at 6.00% due 05/23/2028	\$ 402,233	\$ 402,233
	Midfirst Bank CD	Certificate of Deposit at 1.50% due 01/06/2012	200,000	203,828
			200,000	201,576
			802,233	807,637
	Cuyahoga County Obligation	U.S. Government Securities at 1.60% due 06/01/2012	100,300	99,917
	FFCB	U.S. Government Securities at 4.24% due 04/29/2020	100,800	99,005
	U.S. Treasury Tips	U.S. Government Securities at 1.63% due 01/15/2018	359,643	390,985
	U.S. Treasury Tips	U.S. Government Securities at 1.38% due 07/15/2018	299,773	320,638
			860,516	910,545
	Abbott Laboratories, Inc.	Corporate Debt Obligations at 5.88% due 05/15/2016	30,615	34,632
	AT&T, Inc.	Corporate Debt Obligations at 2.50% due 02/01/2018	150,300	166,632
	Bell South Corp.	Corporate Debt Obligations at 6.00% due 10/15/2011	200,000	208,496
	Bell South Corp.	Corporate Debt Obligations at 4.75% due 11/15/2012	98,000	106,670
	CIT Group, Inc.	Corporate Debt Obligations at 7.00% due 05/01/2013	5,868	5,169
	CIT Group, Inc.	Corporate Debt Obligations at 7.00% due 05/01/2014	8,708	7,678
	CIT Group, Inc.	Corporate Debt Obligations at 7.00% due 05/01/2015	8,424	7,621
	CIT Group, Inc.	Corporate Debt Obligations at 7.00% due 05/01/2016	13,568	12,719
	CIT Group, Inc.	Corporate Debt Obligations at 7.00% due 05/01/2017	18,774	17,783
	Fortune Brands	Corporate Debt Obligations at 3.00% due 06/01/2012	100,987	101,500
	General Electric Cap Crp Mtn	Corporate Debt Obligations at 4.38% due 11/21/2011	244,375	258,110
	General Electric Cap Crp Mtn	Corporate Debt Obligations at 6.00% due 01/15/2038	100,000	97,442
	Lehman Brothers Mnt	Corporate Debt Obligations In Default due 05/17/2013	248,253	57,813
	Natural Rural Util Mtn	Corporate Debt Obligations at 5.35% due 01/15/2011	250,000	250,255
	Principal Life Mtb	Corporate Debt Obligations at 5.50% due 04/17/2017	150,000	151,656
	Verizon PA	Corporate Debt Obligations at 5.65% due 11/15/2011	147,789	156,072
	Wells Fargo & Co. New	Corporate Debt Obligations at 5.13% due 09/01/2012	255,063	264,055
			2,030,724	1,904,303
	Abbott Laboratories, Inc.	Common Stock	86,973	143,730
	Ameren Corp.	Common Stock	170,811	112,760
	American Water Works Co, Inc.	Common Stock	84,541	101,160
	AT&T, Inc.	Common Stock	76,904	88,140
	Automatic Data Processing, Inc.	Common Stock	85,576	115,700
	Bre Properties, Inc. Class A	Common Stock	91,042	152,250
	Bristol-Myers Squibb Co.	Common Stock	119,662	132,400
	Centurylink, Inc.	Common Stock	83,633	126,506
	Chevron Corp.	Common Stock	102,015	273,750
	Cincinnati Financial	Common Stock	66,310	110,915
	Coca-Cola Co.	Common Stock	88,928	131,540
	Conagra Foods, Inc.	Common Stock	66,655	90,320
	Deere & Co.	Common Stock	30,787	41,525
	Diebold, Inc.	Common Stock	73,936	64,100
	Dominion Resources, Inc. Va	Common Stock	52,431	154,986
	DTE Energy Co.	Common Stock	61,023	108,768

THE QUALITY CASTINGS COMPANY
PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 34-0475320
PLAN 003
December 31, 2010

(a)	(b) Identity of issues, borrower, lessor or similar party. Assets held and administered by FirstMerit Bank, N.A.	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Duke Energy Holding Corp.	Common Stock	\$ 46,058	\$ 83,351
	Enbridge Incorporated	Common Stock	50,152	56,400
	Exxon Mobil Corp.	Common Stock	63,385	219,360
•	FirstMerit Corp.	Common Stock	47,055	80,308
	Genuine Parts Co.	Common Stock	72,146	102,680
	Huntington Bancshares, Inc.	Common Stock	51,360	27,480
	Johnson & Johnson Co.	Common Stock	16,909	86,590
	Keycorp New	Common Stock	53,174	30,975
	Lilly Eli & Co.	Common Stock	26,258	52,560
	Marsh & McLennan Cos, Inc.	Common Stock	101,104	54,680
	Merck & Co., Inc.	Common Stock	81,897	54,060
	Microsoft Corp.	Common Stock	106,946	111,640
	Nextera Energy, Inc.	Common Stock	54,258	51,990
	PepsiCo, Inc.	Common Stock	29,028	97,995
	Pfizer, Inc.	Common Stock	101,703	115,566
	PNC Financial Services Corp.	Common Stock	42,563	3,522
	Proctor & Gamble Co.	Common Stock	89,502	128,660
	Qwest Communications International	Common Stock	53,166	76,100
	Royal Dutch	Common Stock	30,584	33,335
	RPM International, Inc.	Common Stock	52,141	96,688
	Spectra Energy Corp.	Common Stock	33,201	58,477
	Terex Corp.	Common Stock	141,626	97,776
	The Hershey Co.	Common Stock	59,366	94,300
	The JM Smucker Co.	Common Stock	107,145	262,600
	United Technologies Corp.	Common Stock	63,953	78,720
	Windstream Corp.	Common Stock	57,893	69,700
			<u>2,973,800</u>	<u>4,174,063</u>
	American New World Fund - A	Mutual Funds	61,835	75,978
	American New Perspective - A	Mutual Funds	356,196	364,250
	Thornburg Investment Income - A	Mutual Funds	322,420	305,540
			<u>740,451</u>	<u>745,768</u>
			<u>\$ 7,407,724</u>	<u>\$ 8,542,316</u>

• Represents a party-in-interest.