

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>CRESTLINE 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>04/01/1971</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>04/01/1971</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>				
1c Effective date of plan <u>04/01/1971</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>CREATIVE ENGINEERED POLYMER PRODUCTS</u> <u>3560 W. MARKET STREET, SUITE 300</u> <u>AKRON, OH 44333-2687</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>20-3210816</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>330-665-2900</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>332900</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>20-3210816</u>	2c Sponsor's telephone number <u>330-665-2900</u>	2d Business code (see instructions) <u>332900</u>	
2b Employer Identification Number (EIN) <u>20-3210816</u>					
2c Sponsor's telephone number <u>330-665-2900</u>					
2d Business code (see instructions) <u>332900</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.	10/13/2011	JAMES VAN TIEM
	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") CREATIVE ENGINEERED POLYMER PRODUCTS 3560 W. MARKET STREET, SUITE 300 AKRON, OH 44333-2687	3b Administrator's EIN 20-3210816 3c Administrator's telephone number 330-665-2900
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	408
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	0
b Retired or separated participants receiving benefits.....	6b	134
c Other retired or separated participants entitled to future benefits.....	6c	258
d Subtotal. Add lines 6a , 6b , and 6c	6d	392
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	8
f Total. Add lines 6d and 6e	6f	400
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1B 1G 3H

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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		
A Name of plan CRESTLINE PENSION PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500. CREATIVE ENGINEERED POLYMER PRODUCTS	D Employer Identification Number (EIN) 20-3210816	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	017235	226	01/01/2010	12/31/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 48195**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GUARANTEED GENERAL ACCT CONTRA**b** Balance at the end of the previous year **7b** 73554**c** Additions: (1) Contributions deposited during the year **7c(1)** 55597(2) Dividends and credits **7c(2)** 0(3) Interest credited during the year **7c(3)** 2730(4) Transferred from separate account **7c(4)** 215500(5) Other (specify below) **7c(5)** 4144

▶ REIMBURSEMENT OF PLAN EXPENSES

(6) Total additions **7c(6)** 277971**d** Total of balance and additions (add **b** and **c(6)**). **7d** 351525**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 233896(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)** 69434

▶ CONTRACT AND MISC PLAN EXPENSES

(5) Total deductions **7e(5)** 303330**f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f** 48195

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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		
A Name of plan CRESTLINE PENSION PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500. CREATIVE ENGINEERED POLYMER PRODUCTS	D Employer Identification Number (EIN) 20-3210816	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	017234	174	01/01/2010	12/31/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 88329**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GUARANTEED GENERAL ACCT CONTRA**b** Balance at the end of the previous year **7b** 41168**c** Additions: (1) Contributions deposited during the year **7c(1)** 0(2) Dividends and credits **7c(2)** 0(3) Interest credited during the year **7c(3)** 2222(4) Transferred from separate account **7c(4)** 279500(5) Other (specify below) **7c(5)** 3620

▶ REIMBURSEMENT OF PLAN EXPENSES

(6) Total additions **7c(6)** 285342**d** Total of balance and additions (add **b** and **c(6)**). **7d** 326510**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 196147(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)** 42034

▶ PAYMENT OF MISC PLAN EXPENSES

(5) Total deductions **7e(5)** 238181**f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f** 88329

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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

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

A Name of plan <u>CRESTLINE PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CREATIVE ENGINEERED POLYMER PRODUCTS</u>	D Employer Identification Number (EIN) <u>20-3210816</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>
2	Assets:
a	Market value 2a <u>5349001</u>
b	Actuarial value 2b <u>5747735</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>138</u> <u>4193704</u>
b	For terminated vested participants 3b <u>270</u> <u>3464172</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>0</u>
(2)	Vested benefits 3c(2) <u>0</u>
(3)	Total active 3c(3) <u>0</u>
d	Total 3d <u>408</u> <u>7657876</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>6.70</u> %
6	Target normal cost 6 <u>80000</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>09/29/2011</u>
Signature of actuary <u>RICHARD F. MCCLEARY, EA, MAAA, MSPA</u>	Date <u>11-06309</u>
Type or print name of actuary <u>SUMMIT RETIREMENT PLAN SERVICES INC</u>	Most recent enrollment number <u>330-983-0539</u>
Firm name <u>13680 CLEVELAND AVENUE NW</u> <u>UNIONTOWN, OH 44685</u>	Telephone number (including area code)
Address of the firm	

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

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II	Beginning of year carryover and prefunding balances	(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	4888	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	4888	0
9	Amount remaining (Item 7 minus item 8).....		
10	Interest on item 9 using prior year's actual return of <u>23.35</u> %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		103
b	Interest on (a) using prior year's effective rate of <u>8.09</u> %		8
c	Total available at beginning of current plan year to add to prefunding balance		111
d	Portion of (c) to be added to prefunding balance.....		111
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	111

Part III	Funding percentages		
14	Funding target attainment percentage.....	14	75.05 %
15	Adjusted funding target attainment percentage.....	15	75.05 %
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	77.17 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV	Contributions and liquidity shortfalls				
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/12/2010	93000	0			
07/13/2010	92647	0			
10/13/2010	92647	0			
01/14/2011	92647	0			
09/08/2011	109761	0			
			Totals ►	18(b)	480702
				18(c)	

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	453971

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 5.03 %	2nd segment: 6.73 %	3rd segment: 6.82 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	80000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1750628	373740
b Waiver amortization installment		
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	453740
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		0
36 Additional cash requirement (item 34 minus item 35).....	36	453740
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	453971
38 Interest-adjusted excess contributions for current year (see instructions).....	38	231
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	
40 Unpaid minimum required contribution for all years	40	

SCHEDULE C (Form 5500) 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 CRESTLINE PENSION PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 CREATIVE ENGINEERED POLYMER PRODUCTS	D Employer Identification Number (EIN) 20-3210816	

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
PRUDENTIAL RET. INS. & ANNUITY CO.	
06-1050034	
(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation	
GOLDMAN SACHS ASSET MANAGEMENT LP	200 WEST STREET NEW YORK, NY 10282
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
INTEGRITY ASSET MANAGEMENT	18500 LAKE ROAD SUITE 300 ROCKY RIVER, OH 44116
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
FIDELITY MANAGEMENT & RESEARCH CO	82 DEVONSHIRE STREET BOSTON, MA 02109

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

THE BOSTON COMPANY ASSET MGMT LLC

ONE BOSTON PLACE
BOSTON, MA 02108

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

TURNER INVESTMENT PARTNERS INC

1205 WESTLAKES DRIVE SUITE 100
BERWYN, PA 19312

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

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

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

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

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

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

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)

SUMMIT RETIREMENT PLAN SERVICE

31-1498244

(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	ACTUARY	36803	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

TOWERS WATSON DELAWARE, INC.

53-0181291

(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	ACTUARY	18266	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

WATSON WYATT AND COMPANY

53-0181291

(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	ACTUARY	13175	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

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

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

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

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

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

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: TOWERS WATSON DELAWARE INC	b EIN: 53-0181291
c Position: CONSULTING ACTUARY	
d Address: 1001 LAKESIDE AVENUE SUITE 1900 CLEVELAND, OH 44114	e Telephone: 216-937-4000
Explanation: DETERMINED THAT THE ACTUARIAL SERVICES OF THE PENSION PLAN COULD BE BETTER MET THROUGH THE USE OF ANOTHER ACTUARIAL FIRM.	

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

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

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

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

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>CRESTLINE PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CREATIVE ENGINEERED POLYMER PRODUCTS</u>	D Employer Identification Number (EIN) <u>20-3210816</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIDELITY CONTRAFUND</u>				
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL INSURANCE AND ANNUITY CO</u>				
c EIN-PN <u>06-1050034-091</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LARGE CAP GROWTH/TURNER INVEST</u>				
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL INSURANCE AND ANNUITY CO</u>				
c EIN-PN <u>06-1050034-141</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LARGE CAP VALUE/LSV ASSET MGMT FUND</u>				
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL INSURANCE AND ANNUITY CO</u>				
c EIN-PN <u>06-1050034-318</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MID CAP GROWTH/GOLDMAN SACHS FUND</u>				
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL INSURANCE AND ANNUITY CO</u>				
c EIN-PN <u>06-1050034-409</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MID CAP VALUE/INTEGRITY FUND</u>				
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL INSURANCE AND ANNUITY CO</u>				
c EIN-PN <u>06-1050034-441</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMALL CAP GROWTH/BOSTON CO FUND</u>				
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL INSURANCE AND ANNUITY CO</u>				
c EIN-PN <u>06-1050034-319</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMALL CAP VALUE/INTEGRITY FUND</u>				
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL INSURANCE AND ANNUITY CO</u>				
c EIN-PN <u>06-1050034-439</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: [INTERNATIONAL BLEND/MUNDER CAP FUND](#)
[PRUDENTIAL INSURANCE AND ANNUITY CO](#)

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

c EIN-PN 06-1050034-125	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [CORE PLUS BOND/PIMCO FUND](#)

b Name of sponsor of entity listed in (a): [PRUDENTIAL INSURANCE AND ANNUITY CO](#)

c EIN-PN 06-1050034-299	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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 CRESTLINE PENSION PLAN	B Three-digit plan number (PN)	003
C Plan sponsor's name as shown on line 2a of Form 5500 CREATIVE ENGINEERED POLYMER PRODUCTS	D Employer Identification Number (EIN) 20-3210816	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	277671	202228
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	129973
(2) U.S. Government securities.....	1c(2)		2028496
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		655860
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		772197
(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)	4969216	0
(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)	0	2089852
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	114722	136524
(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	5361609	6015130

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		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	5361609	6015130
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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)	488757	
(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)		488757
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	19961	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		19961
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		656576
(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)		29737
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1195031

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	430043	
(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)		430043
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)	31442	
(2) Contract administrator fees	2i(2)	36802	
(3) Investment advisory and management fees	2i(3)	8163	
(4) Other	2i(4)	35060	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		111467
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		541510

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		653521
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: BROCKMAN, COATS, GEDELIAN & COMPANY

(2) EIN: 34-1526704

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		2000000
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.		X	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ 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 CRESTLINE PENSION PLAN		B Three-digit plan number (PN) ► 003
C Plan sponsor's name as shown on line 2a of Form 5500 CREATIVE ENGINEERED POLYMER PRODUCTS		D Employer Identification Number (EIN) 20-3210816
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 0
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): 06-1050034		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 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): _____



BROCKMAN, COATS, GEDELIAN & CO.

CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

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INDEPENDENT AUDITOR'S REPORT

To the Plan Sponsor of
Crestline Pension Plan:

We were engaged to audit the financial statements of Crestline Pension Plan (the "Plan") as of December 31, 2010 and 2009, and for the years then ended, and the supplemental schedules as of December 31, 2010, and for the year then ended, as listed in the accompanying index. These financial statements and supplemental schedules 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 sponsor 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 Prudential Retirement Insurance and Annuity Company and Exeter Trust Company, the trustees of the Plan during 2010, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan sponsor that the trustees hold the Plan's investment assets and execute investment transactions. The plan sponsor has obtained a certification from the trustees for the years ended December 31, 2010 and 2009, that the information provided to the plan sponsor 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 schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustees have been audited by us in accordance with auditing standards generally accepted in the United States 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.

Brockman, Coats, Gedelian & Co.

October 3, 2011

Plan Name: Crestline Pension Plan
EIN: 20-3210816
Plan Number: 003
Schedule SB, Part V - Summary of Plan Provisions

A summary of the major plan provisions used in the valuation is presented below:

Plan effective date: January 1, 1997.

Latest plan amendment: January 1, 2009.

Covered compensation: An employee shall become eligible upon completion of one year of service if, during this time, the employee completes 1,000 or more hours of service.

Normal retirement eligibility: Upon the attainment of age 65.

Normal retirement benefit: Credited Service multiplied by the monthly benefit unit in effect at retirement, as detailed below:

Crestline:

Retirement Date	Monthly Benefit Unit
04/01/2004 – 03/31/2005	\$20.00
04/01/2005 - later	\$20.50

Canton:

Credited Service Earned	Monthly Benefit Unit
Prior to 01/01/1998	\$12.00
On or after 01/01/1998	\$20.00

Normal form of benefit: Participants are assumed to elect the normal form, which is a life annuity.

Optional form of benefit: Actuarially equivalent 100%, 75%, 66 2/3%, or 50% joint and survivor options or 10- year certain and life annuity.

Early retirement eligibility: Upon the attainment of age 55 and completion of 10 years of service.

Plan Name: Crestline Pension Plan

EIN: 20-3210816

Plan Number: 003

Schedule SB, Part V - Summary of Plan Provisions

Early retirement benefit: The accrued normal retirement benefit subject to a reduction for commencement prior to Normal Retirement, according to the following table:

Number of Years Early Retirement Precedes Normal Retirement	Factor
1	0.916
2	0.841
3	0.774
4	0.713
5	0.658
6	0.608
7	0.563
8	0.522
9	0.484
10	0.450

Late retirement benefit: The monthly benefit is the greater of:

- 1) The benefit computed as for normal retirement, recognizing service credited after normal retirement age.
- 2) The age 65 benefit actuarially increased for each year that retirement is delayed.

Disability retirement eligibility:

Crestline: Participant has at least 10 years of Vesting Service and is totally and permanently disabled determined by eligibility and receipt of Social Security disability benefits.

Canton: A participant who has at least 5 years of Vesting Service and terminates due to disability as determined by the employer.

Disability retirement benefit:

Crestline: The maximum of \$300 per month or, if greater, the Early Retirement benefit (if eligible for Early Retirement), payable until Normal Retirement Age. After Normal Retirement, the participant will receive the benefit that was accrued as of his date of termination due to disability.

Canton: A Normal Retirement benefit if he has attained Normal Retirement Age, an Early Retirement benefit if he has attained age 55 and completed 10 years of Vesting Service or a deferred vested retirement benefit.

Death benefit eligibility: Active or inactive participant with 5 years of Vesting Service.

Plan Name: Crestline Pension Plan

EIN: 20-3210816

Plan Number: 003

Schedule SB, Part V - Summary of Plan Provisions

Death benefit: The early retirement benefit the spouse would have received, had the participant terminated immediately prior to death, with benefit payable on an actuarially equivalent 50% joint and survivor annuity basis beginning on or after the participant's early retirement eligibility.

Vesting eligibility upon termination: A participant whose employment terminates after at least 5 years of Vesting Service is eligible for a benefit beginning no earlier than age 55.

Vested benefit upon termination: The monthly benefit is computed as for normal retirement, except based on the benefit unit and service as of the termination of employment. Benefits beginning before Normal Retirement Age are actuarially reduced in the same manner as for Early Retirement.

Vesting Service: All participants were 100% vested upon closure of the plant.

CRESTLINE PENSION PLAN

EIN: 20-3210816

PLAN NO. 003

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD
FOR INVESTMENT PURPOSES AT END OF YEAR**

December 31, 2010

(a) Party In Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	SSGA Institutional Liquid Reserves INV CL	Money Market fund	\$ 129,973	\$ 129,973
	U.S. Treasury Note	\$1,660,000 principal amount, 1.375%, due November 30, 2015	1,607,606	1,613,188
	Federal Home Loan Mortgage Corp.	\$128,000 principal amount, 3.75%, due March 27, 2019	130,796	132,502
	Federal Home Loan Mortgage Corp.	\$128,000 principal amount, 4.75%, due November 17, 2015	142,661	143,388
	Federal Home Loan Mortgage Corp.	\$22,000 principal amount, 6.25%, due July 15, 2032	26,220	26,874
	Federal Home Loan Mortgage Corp.	\$22,000 principal amount, 6.75%, due March 15, 2031	27,504	28,170
	Federal National Mortgage Association	\$22,000 principal amount, 6.25%, due May 15, 2029	26,013	26,991
	Federal National Mortgage Association	\$22,000 principal amount, 6.625%, due November 15, 2030	27,143	27,759
	Federal National Mortgage Association	\$22,000 principal amount, 7.25%, due May 15, 2030	28,889	29,624
	Citi FDIC	\$256,000 principal amount, 2.875%, due December 9, 2011	262,349	261,908
	General Electric CAP Corporation	\$128,000 principal amount, 2.625%, due December 28, 2012	133,014	132,760
	U.S. Bancorp	\$256,000 principal amount, 2.25%, due March 13, 2012	261,798	261,192
	Baker Hughes Inc.	Corporate common stocks	57,401	59,457
	Weatherford International, Ltd.	Corporate common stocks	57,830	63,156
	Owens Illinois Inc.	Corporate common stocks	28,204	28,551
	The Kroger Co.	Corporate common stocks	42,552	44,049
	Safeway, Inc.	Corporate common stocks	43,060	44,980
	Liberty Global Inc.	Corporate common stocks	28,295	27,950
	Time Warner Inc.	Corporate common stocks	84,871	87,181
	Southwest Airlines Co.	Corporate common stocks	57,186	58,540

* Investments known to be a party in interest

Continued on next page...

CRESTLINE PENSION PLAN

EIN: 20-3210816

PLAN NO. 003

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD
FOR INVESTMENT PURPOSES AT END OF YEAR, Continued**

December 31, 2010

(a) Party In Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	American Express Co.	Corporate common stocks	56,295	52,792
	Charles Schwab	Corporate common stocks	71,307	72,204
	Visa Inc.	Corporate common stocks	56,966	58,415
	Western Union Co.	Corporate common stocks	55,923	56,453
	Google Inc.	Corporate common stocks	59,183	59,397
	Cisco System, Inc.	Corporate common stocks	57,786	59,072
	Manning & Napier Fund Inc - Core Plus Bond Series Fund	Mutual funds	986,499	1,000,188
	Manning & Napier Fund Inc - Financial Services Series Fund	Mutual funds	111,757	113,506
	Manning & Napier Fund Inc - High Yield Bond Series	Mutual funds	168,641	169,907
	Manning & Napier Fund Inc - International Series Fund	Mutual funds	199,304	202,276
	Manning & Napier Fund Inc - Life Sciences Series Fund	Mutual funds	168,083	170,179
	Manning & Napier Fund Inc - Real Estate Series	Mutual funds	56,403	58,786
	Manning & Napier Fund Inc - Cap Series Fund	Mutual funds	114,036	116,162
	Manning & Napier Fund Inc - Technology Series Fund	Mutual funds	113,724	115,009
	Manning & Napier Fund Inc - World Opportunities Series Fund	Mutual funds	141,668	143,839
*	Prudential Retirement Insurance and Annuity Company Guaranteed Income Fund	Guaranteed Investment Contract	136,524	136,524
			<u>5,757,465</u>	<u>5,812,902</u>
*	Investments known to be a party in interest			

Plan Name: Crestline Pension Plan

EIN: 20-3210816

Plan Number: 003

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

ACTUARIAL COST METHODS

Traditional Unit Credit

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

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

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

The total annual cost of the plan is the normal cost plus an amount to amortize the shortfall amount.

Projected Unit Credit

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

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

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

Plan Name: Crestline Pension Plan
EIN: 20-3210816
Plan Number: 003

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

A summary of the actuarial assumptions used in the valuation is presented below:

Valuation Assets – Actuarial value of assets is determined by averaging the fair market value as of the valuation date and the adjusted fair market value as of the preceding two valuation dates. Results are displayed as three-year smoothed market value (without phase-in) as described in Revenue Notice 2009-22.

Mandated Discount Rates

1. PPA funding - segment 1	5.03%
2. PPA funding - segment 2	6.73%
3. PPA funding - segment 3	6.82%

Plan's Effective Interest Rate: 6.70%

Financial Accounting Standards Board No. 35 Rates:

1. FASB No. 35 - Pre-retirement	8.00%
2. FASB No. 35 - Post-retirement	8.00%

Salary Scale – Salary increases were not assumed in the valuation.

Taxable Wage Base Increase Assumption – The actuarial valuation performed for the plan year ending December 31, 2010 is used to determine the maximum deductible contribution for the tax year ending December 31, 2010.

Retirement – It is assumed that all participants who are not in pay status will commence benefits at normal retirement.

Termination – (per 100 employees)

Not applicable.

Mortality – The prescribed mortality assumption, for all participants, under IRC 430(h)(3)(A) using static tables with separate mortality rates for non-annuitants and annuitants.

Rates of Disablement - (per 100 employees)

Not applicable.

Administrative Expenses - \$80,000

Percent Married - 75% of males and 50% of females were assumed to be married.

Plan Name: Crestline Pension Plan

EIN: 20-3210816

Plan Number: 003

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Age of Spouse - The female spouse is assumed to be 3 years younger than the male spouse.

PBGC Premium Funding Target – The Alternative Premium Funding Target was determined using the assumptions described above.

Plan Name: Crestline Pension Plan
EIN: 20-3210816
Plan Number: 003
Schedule SB, line 32 - Schedule of Amortization Bases

AMORTIZATION BASES UNDER SECTION 430 OF THE IRS CODE

Type of base	Present Value of Remaining Installment	Valuation Date Established	Years Remaining in Amortization Period	Amortization Installment
Shortfall	\$553,522	01/01/2010	7	\$93,153
Shortfall	\$524,993	01/01/2009	6	\$113,257
Shortfall	\$672,113	01/01/2008	5	\$167,330
Total	\$1,750,628			\$373,740

Plan Name: Crestline Pension Plan

EIN: 20-3210816

Plan Number: 003

Schedule SB, line 24 - Change in Actuarial Assumptions

In the January 1, 2009 valuation, the October 2008 full yield curve rates was used to determine the Funding Target and Normal Cost. In the January 1, 2010 valuation, the September 2009 three-segment rates have been used to determine 2010 valuation results.

Plan Name: Crestline Pension Plan

EIN: 20-3210816

Plan Number: 003

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

Participants are assumed to retire at age 65.

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CRESTLINE PENSION PLAN

December 31, 2010 and 2009

FINANCIAL STATEMENTS

AND SUPPLEMENTAL SCHEDULES



CRESTLINE PENSION PLAN

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BROCKMAN, COATS, GEDELIAN & CO.

CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

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INDEPENDENT AUDITOR'S REPORT

To the Plan Sponsor of
Crestline Pension Plan:

We were engaged to audit the financial statements of Crestline Pension Plan (the "Plan") as of December 31, 2010 and 2009, and for the years then ended, and the supplemental schedules as of December 31, 2010, and for the year then ended, as listed in the accompanying index. These financial statements and supplemental schedules 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 sponsor 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 Prudential Retirement Insurance and Annuity Company and Exeter Trust Company, the trustees of the Plan during 2010, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan sponsor that the trustees hold the Plan's investment assets and execute investment transactions. The plan sponsor has obtained a certification from the trustees for the years ended December 31, 2010 and 2009, that the information provided to the plan sponsor 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 schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustees have been audited by us in accordance with auditing standards generally accepted in the United States 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.

Brockman, Coats, Gedelian & Co.

October 3, 2011

CRESTLINE 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	\$ 5,812,902	\$ 5,083,938
Employer contributions receivable	<u>202,228</u>	<u>277,671</u>
Net assets available for benefits	<u>\$ 6,015,130</u>	<u>\$ 5,361,609</u>

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

CRESTLINE 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:		
Net appreciation in fair value of investments	\$ 655,532	\$ 932,397
Interest and dividend income	50,742	83,049
Employer contribution, as restated	488,757	411,934
Transfer of plan assets due to merger	<u>-</u>	<u>1,302,365</u>
Total additions	<u>1,195,031</u>	<u>2,729,745</u>
Deductions:		
Benefits paid directly to participants	430,043	415,293
Investment expenses	<u>111,467</u>	<u>172,407</u>
Total deductions	<u>541,510</u>	<u>587,700</u>
Net increase	653,521	2,142,045
Net assets available for benefits, beginning of year	<u>5,361,609</u>	<u>3,219,564</u>
Net assets available for benefits, end of year, as restated	<u>\$ 6,015,130</u>	<u>\$ 5,361,609</u>

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

CRESTLINE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

for the years ended December 31, 2010 and 2009

1. Plan Description:

The following description of the Crestline Pension Plan (the "Plan") provides only a general description of the Plan. Participants should refer to the Plan document for more complete information.

General – The Plan is a noncontributory defined benefit pension plan sponsored by Superior Fabrication Company, LLC (the "Company"), a company related to Creative Engineered Polymer Products through common ownership, and is administered by the Company. On September 20, 2006, Creative Engineered Polymer Products filed for bankruptcy and all plant employees were terminated as of October 31, 2006. On July 31, 2007, the Plan was frozen. Then, during 2007, the Plan was transferred to Superior Fabrication Company, LLC. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Effective January 1, 2009, the Creative Engineered Polymer Products Pension Plan for Bargaining Unit Employees – Canton, a separate noncontributory defined benefit pension plan of Creative Engineered Polymer Products was merged into this Plan.

Eligibility – To be eligible to participate in the Plan, a person must have been employed by (or had seniority status with) Creative Engineered Polymer Products at its Crestline or Canton, Ohio plants. The person must have been a member of the bargaining unit represented by Local Union No. 563L1 of the United Steel Workers of America and have been a participant in the Plan as it existed December 31, 1975 (Crestline) or have been a member of the bargaining unit represented by Local Union No. 761 of the United Rubber, Cork, Linoleum and Plastics Workers of America or have been a skilled tool shop employee and have been a participant in the Plan as it existed December 31, 1984 (Canton), or have completed one year's uninterrupted employment with at least 1,000 hours since that date (Crestline and Canton).

Pension Benefits – The annual pension benefit payable at a participant's normal retirement date (see below) is based on a fixed benefit multiplied by the years of credited service as follows:

Crestline:

<u>Date of Retirement</u>	<u>Amount Per Year of Credited Service</u>
Prior to February 25, 2002	\$90 - \$222
February 25, 2002 – March 31, 2003	228
April 1, 2003 – March 31, 2004	234
April 1, 2004 – March 31, 2005	240
On and after April 1, 2005	246

As of October 31, 2006, all employees of Creative Engineered Polymer Products - Crestline became fully vested in the Plan, and continued to accrue credited service through July, 2007.

CRESTLINE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS, Continued for the years ended December 31, 2010 and 2009

1. Plan Description, Continued:

Canton:

<u>Date of Retirement</u>	<u>Amount Per Year of Credited Service</u>
Prior to January 1, 2001	\$84 - \$180
January 1, 2001 - December 31, 2001	192
January 1, 2002 - December 31, 2002	204
January 1, 2003 - December 31, 2003	216
On and after January 1, 2004	240

As of October 27, 2006, all employees of Creative Engineered Polymer Products - Canton became fully vested in the Plan, and continued to accrue credited service through July, 2007.

The normal retirement date is the first day of the month following the participant's 65th birthday. All pension benefits payable under the terms of the Plan commence the first day of the month following actual retirement and are made under one of the optional forms of payment as defined in the plan document.

As defined in the Plan, other plan benefits available include early retirement benefits, disability pension benefits, deferred vested benefits and pre-retirement death benefits.

Benefits to participants are recorded upon distribution.

2. Significant Accounting Policies:

Method of Accounting – The Plan's policy is to prepare its financial statements and supplemental schedules on the accrual basis. Consequently, revenue and related assets are recognized when earned, expenses and related liabilities are recognized when the obligation is incurred.

Investment Valuation – The Plan's investments are valued by the trustee of the Plan's assets at fair value as measured by quoted market prices. The change in the difference between fair value and the cost of the investments is reflected in the statements of changes in net assets available for benefits as net appreciation or depreciation in fair value of investments.

Use of Estimates – The preparation of financial statements and footnote disclosures requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and the reported amounts of additions and deductions to net assets available for benefits during the reporting period. Although management believes such estimates and assumptions are reasonable, actual results could differ from these estimates.

CRESTLINE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS, Continued for the years ended December 31, 2010 and 2009

2. Significant Accounting Policies, Continued:

Funding – The Company makes contributions to the Plan in the amount determined by actuarial computations in order to fully provide benefits for the employees when they retire. The Company makes contributions to the Plan as required to fulfill the minimum funding requirements of ERISA. Employees are not required, under Plan provisions, to make contributions.

Administrative Expenses – Administrative expenses are paid by the Plan unless the Company elects to pay the amounts.

Subsequent Events – Management of the plan sponsor has evaluated subsequent events through October 3, 2011, the date the financial statements were available to be issued.

3. Information Certified by Trustees:

During 2010, the plan switched trustees from Prudential Retirement Insurance and Annuity Company to Exeter Trust Company.

The following is a summary of unaudited information included in the Plan's financial statements and supplemental schedules that was prepared by Prudential Retirement Insurance and Annuity Company and Exeter Trust Company, the trustees of the Plan during 2010, and furnished to the plan administrator. The plan administrator has obtained certifications from the trustees that such information is complete and accurate.

	<u>December 31,</u>	
	<u>2010</u>	<u>2009</u>
Investments, at fair value	\$ 5,812,902	\$ 5,083,938
Net appreciation in fair value of investments	655,532	932,397
Interest and dividend income	50,742	83,049

All information included in the supplemental schedules is certified by the trustees of the Plan.

4. Actuarial Present Value of Accumulated Plan Benefits:

Accumulated plan benefits are those future periodic payments for plan benefits that have accrued on the basis of each participant's service history as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances (i.e., retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

CRESTLINE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS, Continued for the years ended December 31, 2010 and 2009

4. Actuarial Present Value of Accumulated Plan Benefits, Continued:

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of January 1, 2010 were: (a) life expectancy of participants (the RP-2000 Mortality Table); (b) retirement age assumptions (the assumed average retirement age was 65), (c) valuation method (a 3-point smoothing method), and (d) long term earnings rate (the assumed average rate of return on plan assets for the plan year was 6.69% which is the lesser of the anticipated rate of return on assets for the plan year, equal to 8.00% and the applicable limitation for the plan year, equal to 6.69%. The assumed average rate of return on plan assets for the prior plan year was 6.38%).

The foregoing actuarial assumptions were 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.

The actuarial present value of accumulated plan benefits is as follows:

	<u>January 1,</u>	
	<u>2010</u>	<u>2009</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants with deferred benefits	\$ 2,801,867	\$ 2,507,858
Participants receiving benefits	<u>3,768,102</u>	<u>3,656,639</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 6,569,969</u>	<u>\$ 6,164,497</u>

CRESTLINE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS, Continued for the years ended December 31, 2010 and 2009

4. Actuarial Present Value of Accumulated Plan Benefits, Continued:

The increase in the actuarial present value of accumulated plan benefits is the result of the following:

	<u>Year Ended January 1,</u>	
	<u>2010</u>	<u>2009</u>
Actuarial present value of accumulated plan benefits, beginning	\$ 6,164,497	\$ 4,097,063
Increase (decrease) during the year attributable to:		
Actuarial (gain) loss	(36,482)	26,426
Decrease in discount period	506,332	338,468
Distributions to participants	(415,292)	(230,164)
Plan amendment	-	1,923,676
Change of assumptions	<u>350,914</u>	<u>9,028</u>
Actuarial present value of accumulated plan benefits, ending	<u>\$ 6,569,969</u>	<u>\$ 6,164,497</u>

5. Investments:

A summary of the Plan's investments at December 31, 2010 is presented in the supplemental schedules. The following table presents the current value of investments that represent five percent or more of total plan assets as of December 31, 2010 and 2009.

	<u>2010</u>		<u>2009</u>	
	<u>Number of Shares</u>	<u>Fair Value</u>	<u>Number of Shares</u>	<u>Fair Value</u>
U.S. Treasury Note	1,660,000	\$ 1,613,188	-	\$ -
Manning & Napier – Core Plus Bond Series Fund	91,258	1,000,188	-	-
Fidelity Contrafund	-	-	8,670.33	285,905
Large Cap Growth/Turner Investment Partners Fund	-	-	94,726.37	1,091,600
Large Cap Value/LSV Asset Management Fund	-	-	31,863.79	475,309
Mid Cap Growth/Goldman Sachs Fund	-	-	20,193.72	282,503
Small Cap Growth/Boston Co. Fund	-	-	30,823.36	300,807
Small Cap Value/Integrity Fund	-	-	34,671.13	387,843
International Blend/Munder Capital Fund	-	-	47,582.54	607,407
Core Plus Bond/PIMCO Fund	-	-	83,824.88	1,323,539

CRESTLINE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS, Continued for the years ended December 31, 2010 and 2009

6. Plan Termination:

The Plan can be terminated by the Company in certain limited situations. If the Plan is terminated, its assets generally will not be available on a pro rata basis to provide participant benefits. In the event of termination, participants become 100% vested in their accumulated plan benefits. Whether a particular participant's benefit will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") at that time. Some benefits may be fully or partially provided for by the existing assets and the PBGC guaranty while other benefits may not be provided for at all. Further information regarding PBGC insurance benefits is available in various Federal government publications.

7. Income Tax Status:

The Plan obtained its latest determination letter on April 16, 2004, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving this determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. The Plan has no income subject to unrelated business tax. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan accounts for uncertainties in income taxes in accordance with accounting principles generally accepted in the United States of America, which provides for financial statement recognition and measurement of tax positions taken in a tax return that have a greater than 50% chance of not being allowed under examination. No such positions have been recorded in the December 31, 2010 and 2009 financial statements.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax period in progress. As of December 31, 2010, the Plan's federal information returns are subject to examination by the Internal Revenue Service for tax years 2007 and thereafter.

CRESTLINE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS, Continued for the years ended December 31, 2010 and 2009

8. Fair Value Measurements:

The plan measures its assets in accordance with the Financial Accounting Standards Board (FASB) framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

Level 2 – Inputs to the valuation methodology include: 1) quoted prices for similar assets or liabilities in active markets; 2) quoted prices for identical or similar assets or liabilities in inactive markets; 3) inputs other than quoted prices that are observable for the asset or liability; 4) inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

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

Mutual funds and money market funds: Valued at the net asset value (NAV) of shares held by the Plan at year end.

Corporate common stocks, Corporate debt securities, and U.S. Government Securities: Valued at the closing price reported on the active market on which the individual securities are traded.

Pooled equity funds: Valued at the net asset value (NAV) of shares held by the Plan at year end.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

CRESTLINE PENSION PLAN**NOTES TO FINANCIAL STATEMENTS, Continued**
for the years ended December 31, 2010 and 2009

8. Fair Value Measurements, Continued:

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010:

	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
Mutual funds			
Bond	\$ 1,170,095	\$ -	\$ 1,170,095
Financial services	113,506	-	113,506
International	202,276	-	202,276
Life sciences	170,179	-	170,179
Real estate	58,786	-	58,786
Small cap	116,162	-	116,162
Technology	115,009	-	115,009
World opportunities	<u>143,839</u>	<u>-</u>	<u>143,839</u>
Total mutual funds	<u>2,089,852</u>	<u>-</u>	<u>2,089,852</u>
Money market funds	<u>-</u>	<u>129,973</u>	<u>129,973</u>
Corporate common stocks			
Oil equipment, service & distribution	\$ 122,613	\$ -	\$ 122,613
General industrials	28,551	-	28,551
Food & drug retailers	89,029	-	89,029
Media	115,131	-	115,131
Travel & leisure	58,540	-	58,540
Financial services	239,864	-	239,864
Software & computer services	59,397	-	59,397
Technology hardware & equipment	<u>59,072</u>	<u>-</u>	<u>59,072</u>
Total corporate common stocks	<u>772,197</u>	<u>-</u>	<u>772,197</u>
Guaranteed Investment Contract	<u>-</u>	<u>136,524</u>	<u>136,524</u>
U.S. Government securities	<u>2,028,496</u>	<u>-</u>	<u>2,028,496</u>
Corporate debt securities	<u>655,860</u>	<u>-</u>	<u>655,860</u>
Total assets at fair value	<u>\$ 5,546,405</u>	<u>\$ 266,497</u>	<u>\$ 5,812,902</u>

CRESTLINE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS, Continued for the years ended December 31, 2010 and 2009

8. Fair Value Measurements, Continued:

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009:

	<u>Level 2</u>
Pooled equity funds:	
Balanced funds	\$ 602,146
Growth funds	2,436,124
Fixed income funds	1,323,539
Other funds	<u>722,129</u>
Total pooled equity funds	<u>\$ 5,083,938</u>

9. Party-In-Interest Transactions:

Certain investments of the Plan are shares of mutual funds that are managed by Prudential Retirement Insurance and Annuity Company, the trustee of the Plan during 2010 and as of December 31, 2009. Therefore, these investments qualify as a party-in-interest. The plan sponsor believes there were no prohibited transactions with parties-in-interest during 2010 or 2009.

10. Prior Period Adjustment:

The 2009 ending net assets available for benefits in the Statements of Changes in Net Assets Available for Benefits has been restated to correct an error whereby contributions receivable were not recorded as of December 31, 2009. Correction of this error resulted in an increase in 2009 net assets available for benefits of \$277,671 and an increase in 2009 employer contributions of \$277,671.

CRESTLINE PENSION PLAN

EIN: 20-3210816
PLAN NO. 003

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD
FOR INVESTMENT PURPOSES AT END OF YEAR

December 31, 2010

(a) Party In Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	SSGA Institutional Liquid Reserves INV CL	Money Market fund	\$ 129,973	\$ 129,973
	U.S. Treasury Note	\$1,660,000 principal amount, 1.375%, due November 30, 2015	1,607,606	1,613,188
	Federal Home Loan Mortgage Corp.	\$128,000 principal amount, 3.75%, due March 27, 2019	130,796	132,502
	Federal Home Loan Mortgage Corp.	\$128,000 principal amount, 4.75%, due November 17, 2015	142,661	143,388
	Federal Home Loan Mortgage Corp.	\$22,000 principal amount, 6.25%, due July 15, 2032	26,220	26,874
	Federal Home Loan Mortgage Corp.	\$22,000 principal amount, 6.75%, due March 15, 2031	27,504	28,170
	Federal National Mortgage Association	\$22,000 principal amount, 6.25%, due May 15, 2029	26,013	26,991
	Federal National Mortgage Association	\$22,000 principal amount, 6.625%, due November 15, 2030	27,143	27,759
	Federal National Mortgage Association	\$22,000 principal amount, 7.25%, due May 15, 2030	28,889	29,624
	Citi FDIC	\$256,000 principal amount, 2.875%, due December 9, 2011	262,349	261,908
	General Electric CAP Corporation	\$128,000 principal amount, 2.625%, due December 28, 2012	133,014	132,760
	U.S. Bancorp	\$256,000 principal amount, 2.25%, due March 13, 2012	261,798	261,192
	Baker Hughes Inc.	Corporate common stocks	57,401	59,457
	Weatherford International, Ltd.	Corporate common stocks	57,830	63,156
	Owens Illinois Inc.	Corporate common stocks	28,204	28,551
	The Kroger Co.	Corporate common stocks	42,552	44,049
	Safeway, Inc.	Corporate common stocks	43,060	44,980
	Liberty Global Inc.	Corporate common stocks	28,295	27,950
	Time Warner Inc.	Corporate common stocks	84,871	87,181
	Southwest Airlines Co.	Corporate common stocks	57,186	58,540

* Investments known to be a party in interest

Continued on next page...

CRESTLINE PENSION PLAN

EIN: 20-3210816
PLAN NO. 003

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD
FOR INVESTMENT PURPOSES AT END OF YEAR, Continued

December 31, 2010

(a) Party In Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	American Express Co.	Corporate common stocks	56,295	52,792
	Charles Schwab	Corporate common stocks	71,307	72,204
	Visa Inc.	Corporate common stocks	56,966	58,415
	Western Union Co.	Corporate common stocks	55,923	56,453
	Google Inc.	Corporate common stocks	59,183	59,397
	Cisco System, Inc.	Corporate common stocks	57,786	59,072
	Manning & Napier Fund Inc - Core Plus Bond Series Fund	Mutual funds	986,499	1,000,188
	Manning & Napier Fund Inc - Financial Services Series Fund	Mutual funds	111,757	113,506
	Manning & Napier Fund Inc - High Yield Bond Series	Mutual funds	168,641	169,907
	Manning & Napier Fund Inc - International Series Fund	Mutual funds	199,304	202,276
	Manning & Napier Fund Inc - Life Sciences Series Fund	Mutual funds	168,083	170,179
	Manning & Napier Fund Inc - Real Estate Series	Mutual funds	56,403	58,786
	Manning & Napier Fund Inc - Cap Series Fund	Mutual funds	114,036	116,162
	Manning & Napier Fund Inc - Technology Series Fund	Mutual funds	113,724	115,009
	Manning & Napier Fund Inc - World Opportunities Series Fund	Mutual funds	141,668	143,839
*	Prudential Retirement Insurance and Annuity Company			
	Guaranteed Income Fund	Guaranteed Investment Contract	136,524	136,524
			5,757,465	5,812,902

* Investments known to be a party in interest

CRESTLINE PENSION PLAN

EIN: 20-3210816
PLAN NO. 003

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
for the year ended December 31, 2010

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Value of Asset on Transaction Date	(i) Net Gain or (Loss)
<u>Reporting Criterion I:</u>	Any transaction within the Plan year, with respect to any Plan asset, involving an amount in excess of five percent of the current value of Plan assets.							
	PRIAC - Fidelity Contrafund	\$ -	\$ 357,929	\$ -	\$ -	\$ 354,787	\$ 357,929	\$ 3,142
	PRIAC - Large Cap Growth/Turner Inv	-	1,322,577	-	-	1,370,221	1,322,577	(47,644)
	PRIAC - Large Cap Value/LSV Asset Mgmt	-	627,302	-	-	714,467	627,302	(87,165)
	PRIAC - Mid Cap Growth/Goldman Sachs	-	354,784	-	-	262,805	354,784	91,979
	PRIAC - Small Cap Growth/Boston Co.	-	402,172	-	-	455,123	402,172	(52,951)
	PRIAC - Small Cap Value/Integrity	-	531,715	-	-	470,402	531,715	61,313
	PRIAC - International Blend/AQR	-	722,759	-	-	904,412	722,759	(181,653)
	PRIAC - Core Plus Bond/PIMCO Fund	-	1,509,835	-	-	1,372,756	1,509,835	137,079
<u>Reporting Criterion II:</u>	Any series of transactions (other than transactions with respect to securities) within the Plan year with or in conjunction with the same person which, when aggregated, regardless of the category of asset and the gain or loss of any transaction, involves an amount in excess of five percent of the current value of Plan assets.							
	None.							
<u>Reporting Criterion III:</u>	Any series of transactions within the Plan year involving securities of the same issue which, when aggregated, involve an amount in excess of five percent of the current value of Plan assets.							
	PRIAC - Fidelity Contrafund	\$ -	\$ 357,929	\$ -	\$ -	\$ 354,787	\$ 357,929	\$ 3,142
	PRIAC - Large Cap Growth/Turner Inv	-	1,322,577	-	-	1,370,221	1,322,577	(47,644)
	PRIAC - Large Cap Value/LSV Asset Mgmt	-	627,302	-	-	714,467	627,302	(87,165)
	PRIAC - Mid Cap Growth/Goldman Sachs	-	354,784	-	-	262,805	354,784	91,979
	PRIAC - Small Cap Growth/Boston Co.	-	402,172	-	-	455,123	402,172	(52,951)
	PRIAC - Small Cap Value/Integrity	-	531,715	-	-	470,402	531,715	61,313
	PRIAC - International Blend/AQR	-	722,759	-	-	904,412	722,759	(181,653)
	PRIAC - Core Plus Bond/PIMCO Fund	-	1,509,835	-	-	1,372,756	1,509,835	137,079
<u>Reporting Criterion IV:</u>	Any transaction within the Plan year with respect to securities with or in conjunction with a person if any prior or subsequent single transaction within the Plan year with such person with respect to securities exceeds five percent of the current value of Plan assets. U.S. Treasury Note - U.S. Government security, \$1,660,000 principal amount, 1.375%, due November 30, 2015	1,607,606	-	-	-	1,607,606	1,607,606	-
	Manning & Napier Fund Inc. - Core Plus Bond Series Fund - 91,258 shares at 10.81, trade date 12/16/10	986,499	-	-	-	986,499	986,499	-

CRESTLINE PENSION PLAN

EIN: 20-3210816
PLAN NO. 003

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
for the year ended December 31, 2010

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Reporting Criterion I:	Any transaction within the Plan year, with respect to any Plan asset, involving an amount in excess of five percent of the current value of Plan assets.							
	PRIAC - Fidelity Contrafund	\$ -	\$ 357,929	\$ -	\$ -	\$ 354,787	\$ 357,929	\$ 3,142
	PRIAC - Large Cap Growth/Turner Inv	-	1,322,577	-	-	1,370,221	1,322,577	(47,644)
	PRIAC - Large Cap Value/LSV Asset Mgmt	-	627,302	-	-	714,467	627,302	(87,165)
	PRIAC - Mid Cap Growth/Goldman Sachs	-	354,784	-	-	262,805	354,784	91,979
	PRIAC - Small Cap Growth/Boston Co.	-	402,172	-	-	455,123	402,172	(52,951)
	PRIAC - Small Cap Value/Integrity	-	531,715	-	-	470,402	531,715	61,313
	PRIAC - International Blend/AQR	-	722,759	-	-	904,412	722,759	(181,653)
	PRIAC - Core Plus Bond/PIMCO Fund	-	1,509,835	-	-	1,372,756	1,509,835	137,079
Reporting Criterion II:	Any series of transactions (other than transactions with respect to securities) within the Plan year with or in conjunction with the same person which, when aggregated, regardless of the category of asset and the gain or loss of any transaction, involves an amount in excess of five percent of the current value of Plan assets. None.							
Reporting Criterion III:	Any series of transactions within the Plan year involving securities of the same issue which, when aggregated, involve an amount in excess of five percent of the current value of Plan assets.							
	PRIAC - Fidelity Contrafund	\$ -	\$ 357,929	\$ -	\$ -	\$ 354,787	\$ 357,929	\$ 3,142
	PRIAC - Large Cap Growth/Turner Inv	-	1,322,577	-	-	1,370,221	1,322,577	(47,644)
	PRIAC - Large Cap Value/LSV Asset Mgmt	-	627,302	-	-	714,467	627,302	(87,165)
	PRIAC - Mid Cap Growth/Goldman Sachs	-	354,784	-	-	262,805	354,784	91,979
	PRIAC - Small Cap Growth/Boston Co.	-	402,172	-	-	455,123	402,172	(52,951)
	PRIAC - Small Cap Value/Integrity	-	531,715	-	-	470,402	531,715	61,313
	PRIAC - International Blend/AQR	-	722,759	-	-	904,412	722,759	(181,653)
	PRIAC - Core Plus Bond/PIMCO Fund	-	1,509,835	-	-	1,372,756	1,509,835	137,079
Reporting Criterion IV:	Any transaction within the Plan year with respect to securities with or in conjunction with a person if any prior or subsequent single transaction within the Plan year with such person with respect to securities exceeds five percent of the current value of Plan assets.							
	U.S. Treasury Note - U.S. Government security, \$1,660,000 principal amount, 1.375%, due November 30, 2015	1,607,606	-	-	-	1,607,606	1,607,606	-
	Manning & Napier Fund Inc. - Core Plus Bond Series Fund - 91,258 shares at 10.81, trade date 12/16/10	986,499	-	-	-	986,499	986,499	-

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 Crestline Pension Plan	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Creative Engineered Polymer Products	D Employer Identification Number (EIN) 20-3210816	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B 		
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>			
2 Assets:			
a Market value	2a	5349001	
b Actuarial value	2b	5747735	
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	138	4193704
b For terminated vested participants	3b	270	3464172
c For active participants:			
(1) Non-vested benefits	3c(1)		0
(2) Vested benefits	3c(2)		0
(3) Total active	3c(3)	0	0
d Total	3d	408	7657876
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	6.70%	
6 Target normal cost	6	80000	

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	RICHARD F. MCCLEARY, EA, MAAA, MSPA RFM Signature of actuary RICHARD F. MCCLEARY, EA, MAAA, MSPA Type or print name of actuary SUMMIT RETIREMENT PLAN SERVICES INC Firm name 13680 CLEVELAND AVENUE NW UNIONTOWN OH 44685 Address of the firm	9/29/2011 Date 1106309 Most recent enrollment number 330-983-0539 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 ☐

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	4888	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	4888	0
9 Amount remaining (Item 7 minus item 8)	0	0
10 Interest on item 9 using prior year's actual return of <u>23.35%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		103
b Interest on (a) using prior year's effective rate of <u>8.09%</u>		8
c Total available at beginning of current plan year to add to prefunding balance		111
d Portion of (c) to be added to prefunding balance		111
12 Reduction in balances due to elections or deemed elections		0
13 Balance at beginning of current year (Item 9 + item 10 + item 11d - item 12)	0	111

Part III Funding percentages

14 Funding target attainment percentage	14	75.05%
15 Adjusted funding target attainment percentage	15	75.05%
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	77.17%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/12/2010	93000	0			
07/13/2010	92647	0			
10/13/2010	92647	0			
01/14/2011	92647	0			
09/08/2011	109761	0			
Totals ▶			18(b)	480702	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	453971

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ Nob If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

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

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

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

21 Discount rate:			
a Segment rates:	1st segment: 5.03%	2nd segment: 6.73%	3rd segment: 6.82%
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)		31	80000
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		1750628	373740
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	453740
		Carryover balance	Prefunding balance
35 Balances used to offset funding requirement			0
36 Additional cash requirement (item 34 minus item 35)		36	453740
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)		37	453971
38 Interest-adjusted excess contributions for current year (see instructions)		38	231
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