

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>CONNORS WARREN PENSION PLAN</u>	1b Three-digit plan number (PN) ►	<u>023</u>	
	1c Effective date of plan	<u>06/30/1988</u>	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>HBD INDUSTRIES, INC.</u> <u>5200 UPPER METRO PLACE</u> <u>SUITE 110</u> <u>DUBLIN, OH 43017</u>	2b Employer Identification Number (EIN) <u>25-1555749</u>	2c Sponsor's telephone number <u>614-526-7000</u>	2d Business code (see instructions) <u>326200</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/10/2011</u>	<u>DAVID MILLER</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/14/2011</u>	<u>MARK DYLL</u>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") HBD INDUSTRIES, INC. 5200 UPPER METRO PLACE SUITE 110 DUBLIN, OH 43017	3b Administrator's EIN 25-1555749 3c Administrator's telephone number 614-526-7000
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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	1842
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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	182
b Retired or separated participants receiving benefits.....	6b	973
c Other retired or separated participants entitled to future benefits.....	6c	400
d Subtotal. Add lines 6a , 6b , and 6c	6d	1555
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	228
f Total. Add lines 6d and 6e	6f	1783
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	0

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

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

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

a Pension Schedules

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

b General Schedules

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

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>CONNORS WARREN PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>023</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>HBD INDUSTRIES, INC.</u>	D Employer Identification Number (EIN) <u>25-1555749</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>59178574</u>
b	Actuarial value 2b <u>62499351</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>1198</u> <u>47421133</u>
b	For terminated vested participants 3b <u>451</u> <u>8563191</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>438612</u>
(2)	Vested benefits 3c(2) <u>16156945</u>
(3)	Total active 3c(3) <u>193</u> <u>16595557</u>
d	Total 3d <u>1842</u> <u>72579881</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>6.61</u> %
6	Target normal cost 6 <u>1365677</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>09/16/2011</u>
Signature of actuary	Date
<u>MARTIN E. MOLLOY</u>	<u>11-06227</u>
Type or print name of actuary	Most recent enrollment number
<u>AON CONSULTING, INC.</u>	<u>614-436-8199</u>
Firm name	Telephone number (including area code)
<u>445 HUTCHINSON AVENUE</u> <u>SUITE 900</u> <u>COLUMBUS, OH 43235-8619</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II		Beginning of year carryover and prefunding balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	3846602
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)		1386949
9	Amount remaining (Item 7 minus item 8).....	0	2459653
10	Interest on item 9 using prior year's actual return of <u>12.72</u> %		312868
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		2609913
b	Interest on (a) using prior year's effective rate of <u>8.28</u> %		277681
c	Total available at beginning of current plan year to add to prefunding balance		2887594
d	Portion of (c) to be added to prefunding balance.....		1662925
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	4435446

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	80.00 %
15	Adjusted funding target attainment percentage.....	15	80.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	89.31 %
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
10/01/2010	348978	0	04/01/2011	348978	0
11/02/2010	348978	0	05/01/2011	348978	0
12/01/2010	348978	0	06/01/2011	348978	0
01/03/2011	348978	0	08/01/2011	513783	0
02/01/2010	348978	0	09/01/2011	513783	0
03/01/2011	348978	0			
Totals ▶			18(b)	4168368	18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 3857045
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	

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

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

21 Discount rate:				
a Segment rates:	1st segment: 5.03 %	2nd segment: 6.73 %	3rd segment: 6.82 %	☐ N/A, full yield curve used
b Applicable month (enter code)	21b			4
22 Weighted average retirement age	22			63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	1365677
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	14515976	2822050
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	4187727
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	1598151
36 Additional cash requirement (item 34 minus item 35).....	36	2589576
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	3857045
38 Interest-adjusted excess contributions for current year (see instructions).....	38	1267469
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan CONNORS WARREN PENSION PLAN	B Three-digit plan number (PN) ▶	023
C Plan sponsor's name as shown on line 2a of Form 5500 HBD INDUSTRIES, INC.	D Employer Identification Number (EIN) 25-1555749	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

PNC BANK

25-1211909

(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?
13	CONTRACT ADMINISTRATOR	0	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2010 This Form is Open to Public Inspection.	
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010					
A Name of plan CONNORS WARREN PENSION PLAN				B Three-digit plan number (PN) ▶ 023	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 HBD INDUSTRIES, INC.				D Employer Identification Number (EIN) 25-1555749	
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: CONNORS WARREN MASTER PENSION TRUST					
b Name of sponsor of entity listed in (a): HBD INDUSTRIES, INC.					
c EIN-PN 20-5992702-001		d Entity code M		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60848168	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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	

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
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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
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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
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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
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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
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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 CONNORS WARREN PENSION PLAN	B Three-digit plan number (PN) ►	023
C Plan sponsor's name as shown on line 2a of Form 5500 HBD INDUSTRIES, INC.	D Employer Identification Number (EIN) 25-1555749	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3206250	3121434
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	56411150	60848168
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

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	59617400	63969602

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	59617400	63969602
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	4168368	
(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)		4168368

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)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		5645414
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		9813782

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5461580	
(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)		5461580
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5461580

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4352202
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: REA & ASSOCIATES, INC.

(2) EIN: 34-1310124

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.

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

A Name of plan <u>CONNORS WARREN PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>023</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HBD INDUSTRIES, INC.</u>	D Employer Identification Number (EIN) <u>25-1555749</u>

Part I	Distributions
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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.....	<u>1</u>	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>25-1211909</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	<u>3</u>	<u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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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	<u>6a</u>		
b Enter the amount contributed by the employer to the plan for this plan year	<u>6b</u>		
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).....	<u>6c</u>		
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
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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
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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.
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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:

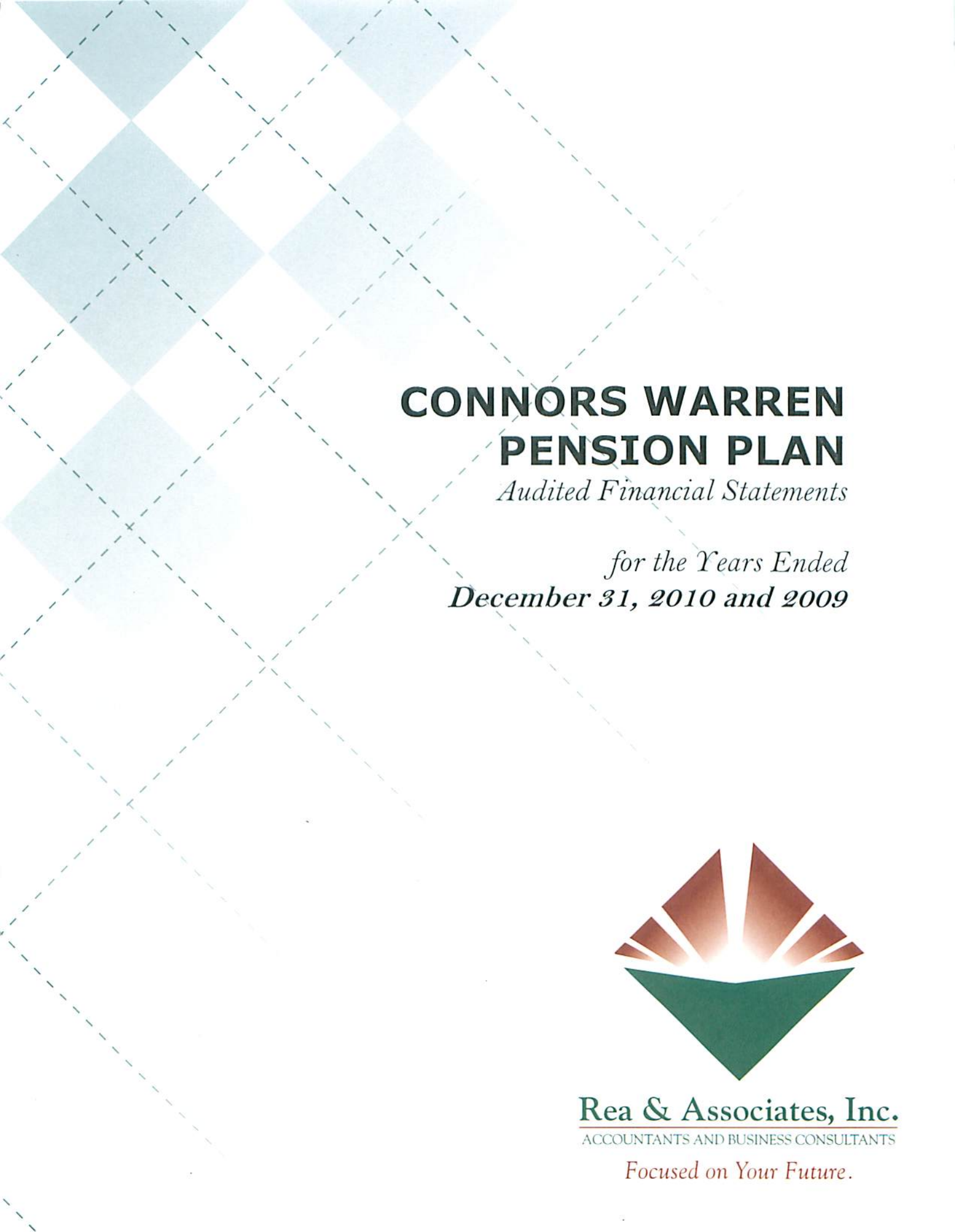
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: 100%

- 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):



CONNORS WARREN PENSION PLAN

Audited Financial Statements

*for the Years Ended
December 31, 2010 and 2009*



Rea & Associates, Inc.

ACCOUNTANTS AND BUSINESS CONSULTANTS

Focused on Your Future.

CONNORS WARREN PENSION PLAN
Audited Financial Statements
for the Years Ended December 31, 2010 and 2009

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Rea & Associates, Inc.

ACCOUNTANTS AND BUSINESS CONSULTANTS

Focused on Your Future.

October 4, 2011

The Plan Administrator
Connors Warren Pension Plan
Dublin, Ohio

INDEPENDENT AUDITORS' REPORT

We were engaged to audit the financial statements of the Connors Warren Pension Plan as of December 31, 2010 and 2009, and for the years then ended, as listed in the accompanying contents page. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes 5 and 6, which was certified by PNC Bank, the trustee of the Plan and the Master Trust in which the Plan has a beneficial interest, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2010 and 2009 and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

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

CONNORS WARREN PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
ASSETS:		
Investments, at fair value:		
Plan interest in Master Trust	\$ 60,848,976	\$ 56,411,211
Receivables:		
Employer's contributions	<u>3,121,434</u>	<u>3,206,250</u>
Net assets available for benefits	<u>\$ 63,970,410</u>	<u>\$ 59,617,461</u>

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

CONNORS WARREN PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net gain on investment in the Master Trust	\$ 5,646,161	\$ 6,435,609
Employer contributions	<u>4,168,368</u>	<u>4,275,000</u>
Total additions	9,814,529	10,710,609
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	<u>5,461,580</u>	<u>5,476,286</u>
Net increase in net assets available for benefits	4,352,949	5,234,323
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	<u>59,617,461</u>	<u>54,383,138</u>
NET ASSETS AVAILABLE FOR BENEFITS, end of year	<u>\$ 63,970,410</u>	<u>\$ 59,617,461</u>

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

CONNORS WARREN PENSION PLAN
STATEMENT OF ACCUMULATED PLAN BENEFITS
AS OF DECEMBER 31, 2009

ACTUARIAL PRESENT VALUE OF
ACCUMULATED PLAN BENEFITS:

Vested benefits:

Participants currently receiving payments

\$ 41,298,952

Other participants:

Vested terminated

6,492,199

Active

12,891,613

Total vested benefits

60,682,764

Nonvested benefits

456,649

TOTAL ACTUARIAL PRESENT VALUE OF
ACCUMULATED PLAN BENEFITS

\$ 61,139,413

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

CONNORS WARREN PENSION PLAN

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2009

ACTUARIAL PRESENT VALUE OF	
ACCUMULATED PLAN BENEFITS, BEGINNING OF YEAR	\$ 60,834,055
Benefits paid and transfers from the plan	(5,476,286)
Benefits accumulated	1,129,757
Interest accumulated	<u>4,651,887</u>
TOTAL ACTUARIAL PRESENT VALUE OF	
ACCUMULATED PLAN BENEFITS, END OF YEAR	<u>\$ 61,139,413</u>

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

CONNORS WARREN PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS

NOTE 1: DESCRIPTION OF PLAN

The following brief description of the Connors Warren Pension Plan ("the Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions. Information about the plan agreement, the vesting and benefit provisions, and the Pension Benefit Guaranty Corporation's benefit guarantee is contained in the Summary Plan Document.

General

The Plan is a non-contributory defined benefit pension plan covering substantially all salaried employees of the Bellefontaine, Ohio; Chanute, Kansas; and corporate locations of HBD Industries, Inc.; all union and non-union employees of the Warren, Ohio location of Peerless-Winsmith; all non-union employees of the Springville, New York; and Gainesville, Georgia locations of Peerless-Winsmith, and the Connors Steel Company ("Company").

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

Pension Benefits

The Plan provides for benefit payments as defined in the plan document. A participant is fully vested after five years of service. The normal retirement age under the Plan is 65. Specific terms of the Plan provide other retirement options with combination factors of age and years of credited service. The formula used to calculate an individual's pension benefit varies by the location where the individual was employed. Participants may elect to receive their benefits in the form of a joint and survivor annuity, a single life annuity, or a lump sum payment.

Death and Disability Benefits

The Plan provides for death and disability payments as defined in the Plan Document.

Administrative Expenses

Certain administrative functions are performed by officers or employees of the Company. No such officers or employee receives compensation from the Plan. All administrative fees of the Plan are netted with investment income in the accompanying financial statements.

CONNORS WARREN PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements are presented on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures, and actual results may differ from those estimates. It is reasonably possible that a significant change may occur in the near term for the estimates of investment valuation and actuarial present value of accumulated plan benefits.

Risks and Uncertainties

The Plan invests in a Master Trust which invests in a unitized fund. The investments of the unitized fund are a combination of mutual funds, stocks, money market funds, government securities, and other investment securities. The underlying investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the values of investment securities will occur and that such changes could materially affect the amounts reported in these financial statements.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimates and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Valuation of Master Trust Investments

Investments in the Master Trust are stated at fair value as reported by the trustee using published quotations and other data. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 7 for discussion of fair value measurements. Master Trust investment transactions are allocated by the trustee based on each plan's relative participation interest in the Master Trust. Master Trust investment transactions allocated to the Plan include dividend and interest income, gains and losses on sales of investments, unrealized appreciation or depreciation of investments, and administrative expenses.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

CONNORS WARREN PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS

NOTE 3: ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to services rendered by the employees. Benefits payable under all circumstances (retirement, death, disability, or termination of employment) are included to the extent they are deemed attributable to employee service rendered through the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary using the unit credit method and is that 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 underlying the computations for the Plan as of January 1, 2010 are as follows:

Average rate of return:	8.00%
Mortality basis:	IRS 2010 Annuitant and Non-annuitant mortality tables
Normal retirement age:	Age 65

The significant actuarial assumptions underlying the computations for the Plan as of January 1, 2009 are as follows:

Average rate of return:	8.00%
Mortality basis:	RP-2000 Annuitant and Non-annuitant for males and females
Normal retirement age:	Age 65

The net increase in the actuarial present value of accumulated plan benefits each year is the result of benefits paid, discounts for interest, changes in participant mix, actuarial experience gains and losses and changes in actuarial assumptions.

Actuarial assumptions are based on the presumption that the Plan will continue. Should the Plan terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

CONNORS WARREN PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS

NOTE 4: FUNDING POLICY

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. Pension funding is actuarially determined and includes normal cost and the amortization of past service cost. The actuary's report indicated that Company contributions in the amount of \$4,187,727 and \$3,853,740 were required in 2010 and 2009, respectively to meet the minimum funding standards of ERISA detailed in the actuary's report.

NOTE 5: INVESTMENTS - UNAUDITED

PNC Bank, the trustee of the Plan, holds investment assets and executes transactions therein, and all information pertaining to investments included in the financial statements has been certified by them as complete and accurate in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations under ERISA. This information has not been audited by independent accountants.

NOTE 6: MASTER TRUST INFORMATION - UNAUDITED

The Plan's trust agreement permits the commingling of the Plan's assets with those of other HBD Industries, Inc. sponsored employee benefit plans in the Master Trust. Each participating retirement plan has an undivided interest in the Master Trust. The trustee determines the Plan's proportionate share of trust assets and related changes in trust assets, and such amounts are reflected in the Plan's statements of net assets available for benefits and changes in net assets available for benefits.

At December 31, 2010 and 2009, the assets of the Master Trust were held at PNC bank (trustee.) The Plan's interest in the net assets of the Master Trust was approximately 100% at December 31, 2010 and 2009, respectively.

The following presents the net assets held by the Master Trust at December 31, 2010 and 2009, as certified by PNC Bank.

	<u>2010</u>	<u>2009</u>
Investments, at fair value:		
Interest-bearing cash equivalents	\$ 4,904,323	\$ 8,489,718
Bonds	8,226,640	7,671,112
Mutual funds	12,243,031	10,588,474
Limited partnerships	<u>35,380,641</u>	<u>29,591,122</u>
 Total investments held by the Master Trust	 60,754,635	 56,340,426
Interest and dividends receivable	<u>94,341</u>	<u>70,785</u>
 Total net assets held by the Master Trust	 <u>\$ 60,848,976</u>	 <u>\$ 56,411,211</u>

CONNORS WARREN PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS

NOTE 6: MASTER TRUST INFORMATION - UNAUDITED (Continued)

The following presents total investment income for the Master Trust for the years ended December 31, 2010 and 2009 as certified by PNC Bank:

	<u>2010</u>	<u>2009</u>
Net appreciation in fair value of investments:		
Interest-bearing cash equivalents	\$ 10,562	\$ 168,605
Corporate Bonds	669,494	894,440
Common Collective Trusts	0	(835,000)
Corporate Stocks	9,596	0
Mutual Funds	1,654,557	588,474
Limited partnerships	<u>3,301,139</u>	<u>5,616,158</u>
Total net appreciation	5,645,348	6,432,677
Interest and dividends	<u>813</u>	<u>2,932</u>
Total investment income	<u>\$ 5,646,161</u>	<u>\$ 6,435,609</u>

Administrative expenses are paid by the Master Trust. The expenses are allocated to participating plans as a reduction to investment income.

The closing prices reported in the active markets in which the securities are traded are used to value the investments in the Master Trust. The table in Note 7 sets forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of December 31, 2010 and 2009.

NOTE 7: FAIR VALUE MEASUREMENTS

Generally accepted accounting principles include a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

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

CONNORS WARREN PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS

NOTE 7: FAIR VALUE MEASUREMENTS (Continued)

Level 2 Inputs to the valuation methodology include:

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

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

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

Interest-bearing cash accounts: Valued at the net asset value ("NAV") of shares held by the plan at year end.

Common stock: Valued at the closing price reported on the active market on which the individual securities are traded.

Limited Partnerships: Valued at estimated fair value as determined by the investment manager at year end.

CONNORS WARREN PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS

NOTE 7: FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of December 31, 2010 and 2009:

Assets at Fair Value as of December 31, 2010

	Level 1	Level 2	Level 3	Total
Interest-bearing cash equivalents	\$ 4,904,323	\$ -	\$ -	\$ 4,904,323
Bonds			-	
Corporate		6,008,016		6,008,016
Mortgages		2,218,624		2,218,624
Mutual funds-large growth	12,243,031			12,243,031
Limited partnerships	-	-	35,380,641	35,380,641
Total assets at fair value	<u>\$ 17,147,354</u>	<u>\$ 8,226,640</u>	<u>\$ 35,380,641</u>	<u>\$ 60,754,635</u>

Assets at Fair Value as of December 31, 2009

	Level 1	Level 2	Level 3	Total
Interest-bearing cash equivalents	\$ 8,489,718	\$ -	\$ -	\$ 8,489,718
Corporate bonds	-	7,671,112	-	7,671,112
Mutal funds-large growth	10,588,474	-	-	10,588,474
Limited partnerships	-	-	29,591,122	29,591,122
Total assets at fair value	<u>\$ 19,078,192</u>	<u>\$ 7,671,112</u>	<u>\$ 29,591,122</u>	<u>\$ 56,340,426</u>

The table below sets forth a summary of changes in the fair value of the Master Trust's level 3 assets for the year ended December 31, 2010:

	Level 3 Assets Year Ended December 31, 2010 Limited Partnerships
Balance, beginning of year	\$ 29,591,122
Realized gains (losses)	
Unrealized gains (losses) relating to instruments still held at the reporting date	3,789,519
Purchases, sales, issuances, and settlements (net)	2,000,000
Interest and dividends	
Balance, end of year	<u>\$ 35,380,641</u>

CONNORS WARREN PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS

NOTE 8: PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA and its related regulations. Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

NOTE 9: INCOME TAX STATUS

The Plan obtained its latest determination letter dated July 12, 2002 in which the Internal Revenue Service stated that the Plan, as then designed, was qualified under Section 401(a) of the Internal Revenue Code (the "Code"). The Plan has restated the plan document, effective January 1, 2009, and has applied for a determination letter. The Internal Revenue Service has acknowledged receipt of the request for determination, Form 5300, on February 26, 2010, but has not yet issued a determination letter. The Company believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and believes that the Plan is qualified and the related trust is tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 10: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2010 and 2009 to the Form 5500:

	<u>2010</u>	<u>2009</u>
Investments per the financial statements	\$ 60,848,976	\$ 56,411,211
Accrued income	<u>(808)</u>	<u>(61)</u>
Total investments per the Form 5500	<u>\$ 60,848,168</u>	<u>\$ 56,411,150</u>

The following is a reconciliation of net (loss)/gain on investment per the financial statements to net investment (loss)/gain per the Form 5500 for December 31:

	<u>2010</u>	<u>2009</u>
Net gain on investments per the financial statements	\$ 5,646,161	\$ 6,435,609
Accrued loss	<u>747</u>	<u>725</u>
Net investment gain per the Form 5500	<u>\$ 5,645,414</u>	<u>\$ 6,436,334</u>

CONNORS WARREN PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS

NOTE 11: RECLASSIFICATIONS

Certain amounts previously reported in the December 31, 2009 financial statements have been reclassified to conform to the reporting presentation of the financial statements at December 31, 2010.

NOTE 12: SUBSEQUENT EVENTS

The plan has evaluated subsequent events through October 4, 2011, the date the financial statements were available to be issued.

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 Connors Warren Pension Plan	B Three-digit plan number (PN) <u>023</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HBD Industries, Inc.	D Employer Identification Number (EIN) 25-1555749
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2010</u>			
2 Assets:			
a Market value	2a		59,178,574
b Actuarial value	2b		62,499,351
3 Funding target/participant count breakdown			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	1,198	47,421,133
b For terminated vested participants	3b	451	8,563,191
c For active participants:			
(1) Non-vested benefits	3c(1)		438,612
(2) Vested benefits	3c(2)		16,156,945
(3) Total active	3c(3)	193	16,595,557
d Total	3d	1,842	72,579,881
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	6.61 %	
6 Target normal cost	6	1,365,677	

Statement by Enrolled Actuary

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

SIGN HERE	 Signature of actuary Martin E. Molloy Type or print name of actuary Aon Consulting, Inc. Firm name 445 Hutchinson Ave., Suite 900 Columbus OH 43235-8619 Address of the firm	9-16-2011 Date 11-06227 Most recent enrollment number (614) 436-8100 Telephone number (including area code)
------------------	--	---

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

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II		Beginning of year carryover and prefunding balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	3,846,602
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)		1,386,949
9	Amount remaining (Item 7 minus item 8)	0	2,459,653
10	Interest on item 9 using prior year's actual return of <u>12.72</u> %		312,868
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		2,609,913
b	Interest on (a) using prior year's effective rate of <u>8.28</u> %		277,681
c	Total available at beginning of current plan year to add to prefunding balance		2,887,594
d	Portion of (c) to be added to prefunding balance		1,662,925
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	4,435,446

Part III		Funding percentages	
14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	80.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	89.31 %
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
10/01/2010	348,978		04/01/2011	348,978	
11/02/2010	348,978		05/01/2011	348,978	
12/01/2010	348,978		06/01/2011	348,978	
01/03/2011	348,978		08/01/2011	513,783	
02/01/2011	348,978		09/01/2011	513,783	
03/01/2011	348,978				
Totals ▶			18(b)	4,168,368	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	3,857,045

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 5.03 %	2nd segment: 6.73 %	3rd segment: 6.82 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	1,365,677
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	14,515,976	2,822,050
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	4,187,727
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	1,598,151
36 Additional cash requirement (item 34 minus item 35).....	36	2,589,576
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	3,857,045
38 Interest-adjusted excess contributions for current year (see instructions).....	38	1,267,469
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

Plan Sponsor: HBD Industries, Inc.
Plan Name: Connors Warren Pension Plan
EIN: 25-1555749 PN: 023

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

	(1)	(2)	(3)	(4)	(5)	(6)
	Retirement		Cumulative		Retirement	
Age	q_x	p_x	p_x	= (1) * (3)	Age	= (4) * (5)
55	N/A					
56	N/A					
57	N/A					
58	N/A					
59	N/A					
60	0.05	0.950000	1.000000	0.050000	60.0	3.000
61	0.05	0.950000	0.950000	0.047500	61.0	2.898
62	0.15	0.850000	0.902500	0.135375	62.0	8.393
63	0.20	0.800000	0.767125	0.153425	63.0	9.666
64	0.50	0.500000	0.613700	0.306850	64.0	19.638
65	0.50	0.500000	0.306850	0.153425	65.0	9.973
66	1.00	0.000000	0.153425	0.153425	66.0	10.126
Totals:				1.00000	63.694	
Total of Column (6) / Total of Column (4), Rounded to nearest age:				64.000		

	(1)	(2)	(3)	(4)	(5)	(6)
	Retirement		Cumulative		Retirement	
Age	q_x	p_x	p_x	= (1) * (3)	Age	= (4) * (5)
55	0.10	0.900000	1.000000	0.100000	55.0	5.500
56	0.02	0.980000	0.900000	0.018000	56.0	1.008
57	0.02	0.980000	0.882000	0.017640	57.0	1.005
58	0.02	0.980000	0.864360	0.017287	58.0	1.003
59	0.02	0.980000	0.847073	0.016941	59.0	1.000
60	0.10	0.900000	0.830131	0.083013	60.0	4.981
61	0.10	0.900000	0.747118	0.074712	61.0	4.557
62	0.50	0.500000	0.672406	0.336203	62.0	20.845
63	0.20	0.800000	0.336203	0.067241	63.0	4.236
64	0.50	0.500000	0.268963	0.134481	64.0	8.607
65	0.50	0.500000	0.134481	0.067241	65.0	4.371
66	1.00	0.000000	0.067241	0.067241	66.0	4.438
Totals:				1.00000	61.550	
Total of Column (6) / Total of Column (4), Rounded to nearest age:						62.000

The weighted average retirement age is 63.

Plan Sponsor: HBD Industries, Inc.
Plan Name: Connors Warren Pension Plan
EIN: 25-1555749 PN: 023

Schedule SB, Part V – Summary of Plan Provisions

The following summary describes principal plan provisions assumed in calculating the cost of your pension plan.

	Connors Warren	HBD Salaried	Peerless-Winsmith Salaried
Original Effective Date	Sept. 1, 1956	Jun. 30, 1988	Jun. 30, 1988
Effective Date of Last Amendment	March 11, 2011	March 11, 2011	March 11, 2011
Plan Year	Jan. 1 to Dec. 31	Jan. 1 to Dec. 31	Jan. 1 to Dec. 31
Employer Fiscal Year	Jan. 1 to Dec. 31	Jan. 1 to Dec. 31	Jan. 1 to Dec. 31
Employer ID Number	25-1555749	25-1555749	25-1555749
Plan Administrator's ID Number	25-1555749	25-1555749	25-1555749
Plan Number	023	023	023
Eligibility	January 1 or July 1 after age 21 and one year of service HK Porter: January 1 or July 1 after age 21 and the anniversary date of employment (Connors and HK Porter are frozen to new hires)	January 1 or July 1 after age 21 and one year of service (Frozen to new hires as of August 2003)	Warren: January 1 or July 1 after age 21 and the anniversary date of employment Springville: First day of the month coincident or next following age 21 and one year of service (Frozen to new hires as of August 2003)
Service	Total plan years of service with the Employer Warren Hourly and Salaried Union: At least 1,000 hours	At least 1,000 hours	At least 1,000 hours
Normal Retirement Date	Age 65 and 5 th anniversary of participation date	Age 65 and 5 th anniversary of participation date	Age 65 and 5 th anniversary of participation date Springville: Age 65

Plan Sponsor: HBD Industries, Inc.
Plan Name: Connors Warren Pension Plan
EIN: 25-1555749 PN: 023

Schedule SB, Part V – Summary of Plan Provisions (Cont.)

	Connors Warren	HBD Salaried	Peerless-Winsmith Salaried								
Normal Retirement Benefit	(a) 1.1% of average monthly compensation times service (up to 30 years) plus	(a) 1.15% of average monthly compensation not in excess of \$7800 plus 1.5% of the excess for each year of credited service to Jan. 1 1972, plus	Warren: refer to HBD Salaried definition Springville:								
	(b) 1.2% of average monthly compensation times service (in excess of 30 years)	(b) 1.15% of average monthly compensation not in excess of the maximum Social Security Wage Base plus 1.5% of the excess for each year of credited service after Jan. 1 1972, plus	(a) 1.5% of average monthly compensation times years of service (maximum 33 1/3), plus								
	HK Porter: 1.5% of average monthly compensation times service.	(c) 1.15% of average monthly compensation for each year of credited service in excess of 35 years.	(b) 0.5% of average monthly compensation times years of service in excess of 33 1/3, minus								
	Benefit accruals were frozen Jan. 31, 2002.	(a) and (b) are limited to 35 years.	(c) a percentage accrual times a final 3-year average compensation (taken to a maximum of Social Security Covered Compensation) times years of service (maximum 33 1/3).								
	Warren Hourly: Benefit Rate times service. Current rate is \$32.00. Rate will increase to \$33.00 effective July 1, 2006.		The percentage accrual for (c) depends on the individual's year of birth, as follows:								
	Warren Salaried Union: Benefit Rate times service. Current rate is \$29.25.										
			<table><tr><th>Year of Birth</th><th>% Accrued</th></tr><tr><td>Prior to 1938</td><td>0.57%</td></tr><tr><td>1935-1954</td><td>0.54%</td></tr><tr><td>1955 & Later</td><td>0.51%</td></tr></table>	Year of Birth	% Accrued	Prior to 1938	0.57%	1935-1954	0.54%	1955 & Later	0.51%
Year of Birth	% Accrued										
Prior to 1938	0.57%										
1935-1954	0.54%										
1955 & Later	0.51%										

Plan Sponsor: HBD Industries, Inc.
Plan Name: Connors Warren Pension Plan
EIN: 25-1555749 PN: 023

Schedule SB, Part V – Summary of Plan Provisions (Cont.)

	Connors Warren	HBD Salaried	Peerless-Winsmith Salaried
Delayed Retirement	Continue-to-accrue Warren Salaried Union: Greater of continue-to-accrue or actuarial equivalence of benefit amount at Normal Retirement Date	Continue-to-accrue	Continue-to-accrue
Average Compensation	Highest 5 consecutive calendar-year salaries out of the last 10	Highest 5 consecutive calendar-year salaries out of the last 10	Highest 5 consecutive calendar-year salaries out of the last 10 (excluding OT, bonus, and commissions)
Disability	Disabled with at least 15 years of service. Benefit equals accrued benefit at date of disability, payable immediately without reduction. Warren Hourly: minimum of \$500 per month Warren Salaried Union: minimum of \$200 per month	N/A	N/A
Early Retirement	HK Porter: Age 60 (Reduction equals 0.5% for each month preceding Normal Retirement Date) Warren Hourly and Warren Salaried Union: Age 60 and 10 years of service (Actuarially reduced, plus \$500 supplement until 65 th birthday)	Age 60 (Reduction equals 0.5% for each month preceding Normal Retirement Date)	Warren: Age 60 (Reduction equals 0.5% for each month preceding Normal Retirement Date) Springville: Age 55 and 10 years of service (Reduction as dictated by table contained within the plan document)

Plan Sponsor: HBD Industries, Inc.
Plan Name: Connors Warren Pension Plan
EIN: 25-1555749 PN: 023

Schedule SB, Part V – Summary of Plan Provisions (Cont.)

	Connors Warren	HBD Salaried	Peerless-Winsmith Salaried
Severance Benefit	Full vesting after completion of five years of service HK Porter: Full vesting after completion of five years of service after age 18	Full vesting after completion of five years of service	Full vesting after completion of five years of service
Optional Methods of Settlement	Life Annuity	Life Annuity	Life Annuity
	Joint & 50% Contingent Annuity	Joint & 50% Contingent Annuity	Joint & 50% Contingent Annuity
	Joint & 75% Contingent Annuity	Joint and 75% Contingent Annuity	Joint and 75% Contingent Annuity
	Joint & 100% Contingent Annuity	Joint & 100% Contingent Annuity	Joint & 100% Contingent Annuity
	Lump sum payment, not in excess of \$5,000	60-months Certain & Life Annuity	60-months Certain & Life Annuity
	HK Porter, Warren Hourly, Warren Salaried Union:	120-months Certain & Life Annuity	120-months Certain & Life Annuity
	60-months Certain & Life Annuity	Lump sum payment, not in excess of \$5,000	Lump sum payment, not in excess of \$5,000
	120-months Certain & Life Annuity	Social Security equalization Annuity	Social Security equalization Annuity

Plan Sponsor: HBD Industries, Inc.
Plan Name: Connors Warren Pension Plan
EIN: 25-1555749 PN: 023

Schedule SB, Part V – Summary of Plan Provisions (Cont.)

Accrued Benefit

The Accrued Benefit at any time prior to a participant's Normal Retirement Date shall be based on the years of service and compensation (if applicable) earned as of the determination date.

Normal Form of Payment

If a married participant does not elect the normal form of annuity or does not elect one of the Optional Methods of Settlement described below, then the participant's retirement benefit shall automatically be paid in the form of a Joint & 50% Survivor Annuity.

Post-Retirement Increase

For Warren Hourly and Warren Salaried Union, effective July 1, 2000, the pension benefit of any active participant who retires on or after this date will be recalculated and increased upon each benefit rate increase. The early retirement percentage used to calculate the original benefit will also apply to each recalculated benefit.

70/80 Retirement

For HBD Connors, any participant whose continuous service is broken by reason of layoff, physical disability, plant shutdown, or by mutual agreement between the employee and employer has either (i) attained age 55 and has a total of age and continuous service equal to 70 or more, or (ii) has a total of age and continuous service equal to 80 or more, shall be eligible to retire and receive a pension equal to accrued benefit at the date service is broken unreduced for early commencement.

Social Security Covered Compensation

Average of the Social Security Wage Bases over an employee's final 35 years of service through Social Security Normal Retirement Age.

Special Payment

For participants of HBD Connors, an amount equal to 13 weeks of vacation pay reduced by any pay for vacation received for the calendar year for which the employee was last entitled to a vacation.

Death Benefit

In the event of a vested active participant's death, a spouse's benefit will be payable, assuming the participant had terminated on the day prior to death and elected a joint and one-half survivor benefit commencing at the earliest possible retirement date. Reductions may apply to this benefit. In the event of an inactive married participant's death, the benefit to the spouse will be calculated assuming the inactive participant lived to his earliest retirement date, elected a joint and one-half survivor benefit, and died the next day.

Plan Sponsor: HBD Industries, Inc.
Plan Name: Connors Warren Pension Plan
EIN: 25-1555749 PN: 023

Schedule SB, Part V – Summary of Plan Provisions (Cont.)

Surviving Spouse's Benefit

Additionally, for Warren Hourly and Warren Salaried Union, the surviving spouse of a participant who has 15 or more years of service while in employment, or after retirement on other than deferred vested pension, shall be eligible for the following monthly benefit:

For each month until the surviving spouse becomes eligible for Social Security widow's (or widower's) benefits, this benefit is equal to \$250.00 or, if greater, 50% of the employee's monthly regular pension, and for each month after the surviving spouse becomes eligible for Social Security widow's pension, \$200.00 or, if greater, 50% of the employee's monthly regular pension, less 50% of the widow's (or widower's) Social Security benefit.

Actuarial Equivalence

For former Connors plan participants, all Optional Methods of Settlement are actuarially equivalent to the normal form of annuity on a unisex basis, based on the UP-1984 Mortality and the PBGC interest rates in effect on the first day of the plan year in which benefits are being determined. Lump sum payments are based on the applicable interest rate and mortality table as provided by the Secretary of Treasury as prescribed by Code Section 417(e), as of the November preceding the plan year that includes the payment date.

For former Warren Hourly, Warren Salaried Union, HBD Salaried, and Peerless-Winsmith participants, all Optional Methods of Settlement are actuarially equivalent to the normal form of annuity on a unisex basis, based on the UP-1984 Mortality and an interest rate of 5½% as well as table factors listed in the plan document. Lump sum payments are based on the applicable interest rate and mortality table as provided by the Secretary of Treasury as prescribed by Code Section 417(e), as of the November preceding the plan year that includes the payment date.

Amendment or Termination of Plan

The Employer reserves the right to amend or terminate the Plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the Employer fails to meet the minimum funding standards, or is unable to pay benefits when due.

If the Plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure and the Employer shall be liable for any unfunded vested benefits to the extent required by law.

The above description is a summary only; for additional details, reference should be made to the formal plan document.

Plan Sponsor: HBD Industries, Inc.
Plan Name: Connors Warren Pension Plan
EIN: 25-1555749 PN: 023

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

Cost Method

Funding: Traditional Credit.

Asset Method

Funding: Based on average of fair market values over the period beginning on the last day of the 25th month preceding the month in which the valuation occurs and ending on the Valuation Date. The result is limited to no lower than 90% and no greater than 110% of the fair market value of plan assets as of the Valuation Date.

Dates of Calculations

Funding: The Valuation Date is January 1, 2010.

Employees Included in the Calculations

All active employees who have met the Plan's eligibility requirements as of the valuation date are included in the calculations. Former employees or their survivors who are receiving or entitled to receive an immediate or deferred benefit under the provisions of the Plan are also included.

Source of Data

Data is as of the valuation date and is supplied to us by the Employer.

Employees are assumed to work full time in all future years.

Past salaries are based on actual salary history.

We rely on the Employer to inform us of any former participants who have been rehired and lost prior service because of the length of their break in service. These employees may have participation requirements different from other new employees.

Financial information was supplied to us by the Trustee, PNC Bank.

Although we believe these to be accurate and complete, the data and financial information have not been audited by us.

Plan Sponsor: HBD Industries, Inc.
Plan Name: Connors Warren Pension Plan
EIN: 25-1555749 PN: 023

Schedule SB, Part V– Statement of Actuarial Assumptions/Methods
(cont.)

Interest and Other Rate Assumptions

Below is a summary of interest and inflation rates used for the January 1, 2010 valuation:

Interest Rates		Assumption
(1)	Funding Target	Segment Rates, 4 th month preceding the valuation date
	First Segment Rate	5.03%
	Second Segment Rate	6.73%
	Third Segment Rate	6.82%
(2)	Funding Long-Term Rate of Return	8.00%

Other Rates		Assumption
(1)	Social Security Wage Bases	5.00%
(2)	CPI for Social Security	5.00%
(3)	Future Salaries	4.00%
(4)	Cost of Living Adjustment	N/A

Plan Sponsor: HBD Industries, Inc.
Plan Name: Connors Warren Pension Plan
EIN: 25-1555749 PN: 023

Schedule SB, Part V– Statement of Actuarial Assumptions/Methods
(cont.)

Decrement Assumptions

Below is a summary of decrements used in this valuation:

Mortality Decrements	Description
Funding	IRS 2010 Annuitant and Non-Annuitant Mortality Tables

Plan Sponsor: HBD Industries, Inc.
Plan Name: Connors Warren Pension Plan
EIN: 25-1555749 PN: 023

Schedule SB, Part V– Statement of Actuarial Assumptions/Methods
(cont.)

Decrement Assumptions (cont.)

Sample Retirement, Disability, and Termination rates are illustrated in the tables below:

—Disability ¹ —			—Termination ² —		
Decrement	Male	Female	Decrement	Male	Female
Age	Rates	Rates	Age	Rates	Rates
25	0.000930	0.000960	25	0.096742	0.096742
40	0.003140	0.003570	40	0.077543	0.077543
55	0.015020	0.014900	55	0.015488	0.015488
65	0.030280	0.020950	65	0.000000	0.000000

—Retirement ³ —		—Retirement ⁴ —	
Decrement	Rates	Decrement	Rates
Age		Age	
55	N/A	55	0.100000
56	N/A	56	0.020000
57	N/A	57	0.020000
58	N/A	58	0.020000
59	N/A	59	0.020000
60	0.050000	60	0.100000
61	0.050000	61	0.100000
62	0.150000	62	0.500000
63	0.200000	63	0.200000
64	0.500000	64	0.500000
65	0.500000	65	0.500000
66	1.000000	66	1.000000

The weighted average retirement age is 64.

The weighted average retirement age is 62.

¹ Applicable to Warren Hourly and Warren Salaried Union.

² Rates shown are for employees with four or more years of service. During the first three years of service, employees are assumed to terminate at the rate of 20% per year.

³ Applicable to Warren Hourly, Warren Salaried Union, HBD Salaried, and Warren Non Bargaining.

⁴ Applicable to Springville Non Bargaining.

Plan Sponsor: HBD Industries, Inc.
Plan Name: Connors Warren Pension Plan
EIN: 25-1555749 PN: 023

Schedule SB, Part V– Statement of Actuarial Assumptions/Methods
(cont.)

Expenses

The normal cost for funding purposes includes assumed expenses equal to the actual expenses paid by the trust in the previous year plus the expected PBGC premium for the current year. General administrative expenses include trustee, investment, and actuarial fees.

Form of Benefit Payment

100% of participants are assumed to elect the Normal Form.

Other Considerations

For the puposes of valuing death benefits, 85% of the male employees and 50% of the female employees are assumed to be married. Wives are assumed to be 3 years younger than their husbands.

Plan Sponsor: HBD Industries, Inc.
Plan Name: Connors Warren Pension Plan
EIN: 25-1555749 PN: 023

Schedule SB, Line 25 - Change in Method

The Funding Target interest rates were changed from the full yield curve with a two-month lookback to the segment rates with a four-month lookback.

Plan Sponsor: HBD Industries, Inc.
Plan Name: Connors Warren Pension Plan
EIN: 25-1555749 PN: 023

Schedule SB, Line 26 - Schedule of Active Participant Data

[illegible]

Plan Sponsor: HBD Industries, Inc.
Plan Name: Connors Warren Pension Plan
EIN: 25-1555749 PN: 023

Schedule SB, Line 32 - Schedule of Amortization Bases

The table below lists the Funding Target Shortfall amortization bases included in the calculation of the Plan's Minimum Required Contribution as of January 1, 2010.

Date Established	Period Remaining	Current Year Present Value Factor ¹	Balance		Annual Payment
			Original	Remaining	
01/01/2008	5	4.543481	\$10,862,540	\$8,254,777	\$1,816,840
01/01/2009	6	5.265531	(\$2,391,875)	(\$2,243,052)	(\$425,988)
01/01/2010	7	5.942052	\$8,504,251	\$8,504,251	\$1,431,198
Total				\$14,515,976	\$2,822,050

¹ Calculated using the segment interest rates for the current Plan Year.

Plan Sponsor: HBD Industries, Inc.
Plan Name: Connors Warren Pension Plan
EIN: 25-1555749 PN: 023

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

	(1)	(2)	(3)	(4)	(5)	(6)
	Retirement		Cumulative		Retirement	
Age	q_x	p_x	p_x	$= (1) * (3)$	Age	$= (4) * (5)$
55	N/A					
56	N/A					
57	N/A					
58	N/A					
59	N/A					
60	0.05	0.950000	1.000000	0.050000	60.0	3.000
61	0.05	0.950000	0.950000	0.047500	61.0	2.898
62	0.15	0.850000	0.902500	0.135375	62.0	8.393
63	0.20	0.800000	0.767125	0.153425	63.0	9.666
64	0.50	0.500000	0.613700	0.306850	64.0	19.638
65	0.50	0.500000	0.306850	0.153425	65.0	9.973
66	1.00	0.000000	0.153425	0.153425	66.0	10.126
Totals:				1.00000		63.694
Total of Column (6) / Total of Column (4), Rounded to nearest age:						64.000

	(1)	(2)	(3)	(4)	(5)	(6)
	Retirement		Cumulative		Retirement	
Age	q_x	p_x	p_x	$= (1) * (3)$	Age	$= (4) * (5)$
55	0.10	0.900000	1.000000	0.100000	55.0	5.500
56	0.02	0.980000	0.900000	0.018000	56.0	1.008
57	0.02	0.980000	0.882000	0.017640	57.0	1.005
58	0.02	0.980000	0.864360	0.017287	58.0	1.003
59	0.02	0.980000	0.847073	0.016941	59.0	1.000
60	0.10	0.900000	0.830131	0.083013	60.0	4.981
61	0.10	0.900000	0.747118	0.074712	61.0	4.557
62	0.50	0.500000	0.672406	0.336203	62.0	20.845
63	0.20	0.800000	0.336203	0.067241	63.0	4.236
64	0.50	0.500000	0.268963	0.134481	64.0	8.607
65	0.50	0.500000	0.134481	0.067241	65.0	4.371
66	1.00	0.000000	0.067241	0.067241	66.0	4.438
Totals:				1.00000		61.550
Total of Column (6) / Total of Column (4), Rounded to nearest age:						62.000

The weighted average retirement age is 63.

Plan Sponsor: HBD Industries, Inc.
Plan Name: Connors Warren Pension Plan
EIN: 25-1555749 PN: 023

Schedule SB, Part V – Summary of Plan Provisions

The following summary describes principal plan provisions assumed in calculating the cost of your pension plan.

	Connors Warren	HBD Salaried	Peerless-Winsmith Salaried
Original Effective Date	Sept. 1, 1956	Jun. 30, 1988	Jun. 30, 1988
Effective Date of Last Amendment	March 11, 2011	March 11, 2011	March 11, 2011
Plan Year	Jan. 1 to Dec. 31	Jan. 1 to Dec. 31	Jan. 1 to Dec. 31
Employer Fiscal Year	Jan. 1 to Dec. 31	Jan. 1 to Dec. 31	Jan. 1 to Dec. 31
Employer ID Number	25-1555749	25-1555749	25-1555749
Plan Administrator's ID Number	25-1555749	25-1555749	25-1555749
Plan Number	023	023	023
Eligibility	January 1 or July 1 after age 21 and one year of service HK Porter: January 1 or July 1 after age 21 and the anniversary date of employment (Connors and HK Porter are frozen to new hires)	January 1 or July 1 after age 21 and one year of service (Frozen to new hires as of August 2003)	Warren: January 1 or July 1 after age 21 and the anniversary date of employment Springville: First day of the month coincident or next following age 21 and one year of service (Frozen to new hires as of August 2003)
Service	Total plan years of service with the Employer Warren Hourly and Salaried Union: At least 1,000 hours	At least 1,000 hours	At least 1,000 hours
Normal Retirement Date	Age 65 and 5 th anniversary of participation date	Age 65 and 5 th anniversary of participation date	Age 65 and 5 th anniversary of participation date Springville: Age 65

Plan Sponsor: HBD Industries, Inc.
Plan Name: Connors Warren Pension Plan
EIN: 25-1555749 PN: 023

Schedule SB, Part V – Summary of Plan Provisions (Cont.)

	Connors Warren	HBD Salaried	Peerless-Winsmith Salaried								
Normal Retirement Benefit	(a) 1.1% of average monthly compensation times service (up to 30 years) plus	(a) 1.15% of average monthly compensation not in excess of \$7800 plus 1.5% of the excess for each year of credited service to Jan. 1 1972, plus	Warren: refer to HBD Salaried definition Springville: (a) 1.5% of average monthly compensation times years of service (maximum 33 1/3), plus								
	(b) 1.2% of average monthly compensation times service (in excess of 30 years)	(b) 1.15% of average monthly compensation not in excess of the maximum Social Security Wage Base plus 1.5% of the excess for each year of credited service after Jan. 1 1972, plus	(b) 0.5% of average monthly compensation times years of service in excess of 33 1/3, minus								
	HK Porter: 1.5% of average monthly compensation times service.	(c) 1.15% of average monthly compensation for each year of credited service in excess of 35 years.	(c) a percentage accrual times a final 3-year average compensation (taken to a maximum of Social Security Covered Compensation) times years of service (maximum 33 1/3).								
	Benefit accruals were frozen Jan. 31, 2002.	(a) and (b) are limited to 35 years.									
	Warren Hourly: Benefit Rate times service. Current rate is \$32.00. Rate will increase to \$33.00 effective July 1, 2006.										
	Warren Salaried Union: Benefit Rate times service. Current rate is \$29.25.		The percentage accrual for (c) depends on the individual's year of birth, as follows:								
			<table><tr><th>Year of Birth</th><th>% Accrued</th></tr><tr><td>Prior to 1938</td><td>0.57%</td></tr><tr><td>1935-1954</td><td>0.54%</td></tr><tr><td>1955 & Later</td><td>0.51%</td></tr></table>	Year of Birth	% Accrued	Prior to 1938	0.57%	1935-1954	0.54%	1955 & Later	0.51%
Year of Birth	% Accrued										
Prior to 1938	0.57%										
1935-1954	0.54%										
1955 & Later	0.51%										

Plan Sponsor: HBD Industries, Inc.
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Schedule SB, Part V – Summary of Plan Provisions (Cont.)

	Connors Warren	HBD Salaried	Peerless-Winsmith Salaried
Delayed Retirement	Continue-to-accrue Warren Salaried Union: Greater of continue-to-accrue or actuarial equivalence of benefit amount at Normal Retirement Date	Continue-to-accrue	Continue-to-accrue
Average Compensation	Highest 5 consecutive calendar-year salaries out of the last 10	Highest 5 consecutive calendar-year salaries out of the last 10	Highest 5 consecutive calendar-year salaries out of the last 10 (excluding OT, bonus, and commissions)
Disability	Disabled with at least 15 years of service. Benefit equals accrued benefit at date of disability, payable immediately without reduction. Warren Hourly: minimum of \$500 per month Warren Salaried Union: minimum of \$200 per month	N/A	N/A
Early Retirement	HK Porter: Age 60 (Reduction equals 0.5% for each month preceding Normal Retirement Date) Warren Hourly and Warren Salaried Union: Age 60 and 10 years of service (Actuarially reduced, plus \$500 supplement until 65 th birthday)	Age 60 (Reduction equals 0.5% for each month preceding Normal Retirement Date)	Warren: Age 60 (Reduction equals 0.5% for each month preceding Normal Retirement Date) Springville: Age 55 and 10 years of service (Reduction as dictated by table contained within the plan document)

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Schedule SB, Part V – Summary of Plan Provisions (Cont.)

	Connors Warren	HBD Salaried	Peerless-Winsmith Salaried
Severance Benefit	Full vesting after completion of five years of service HK Porter: Full vesting after completion of five years of service after age 18	Full vesting after completion of five years of service	Full vesting after completion of five years of service
Optional Methods of Settlement	Life Annuity	Life Annuity	Life Annuity
	Joint & 50% Contingent Annuity	Joint & 50% Contingent Annuity	Joint & 50% Contingent Annuity
	Joint & 75% Contingent Annuity	Joint and 75% Contingent Annuity	Joint and 75% Contingent Annuity
	Joint & 100% Contingent Annuity	Joint & 100% Contingent Annuity	Joint & 100% Contingent Annuity
	Lump sum payment, not in excess of \$5,000	60-months Certain & Life Annuity	60-months Certain & Life Annuity
	HK Porter, Warren Hourly, Warren Salaried Union:	120-months Certain & Life Annuity	120-months Certain & Life Annuity
	60-months Certain & Life Annuity	Lump sum payment, not in excess of \$5,000	Lump sum payment, not in excess of \$5,000
	120-months Certain & Life Annuity	Social Security equalization Annuity	Social Security equalization Annuity

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Schedule SB, Part V – Summary of Plan Provisions (Cont.)

Accrued Benefit

The Accrued Benefit at any time prior to a participant's Normal Retirement Date shall be based on the years of service and compensation (if applicable) earned as of the determination date.

Normal Form of Payment

If a married participant does not elect the normal form of annuity or does not elect one of the Optional Methods of Settlement described below, then the participant's retirement benefit shall automatically be paid in the form of a Joint & 50% Survivor Annuity.

Post-Retirement Increase

For Warren Hourly and Warren Salaried Union, effective July 1, 2000, the pension benefit of any active participant who retires on or after this date will be recalculated and increased upon each benefit rate increase. The early retirement percentage used to calculate the original benefit will also apply to each recalculated benefit.

70/80 Retirement

For HBD Connors, any participant whose continuous service is broken by reason of layoff, physical disability, plant shutdown, or by mutual agreement between the employee and employer has either (i) attained age 55 and has a total of age and continuous service equal to 70 or more, or (ii) has a total of age and continuous service equal to 80 or more, shall be eligible to retire and receive a pension equal to accrued benefit at the date service is broken unreduced for early commencement.

Social Security Covered Compensation

Average of the Social Security Wage Bases over an employee's final 35 years of service through Social Security Normal Retirement Age.

Special Payment

For participants of HBD Connors, an amount equal to 13 weeks of vacation pay reduced by any pay for vacation received for the calendar year for which the employee was last entitled to a vacation.

Death Benefit

In the event of a vested active participant's death, a spouse's benefit will be payable, assuming the participant had terminated on the day prior to death and elected a joint and one-half survivor benefit commencing at the earliest possible retirement date. Reductions may apply to this benefit. In the event of an inactive married participant's death, the benefit to the spouse will be calculated assuming the inactive participant lived to his earliest retirement date, elected a joint and one-half survivor benefit, and died the next day.

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Schedule SB, Part V – Summary of Plan Provisions (Cont.)

Surviving Spouse's Benefit

Additionally, for Warren Hourly and Warren Salaried Union, the surviving spouse of a participant who has 15 or more years of service while in employment, or after retirement on other than deferred vested pension, shall be eligible for the following monthly benefit:

For each month until the surviving spouse becomes eligible for Social Security widow's (or widower's) benefits, this benefit is equal to \$250.00 or, if greater, 50% of the employee's monthly regular pension, and for each month after the surviving spouse becomes eligible for Social Security widow's pension, \$200.00 or, if greater, 50% of the employee's monthly regular pension, less 50% of the widow's (or widower's) Social Security benefit.

Actuarial Equivalence

For former Connors plan participants, all Optional Methods of Settlement are actuarially equivalent to the normal form of annuity on a unisex basis, based on the UP-1984 Mortality and the PBGC interest rates in effect on the first day of the plan year in which benefits are being determined. Lump sum payments are based on the applicable interest rate and mortality table as provided by the Secretary of Treasury as prescribed by Code Section 417(e), as of the November preceding the plan year that includes the payment date.

For former Warren Hourly, Warren Salaried Union, HBD Salaried, and Peerless-Winsmith participants, all Optional Methods of Settlement are actuarially equivalent to the normal form of annuity on a unisex basis, based on the UP-1984 Mortality and an interest rate of 5½% as well as table factors listed in the plan document. Lump sum payments are based on the applicable interest rate and mortality table as provided by the Secretary of Treasury as prescribed by Code Section 417(e), as of the November preceding the plan year that includes the payment date.

Amendment or Termination of Plan

The Employer reserves the right to amend or terminate the Plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the Employer fails to meet the minimum funding standards, or is unable to pay benefits when due.

If the Plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure and the Employer shall be liable for any unfunded vested benefits to the extent required by law.

The above description is a summary only; for additional details, reference should be made to the formal plan document.

Plan Sponsor: HBD Industries, Inc.
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Schedule SB, Part V— Statement of Actuarial Assumptions/Methods

Cost Method

Funding: Traditional Credit.

Asset Method

Funding: Based on average of fair market values over the period beginning on the last day of the 25th month preceding the month in which the valuation occurs and ending on the Valuation Date. The result is limited to no lower than 90% and no greater than 110% of the fair market value of plan assets as of the Valuation Date.

Dates of Calculations

Funding: The Valuation Date is January 1, 2010.

Employees Included in the Calculations

All active employees who have met the Plan's eligibility requirements as of the valuation date are included in the calculations. Former employees or their survivors who are receiving or entitled to receive an immediate or deferred benefit under the provisions of the Plan are also included.

Source of Data

Data is as of the valuation date and is supplied to us by the Employer.

Employees are assumed to work full time in all future years.

Past salaries are based on actual salary history.

We rely on the Employer to inform us of any former participants who have been rehired and lost prior service because of the length of their break in service. These employees may have participation requirements different from other new employees.

Financial information was supplied to us by the Trustee, PNC Bank.

Although we believe these to be accurate and complete, the data and financial information have not been audited by us.

Plan Sponsor: HBD Industries, Inc.
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Schedule SB, Part V– Statement of Actuarial Assumptions/Methods
(cont.)

Interest and Other Rate Assumptions

Below is a summary of interest and inflation rates used for the January 1, 2010 valuation:

Interest Rates		Assumption
(1)	Funding Target	Segment Rates, 4 th month preceding the valuation date
	First Segment Rate	5.03%
	Second Segment Rate	6.73%
	Third Segment Rate	6.82%
(2)	Funding Long-Term Rate of Return	8.00%

Other Rates		Assumption
(1)	Social Security Wage Bases	5.00%
(2)	CPI for Social Security	5.00%
(3)	Future Salaries	4.00%
(4)	Cost of Living Adjustment	N/A

Plan Sponsor: HBD Industries, Inc.
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Schedule SB, Part V– Statement of Actuarial Assumptions/Methods
(cont.)

Decrement Assumptions

Below is a summary of decrements used in this valuation:

Mortality Decrements	Description
Funding	IRS 2010 Annuitant and Non-Annuitant Mortality Tables

Plan Sponsor: HBD Industries, Inc.
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Schedule SB, Part V– Statement of Actuarial Assumptions/Methods
(cont.)

Decrement Assumptions (cont.)

Sample Retirement, Disability, and Termination rates are illustrated in the tables below:

—Disability¹—			—Termination²—		
Decrement	Male	Female	Decrement	Male	Female
Age	Rates	Rates	Age	Rates	Rates
25	0.000930	0.000960	25	0.096742	0.096742
40	0.003140	0.003570	40	0.077543	0.077543
55	0.015020	0.014900	55	0.015488	0.015488
65	0.030280	0.020950	65	0.000000	0.000000

—Retirement³—		—Retirement⁴—	
Decrement	Rates	Decrement	Rates
Age	Rates	Age	Rates
55	N/A	55	0.100000
56	N/A	56	0.020000
57	N/A	57	0.020000
58	N/A	58	0.020000
59	N/A	59	0.020000
60	0.050000	60	0.100000
61	0.050000	61	0.100000
62	0.150000	62	0.500000
63	0.200000	63	0.200000
64	0.500000	64	0.500000
65	0.500000	65	0.500000
66	1.000000	66	1.000000

The weighted average retirement age is 64.

The weighted average retirement age is 62.

¹ Applicable to Warren Hourly and Warren Salaried Union.

² Rates shown are for employees with four or more years of service. During the first three years of service, employees are assumed to terminate at the rate of 20% per year.

³ Applicable to Warren Hourly, Warren Salaried Union, HBD Salaried, and Warren Non Bargaining.

⁴ Applicable to Springville Non Bargaining.

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Schedule SB, Part V– Statement of Actuarial Assumptions/Methods
(cont.)

Expenses

The normal cost for funding purposes includes assumed expenses equal to the actual expenses paid by the trust in the previous year plus the expected PBGC premium for the current year. General administrative expenses include trustee, investment, and actuarial fees.

Form of Benefit Payment

100% of participants are assumed to elect the Normal Form.

Other Considerations

For the puposes of valuing death benefits, 85% of the male employees and 50% of the female employees are assumed to be married. Wives are assumed to be 3 years younger than their husbands.

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Schedule SB, Line 25 - Change in Method

The Funding Target interest rates were changed from the full yield curve with a two-month lookback to the segment rates with a four-month lookback.

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Schedule SB, Line 26 - Schedule of Active Participant Data

[illegible]

Plan Sponsor: HBD Industries, Inc.
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Schedule SB, Line 32 - Schedule of Amortization Bases

The table below lists the Funding Target Shortfall amortization bases included in the calculation of the Plan's Minimum Required Contribution as of January 1, 2010.

Date Established	Period Remaining	Current Year Present Value Factor ¹	Balance		Annual Payment
			Original	Remaining	
01/01/2008	5	4.543481	\$10,862,540	\$8,254,777	\$1,816,840
01/01/2009	6	5.265531	(\$2,391,875)	(\$2,243,052)	(\$425,988)
01/01/2010	7	5.942052	\$8,504,251	\$8,504,251	\$1,431,198
Total				\$14,515,976	\$2,822,050

¹ Calculated using the segment interest rates for the current Plan Year.