Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

P		lance witl	the instructions to the Form 5500)-SF.		•
Pä	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011	1	and ending 1	1/17/2	011	
A	This return/report is for:	a multiple	-employer plan (not multiemployer)	Ī	a one-particip	oant plan
		•	eturn/report	L		•
			•			
			n year return/report (less than 12 mo	ontns)	7	
С	Check box if filing under:	automatic	extension		DFVC progra	ım
	special extension (enter description	n)				
Pa	art II Basic Plan Information—enter all requested informa	ation				
1a	Name of plan			1b	Three-digit	
	ONAL BRIDGE CO., INC. CASH BALANCE PENSION PLAN				plan number	
					(PN) ▶	002
				1c	Effective date of	•
					01/01	/2007
	Plan sponsor's name and address; include room or suite number (en IONAL BRIDGE CO., INC.	nployer, if	for a single-employer plan)		Employer Identif	
INAT	ONAL BRIDGE CO., INC.				(=114)	02244
				2c	Sponsor's telep	
	MILITARY ROAD		•	0.1	716-876	
BUF	FALO, NY 14217-2528			2 a		see instructions)
2-		. "0		O.L.	23731	
	Plan administrator's name and address (if same as plan sponsor, en ONAL BRIDGE CO., INC. 1060 MILITAR		")	3D	Administrator's I	=IN 02244
	BUFFALO, NY		528	30		elephone number
					716-876	
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN	
	name, EIN, and the plan number from the last return/report.			_		
	Sponsor's name			4c	PN	
5a	Total number of participants at the beginning of the plan year			5a		
b	Total number of participants at the end of the plan year			5b		
С	Number of participants with account balances as of the end of the pl	lan year (d	defined benefit plans do not			
	complete this item)			5c		
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			X Yes No
b	3					V vaa □ N
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		· ·			X Yes No
Do	If you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information	orm 5500-	SF and must instead use Form 550	<i>J</i> U.		
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	
а	Total plan assets	7a	334282			0
b	Total plan liabilities	7b	0			0
С	Net plan assets (subtract line 7b from line 7a)	7c	334282			0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal
а	Contributions received or receivable from:		0			
	(1) Employers	8a(1)				
	(2) Participants	8a(2)	0			
	(3) Others (including rollovers)	8a(3)	0			
b	Other income (loss)	8b	-6439			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-6439
d	Benefits paid (including direct rollovers and insurance premiums		220457			
	to provide benefits)	8d	320457			
е	Certain deemed and/or corrective distributions (see instructions)	8e	0			
f	Administrative service providers (salaries, fees, commissions)	8f	7386			
g	Other expenses	8g	0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				327843
i	Net income (loss) (subtract line 8h from line 8c)	8i				-334282
i	Transfers to (from) the plan (see instructions)	8j	0			
	` ' ` ` ' '	oj				

Form 5	κ	SE 201

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Part IV	Plan	Characte	aristics
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- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 1A 1C 1G 1I
 - If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

10	During the plan year:		Yes	No		Am	ount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			-	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	X					20000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h						
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))			lule SB			Yes	No
	0000//					×	163	INU
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						<u> </u>	
12							<u> </u>	
а	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction of the waiver. Mon	e or se ctions,	ction (302 of I	ERISA?	of the le	Yes Etter rulin	X No
а	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	e or se ctions, th	and e	302 of I enter th Day	ERISA?	of the le	Yes Etter rulin	X No
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a If y	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year.	e or se	and e	302 of I enter th Day	ERISA?	of the le	Yes Etter rulin	X No
a If y b	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left)	e or se	and e	302 of I enter th Day	ERISA?	of the le	Yes Etter rulin	X No
a If y b c d	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year.	ctions,	and e	enter th Day 12b 12c 12d	ERISA?	of the le	Yes Etter rulin	X No
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a If y b c d e Part 13a b c	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Monyou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the standard process of the plan to another plan(s), identify the	of a	and e	12b 12c 12d 	e date	of the le Yea	Yes Exter rulinar	N/A No
a If y b c d e Part 13a b c	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Monyou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? WII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	of a	and e	12b 12c 12d X Y	e date	of the le Yea	Yes [N/A No
a If y b c d Part 13a b c	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Monyou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? WII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	of a under	and 6	12b 12c 12d X Y ontrol	e date	of the le Yea	Yes [N/A No

SIGN	Filed with authorized/valid electronic signature.	04/17/2012	CHARLES MARCHESE
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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

This Form is Open to Public Inspection

OMB No. 1210-0110

2011

Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

				.,			•			ment to Forr	n 5500 or	5500-	SF.						
Fc	r cale	ndar	olan yea	r 2011	or fiscal	l plan ye	ar beginni	ng <mark>0</mark> 1	1/01/2011				and endi	ng <mark>11</mark>	/17/20	11			
			amoun																
_				y of \$1,	000 will	be asse	essed for la	ate filing o	f this repo	ort unless rea	sonable ca	use is	s establish	ed.					
	Name TION			CO., IN	C. CASI	H BALA	NCE PEN	SION PLA	N			В	Three-dig plan num	,	1))		002	
			or's nam			n line 2a	of Form 5	500 or 550	00-SF				Employer -1202244	Identific	ation N	Number	(EIN)		
Ε	Туре	of plar	n: X Si	ngle	Multi	iple-A	Multiple	e-B	F	Prior year p	lan size: >	100	or fewer	101	-500	More	than 500	0	
Р	art I	E	Basic I	nform	ation														
1	Ent	er the	e valuation	on date	:	M	lonth 01		Day01	Year	2011	_							
2	Ass	sets:																	
	а	Mar	ket value	э										2a					33195
	b	Actu	uarial val	ue										2b					33195
3	Fur	nding	target/pa	articipa	nt count	t breakd	own:				(1) N	lumbe	er of partici	pants		(2)	Funding	g Target	
	а	For	retired p	articipa	ants and	d benefi	ciaries rec	eiving pay	ment	3a					0				
	b	For	termina	ted ves	sted part	ticipants				3b					2				124
	С	For	active p	articipa	ants:														
		(1)	Non-ve	ested b	enefits					3c(1)									
		(2)	Vested	d benefi	its					3c(2)									283179
		(3)	Total a	ctive						3c(3)					6				28317
	d	Tot	al							3d					8				284423
4	If th	ne pla	n is in a	t-risk st	atus, ch	eck the	box and c	omplete lii	nes (a) an	nd (b)									
	а	Fun	ding targ	get disr	egardin	g prescr	ibed at-risl	k assumpt	ions					4a					
	b									ansition rule f				4b					
5	Effe	ective	interest	rate										5					6.32 %
6	Tar	get n	ormal co	st										6					97
	To the accorda	best of ance w ation, o	ith applicat	dge, the i	information d regulation	ons. In my	in this schedu opinion, each erience under	other assump	panying schootion is reaso	edules, statement nable (taking into	s and attachm account the e	nents, if experien	any, is complete of the plan	ete and ac and reaso	curate. E onable ex	Each prescr epectations	ibed assur) and such	mption was າ other assu	applied in mptions, in
	SIGN HERI															04/04/2	2012		
SA	RA K.	DEFI	LIPPO			Signat	ure of actu	ary				_				Date 11-07	318		
DU	NBAR	. BEN	IDER &	ZAPF.	,,	e or prii	nt name of	actuary				_		Most	recen	t enrollm			
437	GRA	NT S	TREET, , PA 152	SUITE	1100	Fi	rm name					_	Te	elephon	e num			rea code)
						Addre	ess of the	firm				_							
f th	e actu	ary h	as not fu	Illy refle	ected an	y regula	ation or ruli	ng promul	lgated und	der the statute	e in comple	eting t	his schedu	ıle, ched	ck the	box and	see		

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Schedule SB (Form 5500) 2011

Pa	rt II	Begir	ning of year	carryov	er and prefunding bal	lances						
							(a) C	Carryover balance	:	(b) I	Prefundi	ng balance
7		J	0 ,		cable adjustments (line 13 fi	•			0			23483
8			•	•	unding requirement (line 35				0			0
9	Amount	remaini	ng (line 7 minus lir	ne 8)					0			23483
10	Interest	on line 9	ousing prior year's	actual ret	turn of11.64%				0			2733
11	Prior ye	ar's exce	ess contributions t	o be adde	d to prefunding balance:							
	a Pres	sent valu	e of excess contri	butions (lir	ne 38 from prior year)							807
b Interest on (a) using prior year's effective rate of6.73 % except as otherwise provided (see instructions)												54
C Total available at beginning of current plan year to add to prefunding balance												861
	d Portion of (c) to be added to prefunding balance											
12	Other re	eductions	s in balances due	to election	s or deemed elections				0			0
13	Balance	at begir	nning of current ye	ar (line 9 -	+ line 10 + line 11d – line 12))			0			26216
P	art III	Fun	ding percenta	ages								
14	Funding	g target a	attainment percent	age							14	107.49 %
15	Adjuste	d fundin	g target attainmen	t percenta	ge						15	116.71 %
16	-		• •		of determining whether car		-	•			16	107.05 %
17	If the cu	ırrent val	ue of the assets o	f the plan	is less than 70 percent of the	e funding targ	get, enter s	uch percentage			17	%
P	art IV	Con	tributions and	d liquidi	ty shortfalls							
18	Contribu	utions ma	ade to the plan for	the plan y	rear by employer(s) and emp	oloyees:						
/N	(a) Date	e VVV	(b) Amount pa		(c) Amount paid by employees	(a) Da (MM-DD-)		(b) Amount pa		(c) Amou emple	nt paid by
(IV	ו -טט-וווו	111)	employen	(5)	employees	(IVIIVI-DD-	1111)	employen	(5)		empi	Dyees
						Totals ▶	18(b)		0	18(c)		0
19	Discour	ited emp	lover contributions	s – see ins	tructions for small plan with	a valuation d	ate after th	e beginning of the	e vear:			
			-		imum required contributions				19a			0
	_			•	djusted to valuation date				19b			0
					, uired contribution for current y				19c			0
20			outions and liquidit									
		•	·	•	the prior year?							Yes X No
			_		stallments for the current yea						<u> </u>	Yes No
					ete the following table as ap		•					<u>. L</u>
					Liquidity shortfall as of e		of this plar	n year				
		(1) 19	st		(2) 2nd		(3)	3rd			(4) 4th	

Pa	rt V	Assumptio	ns used to determ	ine f	unding target and tar	get i	normal cost		
21	Disco	ount rate:							
	a Se	egment rates:	1st segment: 3.78%		2nd segment: 6.31%		3rd segment: 6.57 %		N/A, full yield curve used
	b A	pplicable month	(enter code)					21b	4
22								22	65
23		ality table(s) (see			escribed - combined		scribed - separate	Substitu	
Pa	rt VI	Miscellane	L		<u> </u>		·		
				ed act	uarial assumptions for the co	ırrent	nlan year? If "Yes " see	instructions	regarding required
			•				•		· · · · · · · · · · · · · · · · · · ·
25	Has a	a method change	e been made for the cur	rent pla	an year? If "Yes," see instru	ctions	regarding required attac	hment	Yes X No
26	Is the	plan required to	provide a Schedule of	Active	Participants? If "Yes," see i	nstruc	tions regarding required	attachment	X Yes No
27					nding rules, enter applicable			27	
Pa	rt VII	Reconcilia	ation of unpaid mi	nimu	ım required contribut	ions	for prior years		
28	Unpa	id minimum requ	uired contributions for al	l prior y	years			28	0
29					I unpaid minimum required o		· · ·	29	0
30	Rema	aining amount of	f unpaid minimum requir	ed con	ntributions (line 28 minus line	29)		30	0
Pa	rt VIII	Minimum	required contribu	tion f	or current year				
31	Targe	et normal cost a	nd excess assets (see ir	nstruct	ions):				
	a Tai	rget normal cost	(line 6)					31a	97
	b Ex	cess assets, if a	applicable, but not greate	er than	31a			31b	97
32	Amor	tization installme	ents:				Outstanding Bala	ince	Installment
	a Ne	et shortfall amort	tization installment					0	0
	b Wa	aiver amortizatio	on installment					0	0
33					ter the date of the ruling lette) and the waived amo			33	0
34	Total	funding requirer	ment before reflecting ca	arryove	er/prefunding balances (lines	31a -	31b + 32a + 32b - 33)	34	0
					Carryover balance		Prefunding bala	nce	Total balance
35			use to offset funding			0		0	0
36	Additi	ional cash requir	rement (line 34 minus lir	ne 35).			1	36	0
37	Contr	ributions allocate	ed toward minimum requ	ired co	ontribution for current year a	djuste	d to valuation date	37	0
38			ess contributions for curr					<u> </u>	
								38a	0
			•		prefunding and funding star			38b	0
39					ear (excess, if any, of line 36		-	39	0
40	Unpa	id minimum requ	uired contributions for al	l years				40	0
Pa	rt IX	Pension f	funding relief und	er Pe	nsion Relief Act of 20	010 (see instructions)	<u>'</u>	
41	If a sh	nortfall amortizati	ion base is being amorti	zed pu	ırsuant to an alternative amo	rtizati	on schedule:		
	a Sch	nedule elected							2 plus 7 years 15 years
	b Elig	gible plan year(s)) for which the election i	n line 4	41a was made			200	8 2009 2010 2011
42	Amou	int of acceleratio	on adjustment					42	
					d over to future plan years			43	

Plan Name: National Bridge Co., Inc. Cash Balance Pension Plan

Sponsor Name: National Bridge Co., Inc.

EIN: 16-1202244

Plan Number: 002

					Years of Credited S	ervice to January 1,	2011				
Attained	0 to 4	5 to 9	10 to 14 15 to 19		20 to 24 25 to 29		30 to 34	35 to 39	40 & up	Total	
Age	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp					
1 to 19	-	-	-	-	-	-	-	-	-	0	
20 to 24	-	-	-	-	-	-	-	-	-	0	
25 to 29	-	-	-	-	-	-	-	-	-	0	
30 to 34	-	-	-	-	-	-	-	-	-	0	
35 to 39	1	-	-	-	-	-	-	-	-	1	
40 to 44	1	-	-	-	-	-	-	-	-	1	
45 to 49	1	-	-	-	-	-	-	-	-	1	
50 to 54	2	-	-	-	-	-	-	-	-	2	
55 to 59	-	-	-	-	-	-	-	-	-	0	
60 to 64	1	-	-	-	-	-	-	-	-	1	
65 to 69	-	-	-	-	-	-	-	-	-	0	
70 to 74	-	-	-	-	-	-	-	-	-	0	
75 & up	-	-	-	-	-	-	-	-	-	0	
Total	6	0	0	0	0	0	0	0	0	6	

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). 2011

OMB No. 1210-0110

This Form is Open to Public Inspection

Schedule SB (Form 5500) 2011

v.012611

File as an attachmen		5500 or 5	500-SF.			
For calendar plan year 2011 or fiscal plan year beginning 01/01/2	2011		and ending		11/17/	2011
Round off amounts to nearest dollar.						
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report u	inless reas	onable cau	use is established			
A Name of plan NATIONAL BRIDGE CO., INC. CASH BALANCE PENSION	ON PLAN	1	B Three-digit plan number	er (PN)	>	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF			D Employer Ide		tion Number	
NATIONAL BRIDGE CO., INC.			16-1202244			, ,
Report of the second se	Prior year pla	an size: 🛚		101-5	00	han 500
	, , , , , , , , , , , , , , , , , , , ,	<u> </u>	L.			
Part Basic Information 1 Enter the valuation data: Month 01 Day 01	Vana	2011				
Effective valuation case.	Year_					
2 Assets: a Market value			ĺ	2a	0350050840506254054	331959
b Actuarial value		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2b		331959
3 Funding target/participant count breakdown:	***************************************	(1) No	umber of participa		(2)	Funding Target
a For retired participants and beneficiaries receiving payment	3a	(1) (1)	amber of paracipa	0	4	0
b For terminated vested participants	3b			2		1244
C For active participants:	L	Hilagi Villa	la valdu lapatu bahan 1912 di 19		254 (37) (37) (44) (47) (45) (41)	
(1) Non-vested benefits	3c(1)					0
(2) Vested benefits						283179
(3) Total active		100000000000000000000000000000000000000		6		283179
d Total	 			8		284423
4 If the plan is in at-risk status, check the box and complete lines (a) and (l	b)		Π			
a Funding target disregarding prescribed at-risk assumptions	1,1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		4a	orana, o danar sant sa cincol del bell	<u> </u>
b Funding target reflecting at-risk assumptions, but disregarding trans at-risk status for fewer than five consecutive years and disregarding	ition rule fo	or plans the	at have been in	4b		
5 Effective interest rate				5		6.32%
6 Target normal cost				6		97
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedule accordance with applicable law and regulations. In my opinion, each other assumption is reasonable.	es, statements le (taking into a	and altachmaccount the ex	ents, if any, is complete xperience of the plan ar	and accu	ırate. Each presci able expectations	ibed assumption was applied in and such other assumptions, in
combination, offer my best estimate of anticipated experience under the plan.				/	′ /	
HERE MAN				4/	4/2012 .	
Signature of actuary SARA K. DEFILIPPO				,	Date 11073:	L8
Type or print name of actuary DUNBAR, BENDER & ZAPF, INC.					ecent enrolln 412-263-	
Firm name			Tele	phone	number (incl	uding area code)
437 GRANT STREET, SUITE 1100						
PITTSBURGH PA 15219-6114			_			
Address of the firm						
If the actuary has not fully reflected any regulation or ruling promulgated under	the statute	in comple	ting this schedule	, check	the box and	see

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

Pē	nt II Begin	ning of year	carryove	r and prefunding ba	lances						······································
R. Dr. Strates Pres.		<u> </u>				(a) (Carryover balance		(b) P	refundi	ng balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)					300 000 3004		23483			
8	Postion elected for use to offset prior year's funding requirement (line 35 from prior year)								0		
9	Amount remaining (line 7 minus line 8)								23483		
10	Interest on line 9 using prior year's actual return of 11.64%					·····	·····	2733			
***************************************	Prior year's excess contributions to be added to prefunding balance:										
	a Present value of excess contributions (line 36 from prior year)							807			
	b interest on (a	b. Interest on (a) using prior year's effective rate of6.73% except as otherwise provided (see instructions)							54		
				ear to add to prefunding bala		forestronestrone			10000000000000000000000000000000000000		861
	ATT POPULATION			slance					dertendend-federaleraterasiderie	*************	0
12		medulus makes incoded sedicion continues in the sedicion continues in	elizajizaliyaheniyaliret.jesiejahiajizhisizizki	or deemed elections		Sanite of still best in particular section (s).		0	ter destilitante contraraccementilise della		0
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10				of determining whether can						16	107.05%
17				less than 70 percent of the						17	%
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{M	IM-DD-YYYY)	employer(employees		O-YYYY)	employer(s				oyeés
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Pa	rt V Assumptio	ns used to determine f	unding target and ta	rget normal cost					
21	Discount rate:								
	a Segment rates:	1st segment: 3 . 78%	2nd segment: 6.31%	3rd segm 6.5		□ N/A, fo	ıll yield c	:urve	used
	b Applicable month	(enter code)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	21b				. 4
22	Weighted average ret	tirement age			22				6.
23	Mortality table(s) (see	e instructions) 🔻 Pre	escribed - combined	Prescribed - separate	Substitu	ute			
Pa	rt VI Miscellane	ous items						***************************************	
24		nade in the non-prescribed act						Yes	X No
25	Has a method change	e been made for the current pla	an year? If "Yes," see instru	uctions regarding required a	attachment			Yes	X No
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see	instructions regarding requ	red attachmen	t	X	Yes	No
27		or (and is using) alternative fur			27				
Pa	rt VII Reconcilia	ation of unpaid minimu	ım required contribu	tions for prior years	•				
28	Unpaid minimum requ	uired contributions for all prior	years		28			***************************************	(
29	• •	contributions allocated toward	•		1 23				(
30	Remaining amount of	f unpaid minimum required cor	ntributions (line 28 minus lin	e 29)	30				(
Pa	rt VIII Minimum	required contribution t	or current year						
31	Target normal cost a	nd excess assets (see instruct	ions):						
	a Target normal cost	(line 6)	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	31a				97
	b Excess assets, if a	applicable, but not greater than	31a		31b				97
32	Amortization installme	ents:		Outstanding	Balance	,	nstallme	nt	
	a Net shortfall amort	ization installment			0			**********	(
	b Waiver amortization	on installment	***************************************		0				
33		approved for this plan year, en Day Year			33				(
34	Total funding requirer	ment before reflecting carryove	er/prefunding balances (lines	s 31a - 31b + 32a + 32b - 3	3) 34	***************************************			C
	***************************************		Carryover balance	Prefunding t	 1	To	otal bala	nce	
35		use to offset funding	· · · · · · · · · · · · · · · · · · ·	d	((
36	i	rement (line 34 minus line 35).			36				<u> </u>
	Contributions allocate	ed toward minimum required co	ontribution for current year a	djusted to valuation date	37				(
38	Present value of exce	ess contributions for current ye	ar (see instructions)			I		***************************************	
		ny, of line 37 over line 36)	 		38a				
	· · · · · · · · · · · · · · · · · · ·	line 38a attributable to use of		······································					
39		uired contribution for current ye	······································						
40		uired contributions for all years							(
Pai	a contactiva encomentation	funding relief under Pe	······	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		I			
41	If a shortfall amortizati	ion base is being amortized pu	rsuant to an alternative am	ortization schedule:					
***************************************	a Schedule elected			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,,	2 plus 7 yea	ars 🗍	15 y	rears
·	b Eligible plan year(s)) for which the election in line	41a was made	707-077-77-77-77-77-77-77-77-77-77-77-77		" _	2010		2011
42	Amount of acceleratio	n adjustment	***************************************	***************************************	42		***************************************		
43	Excess installment ac	celeration amount to be carried	d over to future plan years		43		***************************************		

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

	Retirement	
Age	Probability	Weight
65	100%	100.00

Weighted Retirement Age is 65

Schedule SB, Part V – Summary of Plan Provisions

The following is a summary of the major provisions of the above plan as of the valuation date. Please refer to the plan document for a more complete description of the most recent plan provisions.

- I. Effective Date: January 1, 2007
- II. Definitions
 - A. Actuarial Equivalence (§7.10): The applicable 417(e)(3)(B) mortality table (Post-Retirement Only) and 5.0% (Pre-Retirement) and 5.5% (Post-Retirement) interest rates. However, the amount of any single sum distribution from the Plan will be equal to the amount credited to the Participant's Cash Balance Account on the date of the distribution.
 - B. Compensation (§2.10): Total earnings including deferrals pursuant to any salary reduction agreements
 - C. Employee (§2.22): Any Employee employed by the Employer
 - D. Entry Date (§2.24): January 1 and July 1
 - E. Excluded Employee (§2.26): Any Leased Employee, any Employee covered by a collective bargaining agreement, any Employee who is a nonresident alien receiving no earned income, any Employee employed by an Affiliated Employer, and any "common law employee".
 - F. Plan Year (§2.43): January 1 to December 31
- III. Eligibility, Participation (§3.01): Each Eligible Employee will commence participation in the Plan on the Entry Date coincident with or immediately following the later of the completion of one (1) Year of Service and age twenty-one (21). Effective June 4, 2011, no employee will commence participation in the plan.
- IV. Year of Service (§2.63): Earned for each Plan Year in which an Employee completes at least 1,000 hours
- V. Income Eligibility
 - A. Normal Retirement Age (§2.37): The later of a participant's 65th birthday or fifth anniversary of their date of participation.
 - B. Normal Retirement Date (§2.38): First day of the calendar month coincident with or immediately following the attainment of Normal Retirement Age
 - C. Late (§5.06): Permitted upon termination of employment
 - D. Early Retirement: None provided
 - E. Disability (§2.14): Must be a physical or mental disability that is sufficient to prevent a Participant from performing work for which he was suited prior to the such disability

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

VI. Retirement Income

- A. Normal Form of Benefit (§5.01): Life Annuity
- B. Retirement Benefit (§5.02): A Cash Balance Account will be maintained on behalf of each Participant. As of December 31, 2007 and each December 31 thereafter, the Cash Balance Account for each Cash Balance Participant who has completed 1,000 or more hours of service during the Plan Year will be credited with an amount equal to a percentage of his or her Compensation for such Plan Year as shown in the table below.

Participant	Percentage of Compensation
Each Highly Compensated Employee	33.80%
Each Non-Highly Compensated Employee	2.00%

As of December 31, 2009 and each December 31 thereafter, the Cash Balance Account for each Cash Balance Participant who has completed 1,000 or more hours of service during the Plan Year will be credited with an amount equal to a percentage of his or her Compensation for such Plan Year as shown in the table below.

Participant	Percentage of Compensation
Each Highly Compensated Employee	33.80%
Each Non-Highly Compensated Employee	3.00%

^{*}Effective June 4, 2011, benefit accruals are frozen

In addition, as of each December 31 after December 31, 2007, each such participant's Cash Balance Account will also be credited with an amount equal to the amount of his or her Cash Balance Account as of the immediately preceding December 31, multiplied by the interest rate on 30-year Treasury securities as specified for the month of November in the Plan Year prior to the Plan Year containing the December 31.

The amount of the Cash Balance Benefit as of any particular date of determination will be payable in the Normal Form of Benefit. This will be determined by accumulating the Cash Balance Account through the Participant's Normal Retirement Date (without regard to whether the Participant is credited with any additional hours of service) with interest credits (assuming no change in the rate mentioned above for the month of November immediately preceding the Plan Year containing the date of determination).

^{*}Effective July 31, 2011, the plan is hereby terminated.

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

C. Accrued Benefit (§2.01): The benefit amount earned by a Participant as of a particular date of determination based on his Years of Service as of that date.

VII. Vesting

- A. Death, Disability, or Retirement (§6.01): Upon termination due to death or Disability or following attainment of Normal Retirement Age, the Participant will be one hundred percent (100%) vested regardless of length of employment.
- B. Other Termination (§6.02): Upon termination for reasons other than death or disability or before Normal Retirement Age, the Participant will be vested according to the table below. Years of Service prior to the effective date of the Plan will be included.

Years of Service	Vested Percentage
Less than 3	0%
3 or more	100%

VIII. Death Benefit (§5.08):

- A. If a Participant dies prior to the commencement of benefits, the Trustee will pay his or her beneficiary an amount equal to the Actuarial Equivalent present value of the Participant's Accrued Benefit as of the date of death.
- B. Upon the death of a Participant subsequent to the commencement of benefits, his beneficiary will be entitled to whatever death benefit may be available under the settlement arrangements pursuant to which the Participant's benefit was payable.
- IX. Disability Benefit (§5.09): If a Participant becomes disabled, the amount of such disability retirement benefit will be equal to the Participant's Accrued Benefit as of the date the disability is established. If the Participant elects to receive his disability retirement benefit before his Normal Retirement Date, the amount payable will be reduced to the Actuarial Equivalent amount based on the date benefit payments commence.

X. Payment of Benefits

- A. Normal Form of Payment (§5.01): Life annuity
- B. Optional Forms (§7.03): Single Sum Payment, Life annuity, or Life annuity with 60, 120, 180, 240 months certain.
- C. Small Retirement Income Payments (§7.04): If the present value of a Participant's vested Accrued Benefit does not exceed \$5,000, a lump sum distribution will automatically be paid without requiring the Participant's consent.

Schedule SB, Part V – Summary of Actuarial Assumptions and Methods

1. Mortality:

	January 1, 2010	January 1, 2011
a. Funding:		
Pre-Retirement	None	None
Post-Retirement	RP-2000 Combined Table	RP-2000 Combined Table
Post-Retirement for Those Assumed to Elect a Lump Sum	IRC 417(e) Lump Sum Table for 2010	IRC 417(e) Lump Sum Table for 2011
b. Present Value of Accrued Benefits:	IRC 417(e) Lump Sum Table for 2010	IRC 417(e) Lump Sum Table for 2011

2. Interest Rate(s):

	January 1, 2010	January 1, 2011
a. Minimum / Maximum Funding*:	•	• /
Segment 1	5.03%	3.78%
Segment 2	6.73%	6.31%
Segment 3	6.82%	6.57%
Effective Rate of Interest	6.729%	6.319%
* Segment rates are based on the non-transitional rates issue	ed for the fourth month prior to the	beginning of the plan year
b. Present Value of Accrued Benefits:		
Termination Basis:		
Cash Balance Credit Rate	4.31%	4.19%

- 3. Salary Scale: None
- 4. Cash Balance Account Interest Credit: 4.19% compounded annually for accumulating account balances
- 5. Expenses: The Plan Sponsor is assumed to pay all administrative expenses outside the Plan.
- 6. Form of Payment: 100% of deferred vested & active participants assumed to take a lump sum payment
- 7. Asset Valuation Method: Market Value
- 8. Assumed Retirement Age: Normal Retirement Age or attained age if greater

Schedule SB, Part V – Summary of Actuarial Assumptions and Methods (continued)

- 9. Top Heavy Minimum: Minimum benefits were recognized in the defined contribution plan as of the valuation date since the plan was top heavy as of the determination date.
- 10. Funding Method:

Traditional Unit Credit

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

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

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

The total annual cost of the plan is the normal cost plus the shortfall amortization charge.

Projected Unit Credit

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

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

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