

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>09/01/2010</u> and ending <u>08/31/2011</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>RETIREMENT PLAN FOR BARGAINING EMPLOYEES OF WORTHINGTON PRECISION METALS - MENTOR</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>004</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>09/01/1967</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>004</u>	1c Effective date of plan <u>09/01/1967</u>	
1b Three-digit plan number (PN) ▶	<u>004</u>				
1c Effective date of plan <u>09/01/1967</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>WORTHINGTON PRECISION METALS, INC.</u> <u>8229 TYLER BLVD</u> <u>MENTOR, OH 44060-4218</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-1293553</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>440-255-6700</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>332900</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-1293553</u>	2c Sponsor's telephone number <u>440-255-6700</u>	2d Business code (see instructions) <u>332900</u>	
2b Employer Identification Number (EIN) <u>31-1293553</u>					
2c Sponsor's telephone number <u>440-255-6700</u>					
2d Business code (see instructions) <u>332900</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	06/11/2012	LEONARD KADLUB
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") WORTHINGTON PRECISION METALS, INC. 8229 TYLER BLVD MENTOR, OH 44060-4218	3b Administrator's EIN 31-1293553 3c Administrator's telephone number 440-255-6700
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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	288
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	0
b Retired or separated participants receiving benefits.....	6b	107
c Other retired or separated participants entitled to future benefits.....	6c	178
d Subtotal. Add lines 6a , 6b , and 6c	6d	285
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	285
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	

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

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 09/01/2010 and ending 08/31/2011

▶ **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>RETIREMENT PLAN FOR BARGAINING EMPLOYEES OF WORTHINGTON PRECISION METALS - MENTOR</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>WORTHINGTON PRECISION METALS, INC.</u>	D Employer Identification Number (EIN) <u>31-1293553</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>09</u> Day <u>01</u> Year <u>2010</u>	
2 Assets:	
a Market value	2a <u>4926624</u>
b Actuarial value	2b <u>5321522</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>86</u> <u>2946651</u>
b For terminated vested participants	3b <u>81</u> <u>831591</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>174197</u>
(2) Vested benefits	3c(2) <u>3188722</u>
(3) Total active	3c(3) <u>121</u> <u>3362919</u>
d Total	3d <u>288</u> <u>7141161</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>6.51</u> %
6 Target normal cost	6 <u>119805</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>06/06/2012</u>
Signature of actuary	Date
<u>RICHARD F MCCLEARY, EA, MAAA</u>	<u>11-06309</u>
Type or print name of actuary	Most recent enrollment number
<u>SUMMIT RETIREMENT PLAN SERVICES</u>	<u>330-983-0539</u>
Firm name	Telephone number (including area code)
<u>13680 CLEVELAND AVE NW</u> <u>UNIONTOWN, OH 44685</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)	32789	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	32789	0
9	Amount remaining (Item 7 minus item 8).....	0	0
10	Interest on item 9 using prior year's actual return of _____ %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.91</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	0

Part III	Funding percentages		
14	Funding target attainment percentage.....	14	74.51 %
15	Adjusted funding target attainment percentage.....	15	74.51 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	77.61 %
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
12/07/2010	77000	0			
Totals ►			18(b)	77000	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	75720

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.26 %	2nd segment: 6.56 %	3rd segment: 6.70 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	105953
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	105953

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	119805
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1533993	280543
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	400348
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		0
36 Additional cash requirement (item 34 minus item 35).....	36	400348
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	75720
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	324628
40 Unpaid minimum required contribution for all years	40	430581

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 09/01/2010 and ending 08/31/2011		
A Name of plan RETIREMENT PLAN FOR BARGAINING EMPLOYEES OF WORTHINGTON PRECISION METALS - MENTOR		B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 WORTHINGTON PRECISION METALS, INC.		D Employer Identification Number (EIN) 31-1293553

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

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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)

RELIANCE INVESTMENT SERVICES

401 CLINTON STREET
P.O. BOX 467
DEFIANCE, OH 43512

34-6831594

(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?
27 28	NONE	64186	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SUMMIT RETIREMENT PLAN SERVICES

13680 CLEVELAND AVENUE NW
UNIONTOWN, OH 44685

31-1498244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	12105	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 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
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For calendar plan year 2010 or fiscal plan year beginning 09/01/2010 and ending 08/31/2011		
A Name of plan RETIREMENT PLAN FOR BARGAINING EMPLOYEES OF WORTHINGTON PRECISION METALS - MENTOR	B Three-digit plan number (PN) ►	004
C Plan sponsor's name as shown on line 2a of Form 5500 WORTHINGTON PRECISION METALS, INC.	D Employer Identification Number (EIN) 31-1293553	

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	44000	0
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	445719	611465
(2) U.S. Government securities.....	1c(2)	1237120	833096
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	1257377	1868619
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	1493389	1392134
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	324870	353082

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	4802475	5058396

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4802475	5058396
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	77000	
(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)		77000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	469	
(B) U.S. Government securities	2b(1)(B)	41458	
(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)		41927
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	36649	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	46090	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		82739
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(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)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		494147
d Total income. Add all income amounts in column (b) and enter total.....	2d		695813

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	325315	
(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)		325315
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)	84472	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	30105	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		114577
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		439892

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		255921
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:

(2) EIN:

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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☒ Yes ☐ No Amount: 0

- 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 09/01/2010 and ending 08/31/2011

A Name of plan <u>RETIREMENT PLAN FOR BARGAINING EMPLOYEES OF WORTHINGTON PRECISION METALS - MENTOR</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WORTHINGTON PRECISION METALS, INC.</u>	D Employer Identification Number (EIN) <u>31-1293553</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): _____ 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: _____%

- 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): _____

**Plan Name: Retirement Plan for Bargaining Employees of
Worthington Precision Metals - Mentor
EIN: 31-1293553
Plan Number: 004**

Schedule SB, Line 26--Schedule of Active Participant Data										
YEARS OF CREDITED SERVICE										
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Attained Age	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Under 25	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	1	0	0	0	0	0	0	0
30 to 34	0	0	0	4	0	0	0	0	0	0
35 to 39	0	0	2	2	3	0	0	0	0	0
40 to 44	0	0	1	2	3	1	0	0	0	0
45 to 49	0	0	7	2	3	3	5	1	0	0
50 to 54	0	0	1	3	6	2	8	4	1	0
55 to 59	0	0	2	3	3	5	5	2	10	1
60 to 64	0	0	4	5	1	2	4	2	1	0
65 to 69	0	0	1	0	0	1	2	0	0	0
70 & up	0	0	0	0	0	0	1	0	1	0

**Plan Name: Retirement Plan for Bargaining Employees of
Worthington Precision Metals - Mentor
EIN: 31-1293553
Plan Number: 004
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods**

ACTUARIAL COST METHODS

Traditional Unit Credit

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

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

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

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

Projected Unit Credit

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

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

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

**Plan Name: Retirement Plan for Bargaining Employees of
Worthington Precision Metals - Mentor
EIN: 31-1293553
Plan Number: 004
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods**

ACTUARIAL METHOD AND ASSUMPTIONS

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

Valuation Assets - Assets averaged over a two-year period, adjusted for expected earnings and principal transactions, as prescribed under the Pension Protection Act of 2006.

Mandated Discount Rates

1. PPA funding - segment 1	4.260%
2. PPA funding - segment 2	6.560%
3. PPA funding - segment 3	6.700%

Plan's Effective Interest Rate: 6.508%

Financial Accounting Standards Board No. 35 Rates:

1. FASB No. 35 - Pre-retirement	8.000%
2. FASB No. 35 - Post-retirement	8.000%

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

Taxable Wage Base Increase Assumption - Increases to the taxable wage base were not assumed.

Retirement Rates - Employees were assumed to retire at age 65.

Termination - T-3 LESS GA51M - Termination rates were assumed in the valuation. Employees were assumed to terminate in accordance with the rates shown below:

<u>Age</u>	<u>Males</u>	<u>Females</u>
20	0.0658	0.0658
25	0.0527	0.0527
30	0.0483	0.0483
35	0.0447	0.0447
40	0.0384	0.0384
45	0.0321	0.0321
50	0.0152	0.0152
55	0.0033	0.0033
60	0.0000	0.0000

**Plan Name: Retirement Plan for Bargaining Employees of
Worthington Precision Metals - Mentor
EIN: 31-1293553
Plan Number: 004**

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

Pre-retirement Mortality - IRS 2010 P.V. M Optional Combined Table and IRS 2010 P.V. F Optional Combined Table - Pre-retirement mortality was assumed in the valuation. Sample rates are as follows:

<u>Age</u>	<u>Males</u>	<u>Females</u>
20	0.0002	0.0001
25	0.0003	0.0001
30	0.0004	0.0002
35	0.0007	0.0004
40	0.0009	0.0005
45	0.0011	0.0008
50	0.0015	0.0011
55	0.0024	0.0023
60	0.0049	0.0046

Post-retirement Mortality - IRS 2010 P.V. M Optional Combined Table and IRS 2010 P.V. F Optional Combined Table - Post-retirement mortality was assumed in the valuation. Sample rates are as follows:

<u>Age</u>	<u>Males</u>	<u>Females</u>
65	0.0099	0.0089
70	0.0169	0.0151
75	0.0296	0.0244
80	0.0543	0.0407
85	0.0983	0.0699
90	0.1713	0.1251
95	0.2585	0.1880
100	0.3387	0.2335
105	0.3979	0.2931

Rates of Disablement - 1987 Commissioner's Group Disability Tab and 1987 Commissioner's Group Disability Ta - Rates of disablement were assumed. Sample rates are as follows:

<u>Age</u>	<u>Males</u>	<u>Females</u>
20	0.0008	0.0010
25	0.0008	0.0011
30	0.0010	0.0014
35	0.0012	0.0020
40	0.0017	0.0027
45	0.0028	0.0039
50	0.0052	0.0061
55	0.0097	0.0094
60	0.0148	0.0120

**Plan Name: Retirement Plan for Bargaining Employees of
Worthington Precision Metals - Mentor**

EIN: 31-1293553

Plan Number: 004

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

Post-Disablement Mortality - IRS 2010 P.V. M Optional Combined Table and IRS 2010 P.V. F Optional Combined Table - Post-disablement mortality was assumed in the valuation. Sample rates are as follows:

<u>Age</u>	<u>Males</u>	<u>Females</u>
65	0.0099	0.0089
70	0.0169	0.0151
75	0.0296	0.0244
80	0.0543	0.0407
85	0.0983	0.0699
90	0.1713	0.1251
95	0.2585	0.1880
100	0.3387	0.2335
105	0.3979	0.2931

Administrative Expenses - None assumed.

Percent Married - 100% of males and 100% of females were assumed to be married.

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

Worthington Precision Metals - Consolidated Reporting Account -
 Account Numbers 60WO0100 and 60WO0102 and 60WO0103
 Beginning Market Value 4,758,474.87



RELIANCE
 FINANCIAL SERVICES

Single transaction exceeding 5% for period 9-1-2010 to 8-31-2011

Transaction Code	Shares Security Description	Settle Date	Net Amount	Reporting Cost Basis	Gain/Loss
Buy	2,997.00 SPDR S&P 500	9/23/2010	-340,968.70	340,968.70	0
Buy	392,487.45 FEDERATED PRIME OBLIGATIONS #10	3/15/2011	-392,487.45	392,487.45	0
Buy	2,962.00 SPDR S&P 500	4/7/2011	-394,634.37	394,634.37	0
Buy	395,745.22 FEDERATED PRIME OBLIGATIONS #10	5/23/2011	-395,745.22	395,745.22	0
Buy	2,883.00 SPDR S&P 500	7/12/2011	-389,522.13	389,522.13	0
Buy	378,179.95 FEDERATED PRIME OBLIGATIONS #10	8/3/2011	-378,179.95	378,179.95	0
Sell	-326,575.73 FEDERATED PRIME OBLIGATIONS #10	9/23/2010	326,575.73	326,575.73	0
Sell	-3,011.00 SPDR S&P 500	3/15/2011	392,487.45	343,350.84	49,136.61
Sell	-392,127.12 FEDERATED PRIME OBLIGATIONS #10	4/7/2011	392,127.12	392,127.12	0
Sell	-2,962.00 SPDR S&P 500	5/23/2011	395,745.22	394,634.37	1,110.85
Sell	-389,522.13 FEDERATED PRIME OBLIGATIONS #10	7/12/2011	389,522.13	389,522.13	0
Sell	-2,937.00 SPDR S&P 500	8/3/2011	378,179.95	396,767.69	-18,587.74

In compliance with ERISA code section 103 (A)(2)(B), Reliance Financial Services hereby certifies that all information contained within this annual investment statement is accurate and complete. Unless otherwise noted, we have not been notified that any securities (loans, fixed income obligations or leases) contained herein are in default. Furthermore, there have been no party in interest transactions during the statement period.

By: Mark Bell, EVP RFS

Date: 10-3-11

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 09/01/2010 and ending 08/31/2011

► 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 RETIREMENT PLAN FOR BARGAINING EMPLOYEES OF WORTHINGTON PRECISION METALS - MENTOR	B Three-digit plan number (PN) ►	004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF WORTHINGTON PRECISION METALS, INC.	D Employer Identification Number (EIN) 31-1293553	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other		
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>09</u> Day <u>01</u> Year <u>2010</u>			
2 Assets:			
a Market value	2a	4926624	
b Actuarial value	2b	5321522	
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	86	2946651
b For terminated vested participants	3b	81	831591
c For active participants:			
(1) Non-vested benefits	3c(1)	174197	
(2) Vested benefits	3c(2)	3188722	
(3) Total active	3c(3)	121	3362919
d Total	3d	288	7141161
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	6.51%	
6 Target normal cost	6	119805	

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

SIGN HERE	Richard F McCleary. EA, MAAA <i>RFM</i> Signature of actuary Richard F McCleary. EA, MAAA Type or print name of actuary Summit Retirement Plan Services Firm name 13680 Cleveland Ave NW Uniontown OH 44685 Address of the firm	06-06-2012 Date 1106309 Most recent enrollment number 330-983-0539 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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 (line 13 from prior year)	32789	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	32789	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of _____ %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>6.91</u> % except as otherwise provided (see instructions)		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding percentages

14 Funding target attainment percentage	14	74.51 %
15 Adjusted funding target attainment percentage	15	74.51 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	77.61 %
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
12/07/2010	77000				
Totals ▶			18(b)	77000	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 contributions 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	75720

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.26%	2nd segment: 6.56%	3rd segment: 6.70%
	☐ N/A, full yield curve used		
b Applicable month (enter code)	21b	4	
22 Weighted average retirement age	22	65	
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			
Part VI Miscellaneous items			
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No			
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No			
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.	27		
Part VII Reconciliation of unpaid minimum required contributions for prior years			
28 Unpaid minimum required contribution for all prior years	28	105953	
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	105953	
Part VIII Minimum required contribution for current year			
31 Target normal cost, adjusted, if applicable (see instructions)	31	119805	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	1533993		280543
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	400348	
	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement			0
36 Additional cash requirement (item 34 minus item 35)	36	400348	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	75720	
38 Interest-adjusted excess contributions for current year (see instructions)	38	0	
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	324628	
40 Unpaid minimum required contribution for all years	40	430581	



Pension Benefit Guaranty Corporation
1200 K Street, N.W., Washington, D.C. 20005-4026

JAN 23 2012

Worthington Precision Metals, Inc.
c/o Mr. Leonard A. Kadlub
8229 Tyler Boulevard
Mentor, Ohio 44060-4218

EIN/PN: 31-1293553/004
PBGC Case Number: 21903800
Plan Name: Retirement Plan for
Bargaining Employees of Worthington
Precision Metals - Mentor

Dear Mr. Kadlub:

Enclosed is the Notice of Determination ("NOD") issued by the Pension Benefit Guaranty Corporation that the above referenced pension plan (the "Plan") should be terminated under the Employee Retirement Income Security Act of 1974 ("ERISA"). As the NOD states, PBGC is proceeding to have the Plan terminated, to have PBGC appointed as the Plan's trustee, and to have December 8, 2010, established as the Plan termination date.

Termination and PBGC trusteeship can be accomplished either: (1) by agreement between PBGC and the Plan Administrator, or (2) by order of a United States District Court. We would prefer to terminate the Plan by agreement in order to avoid the expense and delay of litigation.

Therefore, enclosed for your signature on behalf of Worthington Precision Metals, Inc., are two originals of an Agreement for Appointment of Trustee and Termination of Pension Plan. This Agreement terminates the Plan, names PBGC statutory trustee of the Plan, and establishes a termination date of December 8, 2010. Please sign the two original Agreements and return them to PBGC in the enclosed self-addressed, stamped envelope within 30 days of the receipt of this letter to:

OED/TWG
Pension Benefit Guaranty Corporation
1200 K Street N.W.
Washington, DC 20005

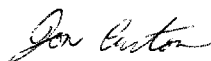
Mr. Leonard Kadlub

Page 2 of 2

PBGC will then execute the Agreements and return a fully executed copy to you. If we do not receive the signed Agreements within 30 days of this letter, this matter will be referred to our Office of the Chief Counsel for commencement of court proceedings.

Please contact me if you have any questions with regard to this matter. In any correspondence, please provide the PBGC Case Number (listed at the top of this letter) and a daytime telephone number.

Sincerely,



Jon Curton
Department of Insurance Supervision and Compliance
(202) 326-4000 ext. 6512

Enclosures



Pension Benefit Guaranty Corporation

1200 K Street, N.W., Washington, D.C. 20005-4026

JAN 23 2012

Worthington Precision Metals
c/o Mr. Leonard A. Kadlub
8229 Tyler Boulevard
Mentor, Ohio 44060-4218

EIN/PN: 31-1293553/004
PBGC Case Number: 21903800
Plan Name: Retirement Plan for
Bargaining Employees of Worthington
Precision Metals - Mentor

NOTICE OF DETERMINATION

PLEASE TAKE NOTICE that the Pension Benefit Guaranty Corporation ("PBGC") has determined under sections 4042(a)(1) and (2) of the Employee Retirement Income Security Act of 1974, *as amended* ("ERISA"), 29 U.S.C. § 1342(a)(1) and (2), that the Retirement Plan for Bargaining Employees of Worthington Precision Metals - Mentor ("Plan") has not met the minimum funding standard required under section 412 of the Internal Revenue Code and will be unable to pay benefits when due. PBGC has further determined, under ERISA section 4042(c), 29 U.S.C. § 1342(c), that the Plan must be terminated in order to protect the interests of the Plan's participants. Accordingly, PBGC intends to proceed under ERISA section 4042, 29 U.S.C. § 1342, to have the Plan terminated and PBGC appointed as statutory trustee, and under ERISA § 4048, 29 U.S.C. § 1348, to have December 8, 2010, established as the Plan's termination date.

PBGC has completed its decision-making process in this matter; accordingly, this determination is effective on the date it is issued.

PENSION BENEFIT GUARANTY CORPORATION

Andrea E. Schneider

Chairperson, Trusteeship Working Group

**AGREEMENT FOR APPOINTMENT OF
TRUSTEE AND TERMINATION OF PLAN**

This is an AGREEMENT between the Pension Benefit Guaranty Corporation ("PBGC") and Worthington Precision Metals, Inc.

RECITALS:

- A. PBGC is a United States government agency established by Title IV of the Employee Retirement Income Security Act of 1974, *as amended*, 29 U.S.C. §§1301-1461 ("ERISA").
- B. Worthington Precision Metals, Inc. ("Company") is a corporation organized under the laws of Tennessee, with its principal place of business located in Mentor, Ohio.
- C. The Company maintains the Retirement Plan for Bargaining Employees of Worthington Precision Metals - Mentor ("Plan") to provide retirement benefits for certain of its employees. The Plan was established effective September 1, 1967.
- D. The Plan is an employee pension benefit plan to which 29 U.S.C. § 1321(a) applies and is not exempt under 29 U.S.C. § 1321(b). The Plan is therefore covered by Title IV of ERISA.
- E. Worthington Precision Metals, Inc. is the administrator of the Plan within the meaning of 29 U.S.C. §§ 1002(16) and 1301(a)(1).
- F. On December 8, 2010, the Company permanently ceased all business operations.

G. On December 8, 2010, the Company was a contributing sponsor of the Plan within the meaning of 29 U.S.C. § 1301(a)(13).

H. PBGC has issued to Worthington Precision Metals, Inc., a Notice of Determination under 29 U.S.C. § 1342(a) that the Plan has failed to meet minimum funding requirements and will be unable to pay benefits when due, and that the Plan should be terminated under 29 U.S.C. § 1342(c).

NOW THEREFORE, the parties agree:

1. The Plan is terminated under 29 U.S.C. § 1342(c).
2. The Plan termination date is December 8, 2010, under 29 U.S.C. § 1348.
3. PBGC is appointed trustee of the Plan under 29 U.S.C. § 1342 (c).
4. Worthington Precision Metals, Inc. and any other person having possession or control of any records, assets or other property of the Plan shall convey and deliver to PBGC any such records, assets or property in a timely manner . PBGC reserves all its rights to pursue such records, assets, and other property by additional means, including but not limited to issuance of administrative subpoenas under 29 U.S.C. § 1303.
5. PBGC will have, with respect to the Plan, all of the rights and powers of a trustee specified in ERISA or otherwise granted by law.

The persons signing this Agreement are authorized to do so. The Agreement will take effect on the date the last person signs below.

Worthington Precision Metals, Inc., Plan Administrator

Dated: 1-24-2012 By: Leonard Kadlub
Leonard Kadlub

PENSION BENEFIT GUARANTY CORPORATION

Dated: _____ By: _____
Auditor

**Plan Name: Retirement Plan for Bargaining Employees of
Worthington Precision Metals - Mentor
EIN: 31-1293553
Plan Number: 004
Accountant Opinion**

The accountant opinion was not prepared for the 2010 Plan Year.

The Plan Terminated on December 8, 2010. The Pension Benefit Guaranty Corporation (PBGC) is now the statutory trustee of the above reference plan as of February 9, 2012. For additional details regarding this event, please see the other attachment "Notice of Determination" issued by the PBGC.

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>09/01/2010</u> and ending <u>08/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☒ a single-employer plan; ☐ a multiple-employer plan; or ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ an amended return/report; ☐ the final return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II Basic Plan Information —enter all requested information		
1a Name of plan RETIREMENT PLAN FOR BARGAINING EMPLOYEES OF WORTHINGTON PRECISION METALS - MENTOR	1b Three-digit plan number (PN) ▶	004
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) WORTHINGTON PRECISION METALS, INC. 8229 TYLER BLVD MENTOR OH 44060-4218	1c Effective date of plan 09/01/1967	
	2b Employer Identification Number (EIN) 31-1293553	
	2c Sponsor's telephone number 440-255-6700	
	2d Business code (see instructions) 332900	

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>6-11-2012</u>	Leonard Kadlub
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>6-11-2012</u>	Leonard Kadlub
	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") WORTHINGTON PRECISION METALS, INC. 8229 TYLER BLVD MENTOR OH 44060-4218		3b Administrator's EIN 31-1293553 3c Administrator's telephone number 440-255-6700	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	288
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).			
a Active participants.....		6a	0
b Retired or separated participants receiving benefits.....		6b	107
c Other retired or separated participants entitled to future benefits.....		6c	178
d Subtotal. Add lines 6a , 6b , and 6c		6d	285
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....		6e	0
f Total. Add lines 6d and 6e		6f	285
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1B 1G			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) (2) (3) (4) Insurance Code section 412(e)(3) insurance contracts ☒ Trust General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) (2) (3) (4) Insurance Code section 412(e)(3) insurance contracts ☒ Trust General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) (2) (3) R (Retirement Plan Information) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) (2) (3) (4) (5) (6) H (Financial Information) I (Financial Information – Small Plan) A (Insurance Information) ☒ C (Service Provider Information) D (DFE/Participating Plan Information) ☐ G (Financial Transaction Schedules)	

**Plan Name: Retirement Plan for Bargaining Employees of
Worthington Precision Metals - Mentor
EIN: 31-1293553
Plan Number: 004
Schedule SB, Part V - Summary of Plan Provisions**

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

Plan effective date: September 1, 1967.

Latest plan amendment: September 1, 1997.

Eligibility requirements: None.

Accrued benefit: The accrued benefit is determined as follows:

\$20 per month for each year of service.

Normal retirement eligibility: Upon the attainment of age 65 and completion of 5 years of participation service.

Normal retirement benefit: Unreduced accrued benefit payable immediately.

Normal form of benefit:

Married members - A pension payable for life. However, members are required by law to receive a reduced qualified joint and survivor benefit unless formally elected otherwise.

Single members - A pension payable for life.

Early retirement eligibility: Upon the attainment of age 55 and completion of 5 years of service.

Early retirement benefit: The accrued benefit is reduced 6.00% for each year that commencement precedes age 65.

Disability retirement eligibility: Upon disablement after completion of 5 years of service.



RELIANCE
FINANCIAL SERVICES

For the Account of:

Worthington Precision Metals Consolidated Reporting Account

Account Number: 60WO0100 & 60WO0102 & 60WO0103

SEPTEMBER 01, 2010 THROUGH AUGUST 31, 2011

FAIR VALUE REPORTING INFORMATION AS REQUIRED UNDER SFAS 157

CUSIP	Ticker	Security Description	Shares	Local Mkt Value	Cost Basis	Fair Value Hierarchy
023135106	AMZN	AMAZON COM INC	130	27,979.90	25,569.71	Level One
025816109	AXP	AMERICAN EXPRESS	460	22,866.60	18,580.67	Level One
052769106	ADSK	AUTODESK INC.	980	27,636.00	25,017.25	Level One
057224107	BHI	BAKER HUGHES, INC.	620	37,888.20	24,376.58	Level One
064058100	BK	BANK OF NEW YORK MELLON CORPORATION	2,130.00	44,027.10	58,531.37	Level One
075887109	BDX	BECTON DICKINSON & CO	290	23,600.20	22,511.66	Level One
093001220	WBEIX	WILLIAM BLAIR EMERGING MKTS GROWTH I	1,697.69	24,650.52	25,998.99	Level One
093001402	WBGX	WILLIAM BLAIR INTL GROWTH CLASS N	1,633.32	32,731.81	34,332.22	Level One
101137107	BSX	BOSTON SCIENTIFIC CORP.	6,930.00	46,985.40	48,918.92	Level One
131582207	CFIX	CALVERT INCOME FUND CL A	2,896.64	46,635.97	46,715.08	Level One
139594105	CPLA	CAPELLA EDUCATION CO	190	6,076.20	8,603.20	Level One
143658300	CCL	CARNIVAL CORP	1,660.00	54,829.80	58,772.96	Level One
156782104	CERN	CERNER CORP COM	700	46,172.00	30,462.95	Level One
191216100	KO	COCA-COLA CO.	610	42,974.50	31,225.23	Level One
219350105	GLW	CORNING INC. COM	2,380.00	35,771.40	34,363.44	Level One
246248587	DPEFX	DELAWARE DIVERSIFIED INCOME INSTL	5,594.83	52,647.33	52,405.77	Level One
253868103	DLR	DIGITAL REALTY TRUST INC	120	7,170.00	6,681.57	Level One
254687106	DIS	DISNEY WALT COMPANY	1,980.00	67,438.80	61,418.05	Level One
254709108	DFS	DISCOVER FINANCIAL SERVICES	1,650.00	41,514.00	39,447.88	Level One
268648102	EMC	EMC CORPORATION	1,830.00	41,339.70	37,358.00	Level One
285512109	ERTS	ELECTRONIC ARTS	1,540.00	34,773.20	25,009.60	Level One
316071604	FINSX	FIDELITY ADVISOR NEW INSIGHTS I	3,687.38	73,710.81	65,996.96	Level One
370334104	GIS	GENERAL MILLS	990	37,530.90	35,378.64	Level One
410227839	JSTIX	JOHN HANCOCK STRATEGIC INCOME I	6,265.60	41,165.01	40,789.07	Level One



RELIANCE
FINANCIAL SERVICES

For the Account of:
Worthington Precision Metals Consolidated Reporting Account
Account Number: 60WO0100 & 60WO0102 & 60WO0103
SEPTEMBER 01, 2010 THROUGH AUGUST 31, 2011

FAIR VALUE REPORTING INFORMATION AS REQUIRED UNDER SFAS 157

CUSIP	Ticker	Security Description	Shares	Local Mkt Value	Cost Basis	Fair Value Hierarchy
411511306	HAIX	HARBOR INTERNATIONAL FUND	852.091	48,765.17	49,022.38	Level One
464287192	IVT	ISHARES DOW JONES TRANSPORTATION AVG	336	28,260.96	27,545.72	Level One
464287374	IGE	ISHARES S&P NOR AMER NATURAL RESOURCES	710	28,534.90	21,603.49	Level One
464287515	IGV	ISHARES S&P NORTH AMER TECH - SOFTWARE	529	29,031.52	24,770.35	Level One
464287523	SOXX	ISHARES PHLX SOX SEMICONDUCTOR SECTOR	597	28,858.98	24,629.61	Level One
464287549	IGM	ISHARES S&P NORTH AMER TECHNOLOGY	513	29,779.65	22,614.16	Level One
464287564	ICF	ISHARES COHEN & STEERS REALTY MAJORS	430	30,044.10	19,024.79	Level One
464287580	IVC	ISHARES DOW JONES US CONSUMER SERVICES	443	30,279.05	28,785.47	Level One
464287721	IVW	ISHARES DOW JONES US TECHNOLOGY	483	29,636.88	22,471.04	Level One
464287739	IVR	ISHARES DOW JONES US REAL ESTATE	523	29,926.06	21,406.74	Level One
464287754	IVJ	ISHARES DOW JONES US INDUSTRIAL	473	28,819.89	33,471.76	Level One
464287812	IVK	ISHARES DOW JONES US CONSUMER GOODS	469	31,296.37	24,762.94	Level One
464287838	IVM	ISHARES DOW JONES US BASIC MATERIALS	405	28,613.25	22,035.02	Level One
476313101	JENSX	JENSEN PORTFOLIO INC	1,887.63	48,889.69	45,849.26	Level One
487300808	KSCIX	KEELEY SMALL CAP VALUE	882.472	20,764.57	17,894.40	Level One
501044101	KR	KROGER COMPANY	1,160.00	27,329.60	25,054.87	Level One
530555101	LBTYA	LIBERTY GLOBAL INC	540	21,810.60	17,204.81	Level One
543495840	LSBDX	LOOMIS SAYLES BOND INSTL FUND #1162	3,459.09	50,295.15	47,925.10	Level One
552983694	MEIIX	MFS VALUE I	2,028.09	44,496.38	41,754.42	Level One
563821545	EXWAX	MANNING & NAPIER WORLD OPPORTUNITIES	3,038.62	24,430.53	25,813.58	Level One
655844108	NSC	NORFOLK SOUTHERN CORP	550	37,224.00	35,946.82	Level One
690768403	OI	OWENS-ILLINOIS INC	660	12,500.40	19,950.81	Level One
693390700	PTTRX	PIMCO TOTAL RETURN	4,254.84	46,845.79	46,121.39	Level One
693390841	PHIYX	PIMCO HIGH YIELD INST FUND #108	8,252.17	73,939.41	74,651.24	Level One



RELIANCE
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For the Account of:
Worthington Precision Metals Consolidated Reporting Account
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SEPTEMBER 01, 2010 THROUGH AUGUST 31, 2011

FAIR VALUE REPORTING INFORMATION AS REQUIRED UNDER SFAS 157

CUSIP	Ticker	Security Description	Shares	Local Mkt Value	Cost Basis	Fair Value Hierarchy
701769408	PRILX	PARNASSUS EQUITY INCOME - INST	1,882.64	48,478.06	43,560.92	Level One
722005667	PCRIX	PIMCO COMMODITY REAL RETURN FUND#45	7,918.57	73,088.39	64,212.03	Level One
741479109	PRGFX	T. ROWE PRICE GROWTH STOCK FUND #40	1,428.75	45,334.27	41,887.93	Level One
747525103	QCOM	QUALCOMM INC	870	44,770.20	33,994.53	Level One
747582104	QSII	QUALITY SYSTEMS INC	140	12,882.80	10,822.71	Level One
779547108	PRFDX	T. ROWE EQUITY INCOME FUND # 71	1,989.73	44,669.53	48,272.65	Level One
780905741	RYVPX	ROYCE VALUE PLUS SERVICE FUND	2,316.79	28,959.93	23,890.47	Level One
806857108	SLB	SCHLUMBERGER LTD.	440	34,372.80	29,164.57	Level One
808513105	SCHW	THE CHARLES SCHWAB CORP	5,510.00	68,048.50	72,152.81	Level One
844741108	LUV	SOUTHWEST AIRLINES CO.	3,920.00	33,790.40	40,914.44	Level One
857477103	STT	STATE STREET CORP	730	25,929.60	36,265.38	Level One
887317303	TWX	TIME WARNER INC	1,630.00	51,605.80	49,581.90	Level One
892331307	TM	TOYOTA MTR CORP. ADR 2 COM	230	16,523.20	18,580.18	Level One
904767704	UL	UNILEVER PLC AMER SHS ADR NEW	1,060.00	35,764.40	31,330.95	Level One
911312106	UPS	UNITED PARCEL SERVICES INC CL B	790	53,238.10	49,349.83	Level One
921937306	VBILX	VANGUARD INTERMEDIATE BOND INDEX	4,466.15	52,834.53	49,533.54	Level One
922031307	VFILX	VANGUARD GNMA PORTFOLIO FUND # 36	5,765.80	64,346.29	62,046.83	Level One
922908793	VISVX	VANGUARD SMALL CAP VALUE INDEX	6,353.94	94,673.69	85,265.47	Level One
922908827	VISGX	VANGUARD SM CAP GROWTH STOCK #861	4,510.62	95,670.21	75,089.54	Level One
922908843	VIMSX	VANGUARD MID CAP INDEX	2,734.78	53,820.41	48,923.67	Level One
939640108	WPO	WASHINGTON POST	20	7,115.20	8,188.47	Level One
65248E104	NWS A	NEWS CORP	2,290.00	39,548.30	37,439.48	Level One
00164V103	AMCX	AMC NETWORKS INC	610	22,570.00	23,320.86	Level One
09063H107	BMR	BIOMED REALTY TRUST INC	400	7,316.00	7,122.16	Level One



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17275R102	CSCO	CISCO SYSTEMS INC.	3,410.00	53,434.70	72,487.75	Level One
19765Y514	UMBI	COLUMBIA VALUE & RESTRUCTURING FUND	1,150.64	53,642.93	51,893.13	Level One
22002T108	OFC	CORPORATE OFFICE PROPERTIES TRUST	270	7,233.30	6,763.39	Level One
26613Q106	DFT	DUPONT FABROS TECHNOLOGY INC	320	7,408.00	7,105.91	Level One
31359MEU3		FNMA 6.25% 5/15/29	20,000.00	26,761.36	23,514.40	Level One
3137EACAS		FHLMC 3.75% 3/27/19	60,000.00	67,440.66	60,316.20	Level One
31416CCS3		FMNA POOL #995681 6% 5/1/38	57,788.63	64,086.82	63,034.74	Level One
31428X106	FDX	FEDEX CORPORATION	420	33,062.40	32,869.06	Level One
34354P105	FLS	FLOWSERVE CORP	380	35,849.20	40,219.86	Level One
38259P508	GOOG	GOOGLE INC	130	70,324.80	69,836.89	Level One
41013P764	JGPI	JOHN HANCOCK GLOBAL OPPORTUNITIES I	2,209.92	33,016.16	35,568.02	Level One
42809H107	HES	HESS CORP	910	53,999.40	51,238.25	Level One
50075N104	KFT	KRAFT FOODS INC	1,070.00	37,471.40	31,223.67	Level One
57636Q104	MA	MASTERCARD INCORPORATED	150	49,456.50	32,473.72	Level One
60934N203		FEDERATED PRIME OBLIGATIONS #10	139,857.16	139,857.16	139,857.16	Level One
60934N203		FEDERATED PRIME OBLIGATIONS #10	382,602.37	382,602.37	382,602.37	Level One
60934N203		FEDERATED PRIME OBLIGATIONS #10	89,005.71	89,005.71	89,005.71	Level One
61166W101	MON	MONSANTO CO.	1,050.00	72,376.50	68,178.38	Level One
76628T678	SAMBX	RIDGEWORTH SEIX FLOATING RT HIGH INC I	8,642.24	73,631.84	75,715.89	Level One
912810EE4		U S TREASURY BONDS 8.5% 2/15/20	224,000.00	341,652.42	319,830.00	Level One
912828LS7		U S TREASURY NOTES 2.375% 10/31/14	70,000.00	74,391.38	70,787.50	Level One
912828NZ9		U S TREASURY NOTES 1.25% 9/30/15	80,000.00	81,943.75	80,393.75	Level One
912828PJ3		U S TREASURY NOTES 1.375% 11/30/15	90,000.00	92,538.27	87,300.00	Level One
912828QF0		U S TREASURY NOTES 2% 4/30/16	80,000.00	84,281.60	80,987.50	Level One



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FAIR VALUE REPORTING INFORMATION AS REQUIRED UNDER SFAS 157

CUSIP	Ticker	Security Description	Shares	Local Mkt Value	Cost Basis	Fair Value Hierarchy
92769L101	VMED	VIRGIN MEDIA INC	1,570.00	39,783.80	34,814.26	Level One
92826C839	V	VISA INC	510	44,818.80	37,643.31	Level One
B47553175		ANHEUSER-BUSCH I	640	35,366.40	36,050.50	Level One
E57059466		BANCO SANTANDER	1,670.00	15,447.50	18,146.81	Level One
H27013103	WFT	WEATHERFORD INTERNATIONAL LTD	1,570.00	26,894.10	25,430.45	Level One
H43566464		SYNGENTA AG	60	18,976.20	18,219.22	Level One
N72482107		QIAGEN NV	1,970.00	30,416.80	35,712.97	Level One
R47324950		TELENOR ASA	2,240.00	37,385.60	35,970.15	Level One

In compliance with ERISA code section 103 (A)(2)(B), Reliance Financial Services hereby certifies that all information contained within this annual investment statement is accurate and complete. Unless otherwise noted, we have not been notified that any securities (loans, fixed income obligations or leases) contained herein are in default. Furthermore, there have been no party in interest transactions during the statement period.

By: Ad Bell, E/PRD Date: 10-3-11

**Plan Name: Retirement Plan for Bargaining Employees of
Worthington Precision Metals - Mentor**

EIN: 31-1293553

Plan Number: 004

Schedule SB, line 32 - Schedule of Amortization Bases

Type of base	Present Value of Remaining Installment	Valuation Date Established	Years Remaining in Amortization Period	Amortization Installment
Shortfall	568,946	09/01/2010		94,531
Shortfall	791,348	09/01/2009		148,315
Shortfall	173,699	09/01/2008		37,697
Total	1,533,993			280,543

SCHEDULE SB ATTACHMENT

Line 19 - Discounted Employer Contributions

**Plan Name: Retirement Plan for Bargaining Employees of Worthington Precision Metals -
EIN/PN: 31-1293553/004**

Valuation Date: September 1, 2010

Total Contributed: \$ 77,000.00

Total Discounted to Valuation
Date: \$ 75,720.00

Date	Amount	Plan Year	Effective Rate of Interest	Amount Discounted	Penalty Rate of Interest	Additional Amount Discounted	Present Value on Date of Valuation
12/07/2010	77,000	2010	6.51%	75,720	-	-	75,720

**Plan Name: Retirement Plan for Bargaining Employees of
Worthington Precision Metals - Mentor
EIN: 31-1293553
Plan Number: 004
Schedule SB, line 25 – Change in Method**

The discount rates have changed from the full yield curve to the 24-month segment rates for the fourth month preceding the valuation date, as prescribed under the Pension Protection Act of 2006 for the 2010 valuation.

**Plan Name: Retirement Plan for Bargaining Employees of
Worthington Precision Metals - Mentor**

EIN: 31-1293553

Plan Number: 004

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

Participants are assumed to retire upon the attainment of age 65.