

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	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>11/01/2010</u> and ending <u>10/31/2011</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>SIFCO CUSTOM MACHINING COMPANY RETIREMENT INC PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>009</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>11/01/1988</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>009</u>	1c Effective date of plan <u>11/01/1988</u>	
1b Three-digit plan number (PN) ▶	<u>009</u>				
1c Effective date of plan <u>11/01/1988</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>SIFCO CUSTOM MACHINING COMPANY</u> <u>2430 NORTH WINNETKA AVE.</u> <u>MINNEAPOLIS, MN 55427</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>41-0742016</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>216-881-8600</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>332110</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>41-0742016</u>	2c Sponsor's telephone number <u>216-881-8600</u>	2d Business code (see instructions) <u>332110</u>	
2b Employer Identification Number (EIN) <u>41-0742016</u>					
2c Sponsor's telephone number <u>216-881-8600</u>					
2d Business code (see instructions) <u>332110</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.	08/14/2012	REMIGIJUS BELZINSKAS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/14/2012	REMIGIJUS BELZINSKAS
	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") SIFCO INDUSTRIES, INC. 970 EAST 64TH ST. CLEVELAND, OH 44103	3b Administrator's EIN 34-0553950 3c Administrator's telephone number 216-881-8600
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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	116
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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	45
b Retired or separated participants receiving benefits.....	6b	42
c Other retired or separated participants entitled to future benefits.....	6c	17
d Subtotal. Add lines 6a , 6b , and 6c	6d	104
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	7
f Total. Add lines 6d and 6e	6f	111
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	11

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:
 1G 1B

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) ☒ ¹ **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☒ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 11/01/2010 and ending 10/31/2011		
A Name of plan SIFCO CUSTOM MACHINING COMPANY RETIREMENT INC PLAN	B Three-digit plan number (PN) ▶	009
C Plan sponsor's name as shown on line 2a of Form 5500. SIFCO CUSTOM MACHINING COMPANY	D Employer Identification Number (EIN) 41-0742016	

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

(a) Name of insurance carrier THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	030255870130	111	11/01/2010	10/31/2011

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	2414146

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions	7c(6)	
d Total of balance and additions (add b and c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract e(5) from d)	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 11/01/2010 and ending 10/31/2011

▶ **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>SIFCO CUSTOM MACHINING COMPANY RETIREMENT INC PLAN</u>	B Three-digit plan number (PN) ▶ <u>009</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SIFCO CUSTOM MACHINING COMPANY</u>	D Employer Identification Number (EIN) <u>41-0742016</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>11</u> Day <u>01</u> Year <u>2010</u>
2	Assets:
a	Market value 2a <u>3848195</u>
b	Actuarial value 2b <u>3630319</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>39</u> <u>2893726</u>
b	For terminated vested participants 3b <u>22</u> <u>501722</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>138608</u>
(2)	Vested benefits 3c(2) <u>1260697</u>
(3)	Total active 3c(3) <u>55</u> <u>1399305</u>
d	Total 3d <u>116</u> <u>4794753</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>6.39</u> %
6	Target normal cost 6 <u>102369</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>06/20/2012</u>
Signature of actuary	Date
<u>GAIL R. STEWARD</u>	<u>11-06835</u>
Type or print name of actuary	Most recent enrollment number
<u>FINDLEY DAVIES, INC.</u>	<u>216-875-1900</u>
Firm name	Telephone number (including area code)
<u>1300 EAST NINTH STREET, SUITE 850</u> <u>CLEVELAND, OH 44114-1516</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)	
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	
9	Amount remaining (Item 7 minus item 8).....	
10	Interest on item 9 using prior year's actual return of <u>13.75</u> %	
11	Prior year's excess contributions to be added to prefunding balance:	
a	Excess contributions (Item 38 from prior year)	27
b	Interest on (a) using prior year's effective rate of <u>6.69</u> %	2
c	Total available at beginning of current plan year to add to prefunding balance	29
d	Portion of (c) to be added to prefunding balance.....	
12	Reduction in balances due to elections or deemed elections.....	
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	

Part III	Funding percentages	
14	Funding target attainment percentage.....	14 75.71 %
15	Adjusted funding target attainment percentage.....	15 75.71 %
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 81.10 %
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
02/15/2011	66625				
05/13/2011	66625				
08/15/2011	66625				
11/15/2011	66625				
06/15/2012	80185				
			Totals ►	18(b) 346685	18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 328369
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: 4.05 %	2nd segment: 6.47 %	3rd segment: 6.65 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	102369
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1164434	226000
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	328369
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		Total balance
36 Additional cash requirement (item 34 minus item 35).....	36	328369
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	328369
38 Interest-adjusted excess contributions for current year (see instructions).....	38	
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	
40 Unpaid minimum required contribution for all years	40	

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

For calendar plan year 2010 or fiscal plan year beginning 11/01/2010 and ending 10/31/2011	
A Name of plan SIFCO CUSTOM MACHINING COMPANY RETIREMENT INC PLAN	B Three-digit plan number (PN) ► 009
C Plan sponsor's name as shown on line 2a of Form 5500 SIFCO CUSTOM MACHINING COMPANY	
D Employer Identification Number (EIN) 41-0742016	

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	
QUANTITATIVE MANAGEMENT ASSOCIATES	TWO GATEWAY CTR., 6TH FLOOR NEWARK, NJ 07102
33-1077887	

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation	
PRU INVESTMENT MANAGEMENT CO.	213 WASHINGTON ST. NEWARK, NJ 07102
22-2540245	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
PRUDENTIAL INSURANCE CO.	80 LIVINGSTON AVE. ROSELAND, NJ 07068
22-1211670	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
PRUDENTIAL TRUST CO.	80 LIVINGSTON AVE. ROSELAND, NJ 07068
23-6994310	

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

JENNISON ASSOCIATES

466 LEXINGTON AVE.
NEW YORK, NY 10017

52-2069785

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

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

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

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

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

PRUDENTIAL INSURANCE CO.

80 LIVINGSTON AVE.
ROSELAND, NJ 07068

22-1211670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMINISTRATOR	2470	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CBIZ FINANCIAL SOLUTIONS INC.

6050 OAK TREE BLVD.
INDEPENDENCE, OH 44131

(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	INVESTMENT ADVISOR	9622	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 11/01/2010 and ending 10/31/2011

A Name of plan <u>SIFCO CUSTOM MACHINING COMPANY RETIREMENT INC PLAN</u>	B Three-digit plan number (PN) <u>009</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SIFCO CUSTOM MACHINING COMPANY</u>	D Employer Identification Number (EIN) <u>41-0742016</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>QUANTITATIVE CORE EQUITY ACCOUNT</u>			
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL INSURANCE CO.</u>			
c EIN-PN <u>22-1211670-004</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1332124</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERNATIONAL STOCK INDEX ACCOUNT</u>			
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL INSURANCE CO.</u>			
c EIN-PN <u>22-1211670-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>64616</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIDEX 500 ACCOUNT</u>			
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL INSURANCE CO.</u>			
c EIN-PN <u>22-1211670-011</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>435829</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIVEST ACCOUNT</u>			
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL INSURANCE CO.</u>			
c EIN-PN <u>22-1211670-020</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>460470</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SHORT TERM ACCOUNT</u>			
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL INSURANCE CO.</u>			
c EIN-PN <u>22-1211670-044</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>59024</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MIDCAP QUANT CORE EQUITY ACCOUNT</u>			
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL INSURANCE CO.</u>			
c EIN-PN <u>22-1211670-010</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10680</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VALUE EQUITY ACCOUNT</u>			
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL INSURANCE CO.</u>			
c EIN-PN <u>22-1211670-009</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>51403</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: **CORE BOND FUND****b** Name of sponsor of entity listed in (a): **PRUDENTIAL TRUST CO.**

c EIN-PN 23-6994310-125	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 498722
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a Name of MTIA, CCT, PSA, or 103-12 IE: **CORE CONSERVATIVE BOND FUND****b** Name of sponsor of entity listed in (a): **PRUDENTIAL TRUST CO.**

c EIN-PN 23-6694310-126	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 282228
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JENNISON GROWTH EQUITY FUND****b** Name of sponsor of entity listed in (a): **PRUDENTIAL TRUST CO.**

c EIN-PN 23-6694310-057	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 217320
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a Name of MTIA, CCT, PSA, or 103-12 IE: **INFLATION PROTECTED BOND FUND****b** Name of sponsor of entity listed in (a): **PRUDENTIAL TRUST CO.**

c EIN-PN 23-6694310-121	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 111540
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a Name of MTIA, CCT, PSA, or 103-12 IE: **HIGH YIELD FUND****b** Name of sponsor of entity listed in (a): **PRUDENTIAL TRUST CO.**

c EIN-PN 23-6694310-127	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 77276
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a Name of MTIA, CCT, PSA, or 103-12 IE: **EMERGING MARKET DEBT FUND****b** Name of sponsor of entity listed in (a): **PRUDENTIAL TRUST CO.**

c EIN-PN 23-6694310-128	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 61391
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MERCATOR INTERNATIONAL EQUITY FUND****b** Name of sponsor of entity listed in (a): **PRUDENTIAL TRUST CO.**

c EIN-PN 23-6694310-041	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 74643
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a Name of MTIA, CCT, PSA, or 103-12 IE: **QUANTITATIVE CORE INTL EQUITY FUND****b** Name of sponsor of entity listed in (a): **PRUDENTIAL TRUST CO.**

c EIN-PN 52-1679020-120	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 200066
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a Name of MTIA, CCT, PSA, or 103-12 IE: **QUANTITATIVE EMERGING MARKETS EQ FD****b** Name of sponsor of entity listed in (a): **PRUDENTIAL TRUST CO.**

c EIN-PN 23-6994310-119	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38126
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JENNISON US SMALL CAP EQUITY FUND****b** Name of sponsor of entity listed in (a): **PRUDENTIAL TRUST CO.**

c EIN-PN 23-6994310-046	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9571
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

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

For calendar plan year 2010 or fiscal plan year beginning 11/01/2010 and ending 10/31/2011		
A Name of plan SIFCO CUSTOM MACHINING COMPANY RETIREMENT INC PLAN	B Three-digit plan number (PN)	009
C Plan sponsor's name as shown on line 2a of Form 5500 SIFCO CUSTOM MACHINING COMPANY	D Employer Identification Number (EIN) 41-0742016	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	107683	146810
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	1351954	1570883
(10) Value of interest in pooled separate accounts.....	1c(10)	2390926	2414146
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3850563	4131839

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3850563	4131839
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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)	346685	
(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)		346685
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	3887357	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3698878	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		188479

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	-58755	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-58755
(6) Net investment gain (loss) from common/collective trusts	2b(6)		41969
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		51688
(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		
d Total income. Add all income amounts in column (b) and enter total.....	2d		570066

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	276697	
(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)		276697
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	12093	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		12093
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		288790

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		281276
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: SKODA MINOTTI

(2) EIN: 34-1945206

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		385056
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 11/01/2010 and ending 10/31/2011

A Name of plan <u>SIFCO CUSTOM MACHINING COMPANY RETIREMENT INC PLAN</u>	B Three-digit plan number (PN) ▶ <u>009</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SIFCO CUSTOM MACHINING COMPANY</u>	D Employer Identification Number (EIN) <u>41-0742016</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.....	1	<u>276697</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>22-1211670</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<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)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☒ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
--	-----------------------------------	-----------------------------------	-------------------------------	--

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2010
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

- a** Enter the percentage of plan assets held as:

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

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):



**SIFCO CUSTOM MACHINING COMPANY
RETIREMENT INCOME PLAN**

FINANCIAL STATEMENTS

YEARS ENDED OCTOBER 31, 2011 AND 2010



SKODA MINOTTI

CPAs, BUSINESS & FINANCIAL ADVISORS

Delivering on the Promise.

**SIFCO CUSTOM MACHINING COMPANY
RETIREMENT INCOME PLAN
YEARS ENDED OCTOBER 31, 2011 AND 2010**

TABLE OF CONTENTS

INDEPENDENT AUDITORS' REPORT	PAGE NO.	2
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS October 31, 2011 and 2010		3
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS Years ended October 31, 2011 and 2010		4
NOTES TO THE FINANCIAL STATEMENTS		5 - 13
SUPPLEMENTARY SCHEDULES		
SCHEDULE H, PART IV, QUESTION 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR October 31, 2011		14
SCHEDULE H, PART IV, QUESTION 4j - SCHEDULE OF REPORTABLE TRANSACTIONS Year ended October 31, 2011		15



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INDEPENDENT AUDITORS' REPORT

TO THE RETIREMENT PLAN COMMITTEE
SIFCO INDUSTRIES, INC.
SIFCO CUSTOM MACHINING COMPANY RETIREMENT INCOME PLAN

We were engaged to audit the financial statements of the SIFCO Custom Machining Company Retirement Income Plan as of October 31, 2011 and 2010, and for the years then ended, and the supplementary schedules as of and for the year ended October 31, 2011 as listed in the accompanying table of contents. These financial statements and supplementary schedules are the responsibility of the Plan's administrator.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 2 (Investment Valuation and Income Recognition), Note 4, and Note 5, which was certified by The Prudential Insurance Co. of America, the custodian of the pooled separate accounts, and The Prudential Trust Company, the trustee of the common/collective trusts, except for comparing the information with the related information included in the financial statements and supplementary schedules. We have been informed by the Plan administrator that the trustee and custodian hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certifications from the trustee and custodian as of and for the years ended October 31, 2011 and 2010, that the information provided to the Plan administrator by the trustee and custodian is complete and accurate.

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

SKODA MINOTTI

August 1, 2012

**SIFCO CUSTOM MACHINING COMPANY
RETIREMENT INCOME PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

OCTOBER 31, 2011 AND 2010

	<u>2011</u>	<u>2010</u>
INVESTMENTS, AT FAIR VALUE		
Pooled separate accounts	\$ 2,414,146	\$ 2,390,926
Common/collective trusts	<u>1,570,883</u>	<u>1,351,954</u>
	3,985,029	3,742,880
 RECEIVABLES		
Company's contribution	<u>146,810</u>	<u>107,683</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u><u>\$ 4,131,839</u></u>	 <u><u>\$ 3,850,563</u></u>

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

**SIFCO CUSTOM MACHINING COMPANY
RETIREMENT INCOME PLAN**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED OCTOBER 31, 2011 AND 2010

	<u>2011</u>	<u>2010</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Company's contributions	\$ 346,685	\$ 457,383
Net appreciation in fair value of investments	129,724	355,672
Earnings on units of participation - pooled separate accounts and common/collective trusts	<u>93,657</u>	<u>78,881</u>
Total additions	<u>570,066</u>	<u>891,936</u>
 DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	276,697	221,469
Administrative expenses	<u>12,093</u>	<u>8,771</u>
Total deductions	<u>288,790</u>	<u>230,240</u>
NET INCREASE	281,276	661,696
 NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	<u>3,850,563</u>	<u>3,188,867</u>
END OF YEAR	<u><u>\$ 4,131,839</u></u>	<u><u>\$ 3,850,563</u></u>

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

SIFCO CUSTOM MACHINING COMPANY RETIREMENT INCOME PLAN

NOTES TO THE FINANCIAL STATEMENTS

1. DESCRIPTION OF THE PLAN

SIFCO Custom Machining Company (the Company), is a wholly-owned subsidiary of SIFCO Industries, Inc. The following description of the SIFCO Custom Machining Company Retirement Income Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions. The Plan was amended and restated effective November 1, 2002.

General

The Plan is a defined benefit pension plan covering all eligible employees who are covered under the terms of a collective bargaining agreement between the Company and Local 1140 of the International Union of Electronic, Electrical, Salaried, Machine and Furniture Workers (the Union). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as amended.

Pension Benefits

Participants with five or more years of Plan participation are entitled to a monthly pension benefit beginning at normal retirement age (65). The pension benefit is based on the number of years of service and the monthly benefit rate specified in the collective bargaining agreement between the Company and the Union. The Plan permits an early retirement pension benefit if one has terminated service with the Company after attaining age 55 and has completed five years of credited vesting service. The amount is computed in the same manner as a normal retirement pension and is subject to the following reductions in the monthly benefit. There shall be no reduction for the first 36 months (age 62) that precede the participant's normal retirement date. A participant that retires prior to attaining age 62 will have a reduction of $1/12^{\text{th}}$ of 1% for each of the first 36 months the benefit commencement date precedes his or her normal retirement date. For each additional month in excess of 36 that the participant's early retirement precedes his or her normal retirement date the benefit will be reduced by 0.5%.

A participant that ceases to be an active participant after completing at least five years of credited vesting service, but prior to being eligible for normal or early retirement, is eligible to receive a deferred retirement pension commencing on the participant's normal retirement date.

Death and Disability Benefits

If a participant dies after the date on which they would have been eligible for an early retirement pension, the amount payable to the beneficiary will be the amount that the beneficiary would have received had the participant elected early retirement on the day before the date of the participant's death and chosen a 50% joint and survivor option.

If a participant dies on or before the date on which he or she would have been eligible for an early retirement pension, the amount payable to the beneficiary will be equal to 50% of the participant's deferred retirement pension reduced for (1) early benefit commencement to the earliest retirement age and (2) election of a 50% joint and survivor option had the participant:

1. Separated from service on the date of his or her death,
2. Survived to the earliest retirement age and started to receive benefits on such date, and
3. Died on the day after the date on which he or she would have attained his early retirement age.

SIFCO CUSTOM MACHINING COMPANY RETIREMENT INCOME PLAN

NOTES TO THE FINANCIAL STATEMENTS

1. DESCRIPTION OF THE PLAN – CONTINUED

Death and Disability Benefits - continued

A participant will be eligible to receive a disability retirement pension, which will begin on the date the participant becomes entitled to receive a Social Security disability pension, if the participant becomes qualified to receive a Social Security disability pension while he or she is an active participant or within two years after ceasing to be an active participant, and the participant has 10 or more years of credited benefit service.

Severance Benefits

An employee is eligible to receive a severance benefit if the employee has ceased to be an active participant for at least three months, has incurred a one-year break in service, has at least three years of credited benefit service of which one year is future benefit service credit, and the employee is not eligible for any other benefit payable from the Plan.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Use of Estimates

The presentation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires the Company to make estimates and assumptions that affect certain reported amounts of net assets available for benefits and changes therein. Accordingly, actual results may differ from those estimates.

New Accounting Standards Adopted

In January 2010, the Financial Accounting Standards Board (FASB) issued an Accounting Standards Update (ASU) 2010-06 to improve disclosures about fair value measurement and disclosures. The amendment added new requirements for disclosures about transfers in and out of fair value hierarchy Levels 1 and 2 and separate disclosures about purchases, sales, issuances and settlements relating to fair value hierarchy Level 3 measurements. The ASU also clarifies existing fair value disclosures about the level of disaggregation of assets and the inputs and valuation techniques of assets used to measure fair value that fall within the fair value hierarchy Level 2 and Level 3. This ASU is effective for the first reporting period beginning after December 15, 2009, except for the requirement to provide fair value hierarchy Level 3 activity of purchases, sales, issuances and settlements on a gross basis, which will be effective for fiscal years beginning on or after December 15, 2010. The new disclosure requirements were effective for the Plan year ending October 31, 2011 with the exception of the requirement to separately disclose Level 3 purchases, sales, issuance and settlements on a gross basis which will be effective for the Plan year ending October 31, 2012.

SIFCO CUSTOM MACHINING COMPANY RETIREMENT INCOME PLAN

NOTES TO THE FINANCIAL STATEMENTS

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Investment Valuation and Income Recognition

Quantitative Management Associates, a registered investment advisor and wholly-owned subsidiary of Prudential Financial, Inc., manages the Plan's investments according to the Plan's investment guidelines. The Plan's assets are invested in pooled separate accounts and common/collective trusts through contracts with The Prudential Insurance Co. of America (the Custodian) and The Prudential Trust Company (the Trustee), respectively. The Plan's investments and investment activity were certified as complete and accurate by the Custodian and Trustee.

The Plan's investments in pooled separate accounts and common/collective trusts are stated at fair value. See Note 4 for discussion on the fair value measurements for the investments. The investment income earned by pooled separate accounts and common/collective trusts is net of investment management expenses.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions, which are attributable under the Plan's provisions to service rendered by the employees up to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) present employees, (b) retired or terminated employees with vested rights, and (c) beneficiaries of present, retired or terminated employees. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

Benefit Payments

Benefit payments to participants are recorded when paid.

Administrative Expenses

The Plan's trustee, management and investment advisory expenses were paid by the Plan. The Plan's other administrative expenses were paid by the Company.

Subsequent Events

The Company has evaluated events and transactions that occurred through August 1, 2012, the date the financial statements were available to be issued, for possible recognition or disclosure in the financial statements. There were no material subsequent events that required recognition or additional disclosure.

SIFCO CUSTOM MACHINING COMPANY RETIREMENT INCOME PLAN

NOTES TO THE FINANCIAL STATEMENTS

3. FUNDING POLICY

Contributions are made by the Company based on guidelines set by the Plan's independent actuary. The Company's funding policy is to contribute an amount at least equal to the minimum required contribution under ERISA. The Company's contributions for 2011 and 2010 met the minimum funding requirements.

4. FAIR VALUE MEASUREMENTS

The Plan follows the FASB fair value measurements guidance which establishes a framework for measuring fair value and expands disclosures about fair value measurements. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to observable inputs (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1 – Observable inputs such as quoted prices in an active market for identical assets or liabilities.

Level 2 – Inputs to the valuation methodology that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities; quoted prices for identical or similar assets or liabilities in inactive markets; or other inputs that are observable or can be corroborated by observable market data for substantially the full terms of the assets or liabilities.

Level 3 – Inputs to the valuation methodology that are unobservable and supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

The fair value measurement level of assets and liabilities within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description based on information provided to the Company by the custodian of the pooled separate accounts and the trustee of the common/collective trusts of the valuation methodologies used for assets measured at fair value as of October 31, 2011 and 2010.

Pooled separate accounts & common/collective trusts – the Plan holds these types of investment vehicles in which the assets of the underlying funds can be measured in the following ways:

U.S. stock funds – the assets within the funds are comprised of domestic equities that are valued using the closing price of the applicable nationally recognized stock exchange.

International stock funds – the assets within the funds are comprised of international equities that are valued using the closing price of the applicable foreign stock exchange.

U.S. bond funds – the assets within the funds are comprised of domestic fixed income securities that are measured by interactive data using inputs such as benchmark yields, reported trades, broker/dealer quotes, or issuer spreads.

SIFCO CUSTOM MACHINING COMPANY RETIREMENT INCOME PLAN

NOTES TO THE FINANCIAL STATEMENTS

4. FAIR VALUE MEASUREMENTS – CONTINUED

International bond fund – the assets within the fund are comprised of international fixed income securities that are valued by interactive data using inputs such as benchmark yields, reported trades, broker/dealer quotes, or issuer spreads.

Private placement funds – where the fair market value is not always commercially available, fair value of these investments are valued using discounted cash flow models, which utilize discount rates based upon the average of spread surveys collected from private-market intermediaries who are active in both primary and secondary transactions, and takes into account, among other factors, the credit quality and industry sector of the issuer and the reduced liquidity associated with private placements.

Short-term investment fund – the assets within the fund are comprised of short-term securities and cash equivalent securities, which seek to provide high current income consistent with the preservation of principal and liquidity. Such securities are valued at cost.

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

The following table sets forth by measurement level, within the fair value hierarchy as determined by the Company to the best of its knowledge, the Plan's assets at fair value as of October 31, 2011:

	2011		
	Level 1	Level 2	Total
U.S. stock funds			
Large value	\$ -	\$ 51,403	\$ 51,403
Large blend	-	1,767,953	1,767,953
Large growth	-	217,320	217,320
Mid blend	-	10,680	10,680
Small blend	-	9,571	9,571
International stock funds			
Foreign large blend	-	339,326	339,326
Diversified emerging markets	-	38,126	38,126
U.S. bond funds			
Inflation protected bond	-	111,540	111,540
Intermediate term bond	-	1,241,419	1,241,419
High yield bond	-	77,276	77,276
International bond fund			
Emerging markets bond	-	61,391	61,391
Short-term investment fund			
Short-term bond	59,024	-	59,024
Total assets at fair value	\$ 59,024	\$ 3,926,005	\$ 3,985,029

SIFCO CUSTOM MACHINING COMPANY RETIREMENT INCOME PLAN

NOTES TO THE FINANCIAL STATEMENTS

4. FAIR VALUE MEASUREMENTS – CONTINUED

The following table sets forth by measurement level, within the fair value hierarchy as determined by the Company to the best of its knowledge, the Plan's assets at fair value as of October 31, 2010:

2010			
	Level 1	Level 2	Total
Pooled separate accounts			
U.S. stock funds	\$ -	\$ 1,718,501	\$ 1,718,501
International stock funds	-	73,798	73,798
Private placement funds	-	390,115	390,115
Short-term investment fund	208,512	-	208,512
Total	208,512	2,182,414	2,390,926
Common/collective trusts			
U.S. stock funds	-	186,912	186,912
International stock funds	-	299,165	299,165
U.S. bond funds	-	827,851	827,851
International bond fund	-	38,026	38,026
Total	-	1,351,954	1,351,954
Total assets at fair value	\$ 208,512	\$ 3,534,368	\$ 3,742,880

5. INVESTMENTS

Individual investments representing 5% or more of the Plan's net assets are identified as follows:

	2011	2010
Quantitative Core Equity Account	\$ 1,332,124	\$ 1,075,918
PRIDEX 500 Account	435,829	557,239
PRIVEST Account	460,470	390,115
Core Bond Fund	498,722	522,749
Core Conservative Bond Fund	282,228	*
Jennison Growth Equity Fund	217,320	*
Short-term Account	*	208,512

* Does not exceed 5% of Plan net assets.

SIFCO CUSTOM MACHINING COMPANY RETIREMENT INCOME PLAN

NOTES TO THE FINANCIAL STATEMENTS

5. INVESTMENTS – CONTINUED

During the years ended October 31, 2011 and 2010, the Plan's investments (including investments purchased, sold, as well as held during the year) appreciated in value as follows:

	<u>2011</u>	<u>2010</u>
Pooled separate accounts	\$ 126,764	\$ 258,840
Common/collective trusts	<u>2,960</u>	<u>96,832</u>
	<u>\$ 129,724</u>	<u>\$ 355,672</u>

6. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

The significant assumptions underlying the actuarial computation are as follows:

	<u>2011</u>	<u>2010</u>
Actuarial cost method	Unit Credit	Unit Credit
Effective interest rate	5.55% per year	6.39% per year
Mortality basis	Healthy: RP-2000 Static Mortality Table	Healthy: RP-2000 Static Mortality Table
Normal retirement age	Age 65 and 5 years of Vesting Service	Age 65 and 5 years of Vesting Service

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

The actuarial present value of accumulated plan benefits is determined by an independent actuary, who uses the entry age normal method to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

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

	<u>2011</u>	<u>2010</u>
Vested benefits:		
Participants currently receiving benefits	\$ 3,412,843	\$ 2,893,726
Other participants	<u>1,932,675</u>	<u>1,762,419</u>
	5,345,518	4,656,145
Non-vested benefits	<u>105,811</u>	<u>138,608</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 5,451,329</u>	<u>\$ 4,794,753</u>

SIFCO CUSTOM MACHINING COMPANY RETIREMENT INCOME PLAN

NOTES TO THE FINANCIAL STATEMENTS

6. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS – CONTINUED

The following summarizes the changes in the actuarial present value of accumulated plan benefits:

	<u>2011</u>	<u>2010</u>
Actuarial present value of accumulated plan benefits - beginning of year	\$ 4,794,753	\$ 4,252,091
Increase (decrease) during the year attributable to:		
Additional benefits accumulated	152,123	340,187
Interest due to decrease in discount period	296,808	276,439
Plan amendment	-	54,708
Change in assumptions	484,342	92,797
Benefits paid	<u>(276,697)</u>	<u>(221,469)</u>
Actuarial present value of accumulated plan benefits - end of year	<u>\$ 5,451,329</u>	<u>\$ 4,794,753</u>

The actuarial present value of accumulated plan benefits increased \$656,576 during the 2011 plan year, in part as a result of a change in two actuarial assumptions. The two assumptions that changed were (1) the effective interest rate used was 5.55% compared to 6.39% in the prior year and (2) the mortality used as required under the 2006 Pension Protection Act.

7. INCOME TAX STATUS

The Plan obtained its latest tax determination letter on September 15, 2011, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). Subsequent to receiving the tax determination letter from the IRS, the Plan was amended. The Company believes that the Plan as amended is operating in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires the Company to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken a tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Company has analyzed the tax positions taken by the Plan, and has concluded that as of October 31, 2011, there are no uncertain tax positions taken that require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Company believes the Plan is no longer subject to income tax examinations for years prior to the year ended October 31, 2008.

8. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in order of priority determined in accordance with ERISA, applicable regulations thereunder, and the Plan.

SIFCO CUSTOM MACHINING COMPANY RETIREMENT INCOME PLAN

NOTES TO THE FINANCIAL STATEMENTS

8. PLAN TERMINATION – CONTINUED

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

Whether all participants receive their benefits, should the Plan be terminated at some future time, will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

9. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments and related transactions include shares of the custodian of the pooled separate accounts as well as shares of the trustee of the common/collective trusts. Therefore, these transactions are considered to be party-in-interest transactions.

10. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

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

**SIFCO CUSTOM MACHINING COMPANY
RETIREMENT INCOME PLAN**

**PLAN NUMBER: 009
EIN: 41-0742016**

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

OCTOBER 31, 2011

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	<i>Pooled separate accounts</i>			
*	Quantitative Core Equity Account	75,235 shares	\$ 1,227,195	\$ 1,332,124
*	International Stock Index Account	6,870 shares	62,047	64,616
*	PRIDEX 500 Account	57,963 shares	391,213	435,829
*	PRIVEST Account	20 shares	414,844	460,470
*	Short-term Account	4,842 shares	59,024	59,024
*	MidCap Quant. Core Equity Account	295 shares	9,475	10,680
*	Value Equity Account	1,246 shares	48,725	51,403
	<i>Common/collective trusts</i>			
*	Core Bond Fund	29,559 shares	471,393	498,722
*	Core Conservative Bond Fund	50,519 shares	271,888	282,228
*	Jennison Growth Equity Fund	229,985 shares	184,423	217,320
*	Inflation Protected Bond Fund	58,026 shares	99,494	111,540
*	High Yield Fund	28,013 shares	75,143	77,276
*	Emerging Market Debt Fund	8,504 shares	61,320	61,391
*	Mercator International Equity Fund	7,346 shares	72,477	74,643
*	Quantitative Core International Equity Fund	117,961 shares	204,160	200,066
*	QMA Emerging Markets Equity Fund	4,857 shares	37,678	38,126
*	Jennison U.S. Small Cap Equity Fund	4,640 shares	8,378	9,571
			<u>\$ 3,698,877</u>	<u>\$ 3,985,029</u>

* Party-in-interest

See the Independent Auditors' Report.

**SIFCO CUSTOM MACHINING COMPANY
RETIREMENT INCOME PLAN**

**PLAN NUMBER: 009
EIN: 41-0742016**

**SCHEDULE H, PART IV, QUESTION 4j -
SCHEDULE OF REPORTABLE TRANSACTIONS**

YEAR ENDED OCTOBER 31, 2011

COLUMN A	COLUMN B	COLUMN C	COLUMN D
IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSETS	PURCHASE PRICE	SELLING PRICE
<i>Category (i) - Single transactions in excess of 5% of beginning Plan assets</i>			
Prudential Insurance Co.	PRIDEX 500 Account - Purchase	\$ 338,000	\$ -
Prudential Insurance Co.	PRIDEX 500 Account - Sale	-	255,000
Prudential Insurance Co.	Quantitative Core Equity Account - Purchase	255,000	-
Prudential Insurance Co.	Quantitative Core Equity Account - Sale	-	338,000
<i>Category (iii) - Series of transactions in excess of 5% of beginning Plan assets</i>			
Prudential Insurance Co.	PRIDEX 500 Account - 9 Purchases	420,000	-
Prudential Insurance Co.	PRIDEX 500 Account - 19 Sales	-	604,000
Prudential Insurance Co.	Quantitative Core Equity Account - 14 Purchases	703,000	-
Prudential Insurance Co.	Quantitative Core Equity Account - 15 Sales	-	521,000
Prudential Trust Co.	Core Bond Fund - 32 Purchases	302,000	-
Prudential Trust Co.	Core Bond Fund - 22 Sales	-	352,000
Prudential Trust Co.	Core Conservative Bond Fund - 11 Purchases	237,000	-
Prudential Insurance Co.	Short-term Account - 56 Purchases	278,000	-
Prudential Insurance Co.	Short-term Account - 72 Sales	-	449,000

Note: There were no category (ii or iv) transactions.

<u>COLUMN E</u>	<u>COLUMN F</u>	<u>COLUMN G</u>	<u>COLUMN H</u>	<u>COLUMN I</u>
<u>LEASE</u>	<u>EXPENSE</u>	<u>COST</u>	<u>VALUE OF</u>	
<u>RENTAL</u>	<u>INCURRED</u>	<u>OF</u>	<u>ASSET ON</u>	<u>NET</u>
	<u>WITH</u>	<u>ASSET</u>	<u>TRANSACTION</u>	<u>GAIN</u>
	<u>TRANSACTION</u>		<u>DATE</u>	
N/A	N/A	\$ 338,000	\$ 338,000	\$ -
N/A	N/A	228,896	255,000	26,104
N/A	N/A	255,000	255,000	-
N/A	N/A	322,158	338,000	15,842
N/A	N/A	420,000	420,000	-
N/A	N/A	519,329	604,000	84,671
N/A	N/A	703,000	703,000	-
N/A	N/A	480,258	521,000	40,742
N/A	N/A	302,000	302,000	-
N/A	N/A	332,966	352,000	19,034
N/A	N/A	237,000	237,000	-
N/A	N/A	278,000	278,000	-
N/A	N/A	449,000	449,000	-

See the Independent Auditors' Report.

Schedule SB, Line 26 - Schedule of Active Participant Data

November 1, 2010 Valuation
SIFCO Custom Machining Company Retirement Income Plan
(EIN: 41-0742016; PN: 009)

Attained Age	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
Under 25	-	1 (*)	-	-	-	-	-	-	-	-
25 to 29	-	2 (*)	1 (*)	-	-	-	-	-	-	-
30 to 34	-	3 (*)	1 (*)	1 (*)	-	-	-	-	-	-
35 to 39	-	3 (*)	-	-	-	-	-	-	-	-
40 to 44	-	2 (*)	2 (*)	1 (*)	1 (*)	-	-	-	-	-
45 to 49	2 (*)	-	3 (*)	1 (*)	1 (*)	-	1 (*)	-	-	-
50 to 54	-	3 (*)	5 (*)	-	-	3 (*)	2 (*)	3 (*)	-	-
55 to 59	2 (*)	1 (*)	3 (*)	-	-	-	1 (*)	-	1 (*)	-
60 to 64	-	-	2 (*)	-	-	-	1 (*)	-	-	1 (*)
65 to 69	-	-	-	-	-	-	-	-	1 (*)	-
70 & up	-	-	-	-	-	-	-	-	-	-

* Average compensation is not shown since there are fewer than 1,000 active participants in this plan

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	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 11/01/2010 and ending 10/31/2011

▶ **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 SIFCO CUSTOM MACHINING COMPANY RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶	009
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SIFCO INDUSTRIES, INC.	D Employer Identification Number (EIN) 41-0742016	
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>11</u> Day <u>1</u> Year <u>2010</u>			
2 Assets:			
a Market value.....	2a	3,848,195	
b Actuarial value.....	2b	3,630,319	
3 Funding target/participant count breakdown	(1) Number of participants		(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	39	2,893,726
b For terminated vested participants.....	3b	22	501,722
c For active participants:			
(1) Non-vested benefits.....	3c(1)		138,608
(2) Vested benefits.....	3c(2)		1,260,697
(3) Total active.....	3c(3)	55	1,399,305
d Total.....	3d	116	4,794,753
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		6.39 %
6 Target normal cost.....	6		102,369

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	<div style="text-align: center;"> Signature of actuary </div> <div style="text-align: center;"> Gail R. Steward Type or print name of actuary Findley Davies, Inc. Firm name 1300 East Ninth Street, Suite 850 Cleveland OH 44114-1516 Address of the firm </div>	<div style="text-align: center;"> 6-20-12 Date 11-6835 Most recent enrollment number (216) 875-1900 Telephone number (including area code) </div>
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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 (Item 13 from prior year)	0	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)		
9 Amount remaining (Item 7 minus item 8)	0	0
10 Interest on item 9 using prior year's actual return of <u>13.75</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		27
b Interest on (a) using prior year's effective rate of <u>6.69</u> %		2
c Total available at beginning of current plan year to add to prefunding balance		29
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	75.71 %
15 Adjusted funding target attainment percentage	15	75.71 %
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	81.10 %
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
02/15/2011	66,625				
05/13/2011	66,625				
08/15/2011	66,625				
11/15/2011	66,625				
06/15/2012	80,185				
Totals ▶			18(b)	346,685	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	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	328,369

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost**21** Discount rate:**a** Segment rates:1st segment:
4.05 %2nd segment:
6.47 %3rd segment:
6.65 %☐ N/A, full yield curve used**b** Applicable month (enter code).....**21b**

4

22 Weighted average retirement age**22**

63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of unpaid minimum required contributions for prior years****28** Unpaid minimum required contribution for all prior years**28**

0

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

0

Part VIII Minimum required contribution for current year**31** Target normal cost, adjusted, if applicable (see instructions).....**31**

102,369

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

1,164,434

226,000

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**

328,369

Carryover balance

Prefunding balance

Total balance

35 Balances used to offset funding requirement

0

0

0

36 Additional cash requirement (item 34 minus item 35).....**36**

328,369

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c).....**37**

328,369

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**

0

40 Unpaid minimum required contribution for all years**40**

0

APPENDIX A

SUMMARY OF PRINCIPAL PLAN PROVISIONS

<i>Plan Sponsor</i>	SIFCO Industries, Inc.																
<i>EIN/PN</i>	41-0742016/009																
<i>Effective Date</i>	November 1, 1988, as amended through the first amendment and restated January 31, 2011 but effective November 1, 2002.																
<i>Plan Year</i>	The 12-month period beginning each November 1.																
<i>Participation</i>	If hired before November 1, 1988, each hourly employee covered under the bargaining unit and actively working as of October 31, 1988 is a participant. If hired on or after November 1, 1988, each hourly employee in the bargaining unit becomes a participant after completion of 170 hours during a plan year.																
<i>Vesting Service</i>	<p>Years of service accrued from date of hire to plan effective date; computed to the nearest 1/10th, plus</p> <p>For each Plan Year after the effective date, service shall be credited based on the following:</p> <table> <tr> <th style="text-align: center;">Number of Hours in Plan Year</th><th style="text-align: center;">Service Credit</th></tr> <tr> <td style="text-align: center;">≥ 1,000</td><td style="text-align: center;">1.00</td></tr> <tr> <td style="text-align: center;">850 to 999</td><td style="text-align: center;">.50</td></tr> <tr> <td style="text-align: center;">680 to 849</td><td style="text-align: center;">.40</td></tr> <tr> <td style="text-align: center;">510 to 679</td><td style="text-align: center;">.30</td></tr> <tr> <td style="text-align: center;">340 to 509</td><td style="text-align: center;">.20</td></tr> <tr> <td style="text-align: center;">170 to 339</td><td style="text-align: center;">.10</td></tr> <tr> <td style="text-align: center;">≤ 169</td><td style="text-align: center;">.00</td></tr> </table>	Number of Hours in Plan Year	Service Credit	≥ 1,000	1.00	850 to 999	.50	680 to 849	.40	510 to 679	.30	340 to 509	.20	170 to 339	.10	≤ 169	.00
Number of Hours in Plan Year	Service Credit																
≥ 1,000	1.00																
850 to 999	.50																
680 to 849	.40																
510 to 679	.30																
340 to 509	.20																
170 to 339	.10																
≤ 169	.00																

APPENDIX A (Continued)

Benefit Service

Years of service accrued from date of hire to plan effective date; computed to the nearest 1/10, plus

For each Plan Year after the effective date, service shall be credited based on the following:

Number of Hours in Plan Year	Service Credit
≥ 1,700	1.00
1,530 to 1,699	.90
1,360 to 1,529	.80
1,190 to 1,359	.70
1,020 to 1,189	.60
850 to 1,019	.50
680 to 849	.40
570 to 679	.30
340 to 509	.20
170 to 339	.10
≤ 169	.00

Normal Form of Payment

Life Annuity for single participants and a reduced 50% Joint & Survivor for married participants.

Accrued Benefit

An annuity payable under the Normal Form of payment equal to \$16.70 per month for each year of Benefit Service earned before the plan's effective date and \$36.00 per month for each year of Benefit Service earned after the plan's effective date. For participants who terminated and/or retired before November 1, 2006 the monthly benefit rates were different.

Normal Retirement Benefit

Eligibility:

Age 65 and 5 years of Vesting Service.

Monthly Benefit:

The Accrued Benefit.

Early Retirement Benefit

Eligibility:

Age 55 and 5 years of Vesting Service.

APPENDIX A (Continued)

Early Retirement Benefit (continued)

Monthly Benefit:

The Accrued Benefit, reduced by 3.0% plus an additional .5% per month by which commencement precedes age 62. No reduction is applied for commencements between age 62 and age 65.

Late Retirement Benefit

Eligibility:

Over age 65.

Monthly Benefit:

The greater of 1) the Accrued Benefit at Late Retirement Date, 2) the benefit he would have received at Normal Retirement Date actuarially increased to the actual retirement date, and 3) the highest value resulting from using the Accrued Benefit as of any intervening December 31 and applying a late retirement adjustment factor from such December 31 to the actual retirement date.

Disability Retirement Benefit

Eligibility:

10 years of Benefit Service and qualified for Social Security Disability.

Monthly Benefit:

The Accrued Benefit, unreduced for early commencement, and payable immediately.

Termination Benefit

Eligibility:

Upon termination of employment prior to retirement after completion of at least five years of Vesting Service.

Monthly Benefit:

The Accrued benefit calculated at termination date commencing in full at age 65 or, in a reduced amount, as early as age 55.

Severance Benefit

Eligibility:

Ceased to be an active participant for three months, completed at least three years of Benefit Service (at least one year of which is after the plan effective date), and is not eligible for any other benefit payable under the plan.

APPENDIX A (Continued)

<i>Severance Benefit (Continued)</i>	<u>Monthly Benefit:</u> Lump sum benefit equal to \$87.50 multiplied by years of Benefit Service earned after the plan's effective date.
<i>Spouse Pre-Retirement Survivor Pension</i>	<u>Eligibility:</u> Five years of Vesting Service and married for at least one year. <u>Monthly Benefit:</u> The spouse receives a monthly benefit for life commencing at the time the employee would have first been eligible for retirement. The benefit is equal to 50% of the Accrued Benefit on the date of death, adjusted as appropriate for early commencement and the 50% Joint and Survivor annuity form of payment.
<i>Lump Sum Death Benefit</i>	<u>Eligibility:</u> Participant was eligible for a Severance benefit, the Severance Benefit has not been paid, and no further benefits are payable. <u>Lump Sum Benefit:</u> Lump sum benefit equal to the amount of the Severance Benefit to which the participant was entitled.
<i>Benefits Available as Lump Sums</i>	This plan pays small benefit amounts (lump sums less than \$5,000) and the lump sum Death Benefit.
<i>Optional Forms of Payment</i>	Life Annuity 10 Year Certain & Continuous Joint & Survivor 50% Joint & Survivor 75% Joint & Survivor 100% Social Security Level Income Option
<i>Funding of the Plan</i>	Employer pays all costs.
<i>Changes in Plan Provisions</i>	The plan was amended to offer early retirement with enhanced benefits to participants whose sum of their age plus service as of December 31, 2010 was at least 95.

Schedule SB, Part V – Summary of Plan Provisions
SIFCO Custom Machining Company Retirement Income
November 1, 2010 Valuation
EIN/PN: 41-0742016 / 009

Schedule SB, Line 32 – Schedule of Amortization Bases
SIFCO Custom Machining Company Retirement Income
November 1, 2010 Valuation
EIN/PN: 41-0742016 / 009

EXHIBIT VII
SCHEDULE OF AMORTIZATION BASES

	Plan Year				2010-11
	Date Established	Present Value of Payments	Remaining Years	Amortization Installment	
<i>Shortfall Amortization Bases</i>	11/01/2010	\$ 454,294	7.00	\$ 75,177	
	11/01/2009	91,532	6.00	17,088	
	11/01/2008	<u>618,608</u>	5.00	<u>133,735</u>	
	Total	\$ 1,164,434		\$ 226,000	
<i>Waiver Amortization Bases</i>	11/01/2010	\$ 0		\$ 0	

Schedule SB, Line 24 – Change in Actuarial Assumptions
SIFCO Custom Machining Company Retirement Income
November 1, 2010 Valuation
EIN/PN: 41-0742016 / 009

***Changes in
Assumptions since
the Last Actuarial
Valuation***

The segmented interest rates used for determining the funding target were 5.21%, 6.74% and 6.84%. These rates were updated to the rates required for the current plan year.

The mortality table for the funding target was changed as required under PPA '06.

***Justification for
Changes in Actuarial
Assumptions***

The only assumption changes were to prescribed actuarial assumptions or as a result of At-Risk status. Therefore, the plan did not need IRS approval to change assumptions and there is no need to disclose any "Change in Actuarial Assumptions."

APPENDIX B

STATEMENT OF ACTUARIAL ASSUMPTIONS AND METHODS

Interest Rates

Funding: 24-month segment rates averaged through the end of June 2010 (published in July 2010):

a.	First Rate, Years 1-5	4.05%
b.	Second Rate, Years 5-20	6.47%
c.	Third Rate, Years 20+	6.65%
d.	Effective Interest Rate using the above rates	6.39%
e.	Interest rate for developing expected value of assets, (limited by statute)	8.50%
f.	Present Value of Total Benefits (PVB)	8.50%

Mortality

Funding and PVB:

Healthy: RP-2000 static, non-generational Mortality Table with separate rates for annuitants and nonannuitants projected by Scale AA to between 7 and 15 years beyond the year following the date of the obligation as described in Regulation 1.430(h)(3), male and female.

Disabled: Rates as described in Revenue Ruling 96-7 for those disabled after 1995.

Rates of Retirement

<u>Age(s)</u>	<u>Rate</u>
55	5.0%
56-59	2.5
60	5.0
61	2.5
62	30.0
63	20.0
64	15.0
65	100.0

Weighted Average Retirement Age is 63. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

APPENDIX B (Continued)

Rates of Disability

Blake's Disability Table #3 for Manufacturing, Farming, Building, and Transportation – sample rates as follows:

<u>Age</u>	<u>Male Rate</u>	<u>Female Rate</u>
25	0.22%	0.15%
30	0.31	0.25
35	0.43	0.39
40	0.60	0.55
45	0.83	0.78
50	1.22	1.20
55	2.12	1.96
60	3.24	2.33
65	4.37	2.72

Rates of Turnover

Based on employee's age and length of service as follows:

<u>Age</u>	<u><1 Year</u>	<u>1 Year</u>	<u>2 Years</u>	<u>3+ Years</u>
25	25.00%	15.00%	10.00%	8.00%
30	25.00	15.00	10.00	7.00
35	25.00	15.00	10.00	6.00
40	25.00	15.00	10.00	4.00
45	25.00	15.00	10.00	3.25
50	25.00	15.00	10.00	1.25
55	25.00	15.00	10.00	1.00
60	25.00	15.00	10.00	0.00

Assumptions Made In Valuing Spouse's Benefit

Sixty percent of the male and forty-five percent of the female employees included in the valuation are assumed to be married. The wife is assumed to be three years younger than the husband.

Provision for Expenses

Funding: The expected administrative expenses expected to be paid from plan assets were included in the Target Normal Cost for minimum contribution purposes.

Asset Method

Funding: Market Value of Assets plus an adjustment to defer full recognition of investment losses and gains over a two-year period. The investment (gain)/loss for every year equals the market value at the beginning of the year projected to the end of the year using the interest rate above, but no greater than the third segment rate for the plan year, minus the end of the year actual market value. The actuarial value of assets will be no less than 90% and no more than 110% of the market value (including interest-adjusted accrued but unpaid contributions).

Employees Valued

Only participants as of the valuation date were valued.

Schedule SB, Line 22 – Description of Weighted Average Retirement Age
 SIFCO Custom Machining Company Retirement Income
 November 1, 2010 Valuation
 EIN/PN: 41-0742016 / 009

<i>Rates of Retirement</i>	<u>Age(s)</u>	<u>Rate</u>
	55	5.0%
	56-59	2.5
	60	5.0
	61	2.5
	62	30.0
	63	20.0
	64	15.0
	65	100.0
Weighted Average Retirement Age is 63. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.		

NAME - PRIDEX 500 Account
DESCRIPTION - Purchase
PURCHASE PRICE - 338000
SELLING PRICE - 0
LEASE RENTAL - 0
EXPENSES - 0
COST OF ASSET - 338000
CURRENT VALUE - 0
NET GAIN OR LOSS - 0

NAME - PRIDEX 500 Account
DESCRIPTION - Sale
PURCHASE PRICE - 0
SELLING PRICE - 255000
LEASE RENTAL - 0
EXPENSES - 0
COST OF ASSET - 228896
CURRENT VALUE - 0
NET GAIN OR LOSS - 26104

NAME - Quantitative Core Eq Acct
DESCRIPTION - Purchase
PURCHASE PRICE - 255000
SELLING PRICE - 0
LEASE RENTAL - 0
EXPENSES - 0
COST OF ASSET - 255000
CURRENT VALUE - 0
NET GAIN OR LOSS - 0

NAME - Quantitative Core Eq Acct
DESCRIPTION - Sale
PURCHASE PRICE - 0
SELLING PRICE - 338000
LEASE RENTAL - 0
EXPENSES - 0
COST OF ASSET - 322158
CURRENT VALUE - 0
NET GAIN OR LOSS - 15842

NAME - PRIDEX 500 Account
DESCRIPTION - 9 Purchases
PURCHASE PRICE - 420000
SELLING PRICE - 0
LEASE RENTAL - 0
EXPENSES - 0
COST OF ASSET - 420000
CURRENT VALUE - 0
NET GAIN OR LOSS - 0

NAME - PRIDEX 500 Account
DESCRIPTION - 19 Sales
PURCHASE PRICE - 0
SELLING PRICE - 604000
LEASE RENTAL - 0
EXPENSES - 0
COST OF ASSET - 519329
CURRENT VALUE - 0
NET GAIN OR LOSS - 84671

NAME - Quantitative Core Eq Acct
DESCRIPTION - 14 Purchases
PURCHASE PRICE - 703000
SELLING PRICE - 0
LEASE RENTAL - 0
EXPENSES - 0
COST OF ASSET - 703000
CURRENT VALUE - 0
NET GAIN OR LOSS - 0

NAME - Quantitative Core Eq Acct
DESCRIPTION - 15 Sales
PURCHASE PRICE - 0
SELLING PRICE - 521000
LEASE RENTAL - 0
EXPENSES - 0
COST OF ASSET - 480258
CURRENT VALUE - 0
NET GAIN OR LOSS - 40742

NAME - Core Bond Fund
DESCRIPTION - 32 Purchases
PURCHASE PRICE - 302000
SELLING PRICE - 0
LEASE RENTAL - 0
EXPENSES - 0
COST OF ASSET - 302000
CURRENT VALUE - 0
NET GAIN OR LOSS - 0

NAME - Core Bond Fund
DESCRIPTION - 22 Sales
PURCHASE PRICE - 0
SELLING PRICE - 352000
LEASE RENTAL - 0
EXPENSES - 0
COST OF ASSET - 332966
CURRENT VALUE - 0
NET GAIN OR LOSS - 19034

NAME - Core Conservative Bd Fd
DESCRIPTION - 11 Purchases
PURCHASE PRICE - 237000
SELLING PRICE - 0
LEASE RENTAL - 0
EXPENSES - 0
COST OF ASSET - 237000
CURRENT VALUE - 0
NET GAIN OR LOSS - 0

NAME - Short Term Account
DESCRIPTION - 56 Purchases
PURCHASE PRICE - 278000
SELLING PRICE - 0
LEASE RENTAL - 0
EXPENSES - 0
COST OF ASSET - 278000
CURRENT VALUE - 0
NET GAIN OR LOSS - 0

NAME - Short Term Account
DESCRIPTION - 72 Sales
PURCHASE PRICE - 0
SELLING PRICE - 449000
LEASE RENTAL - 0
EXPENSES - 0
COST OF ASSET - 449000
CURRENT VALUE - 0
NET GAIN OR LOSS - 0

PARTY IN INTEREST - X
IDENTITY - Quantitative Core Eq
DESCRIPTION - 75,235 sh
COST - 1227195
CURRENT VALUE - 1332124

PARTY IN INTEREST - X
IDENTITY - International Stk Fd
DESCRIPTION - 6,870 sh
COST - 62047
CURRENT VALUE - 64616

PARTY IN INTEREST - X
IDENTITY - PRIDEX 500 Account
DESCRIPTION - 57,963 sh
COST - 391214
CURRENT VALUE - 435829

PARTY IN INTEREST - X
IDENTITY - PRIVEST Account
DESCRIPTION - 20 sh
COST - 414844
CURRENT VALUE - 460470

PARTY IN INTEREST - X
IDENTITY - Short Term Account
DESCRIPTION - 4,842 sh
COST - 59024
CURRENT VALUE - 59024

PARTY IN INTEREST - X
IDENTITY - Midcap Quant Core Eq
DESCRIPTION - 295 sh
COST - 9475
CURRENT VALUE - 10680

PARTY IN INTEREST - X
IDENTITY - Value Equity Account
DESCRIPTION - 1,246 sh
COST - 48725
CURRENT VALUE - 51403

PARTY IN INTEREST - X
IDENTITY - Core Bond Fd
DESCRIPTION - 29,559 sh
COST - 471393
CURRENT VALUE - 498722

PARTY IN INTEREST - X
IDENTITY - Core Conserv Bd Fund
DESCRIPTION - 50,519 sh
COST - 271888
CURRENT VALUE - 282228

PARTY IN INTEREST - X
IDENTITY - Jenn Gr Equity Fund
DESCRIPTION - 229,985 sh
COST - 184423
CURRENT VALUE - 217320

PARTY IN INTEREST - X
IDENTITY - Inflation Prot Bond
DESCRIPTION - 58,026 sh
COST - 99494
CURRENT VALUE - 111540

PARTY IN INTEREST - X
IDENTITY - High Yield Fund
DESCRIPTION - 28,014 sh
COST - 75143
CURRENT VALUE - 77276

PARTY IN INTEREST - X
IDENTITY - Emerging Mkt Debt Fd
DESCRIPTION - 8,504 sh
COST - 61320
CURRENT VALUE - 61391

PARTY IN INTEREST - X
IDENTITY - Mercator Int'l Eq Fd
DESCRIPTION - 7,346 sh
COST - 72477
CURRENT VALUE - 74643

PARTY IN INTEREST - X
IDENTITY - Quant Core Int'l Eq
DESCRIPTION - 117,961 sh
COST - 204160
CURRENT VALUE - 200066

PARTY IN INTEREST - X
IDENTITY - QMA Emerging Mkts
DESCRIPTION - 4,857 sh
COST - 37678
CURRENT VALUE - 38126

PARTY IN INTEREST - X
IDENTITY - Jenn US Sm Cap Eq Fd
DESCRIPTION - 4,640 sh
COST - 8378
CURRENT VALUE - 9571