# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

**2009**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
N.C. INDUSTRIES, INC. 401(K) RETIREMENT SAVINGS PLAN

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 03/01/1992

**2a** Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
N.C. INDUSTRIES, INC.

200 JOHN JAMES AUDUBON PARKWAY
SUITE 202
AMHERST, NY 14228

**2b** Employer Identification Number (EIN)
16-1288361

**2c** Sponsor's telephone number
716-689-8400

**2d** Business code (see instructions)
332700

**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. | 07/27/2010 | WILLIAM C. SZABO |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 07/27/2010 | WILLIAM C. SZABO |
| | **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 |

**3a** Plan administrator's name and address (if same as plan sponsor, enter "Same")

N.C. INDUSTRIES, INC.

200 JOHN JAMES AUDUBON PARKWAY
SUITE 202
AMHERST, NY 14228

**3b** Administrator's EIN: 16-1288361

**3c** Administrator's telephone number: 716-689-8400

**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

**a** Sponsor's name

**4b** EIN

**4c** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 243 |
| **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** | 161 |
| **b** | Retired or separated participants receiving benefits | **6b** | 2 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 35 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 198 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 1 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 199 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 199 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 26 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2J 2F 2G 2K 3D 2T

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

4B

**9a** Plan funding arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | X | Insurance |
| **(2)** | | Code section 412(e)(3) insurance contracts |
| **(3)** | X | Trust |
| **(4)** | | General assets of the sponsor |

**9b** Plan benefit arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | X | Insurance |
| **(2)** | | Code section 412(e)(3) insurance contracts |
| **(3)** | X | Trust |
| **(4)** | | General assets of the sponsor |

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

| | | |
|---|---|---|
| **(1)** | X | **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)** | X | | **H** (Financial Information) |
| **(2)** | | | **I** (Financial Information – Small Plan) |
| **(3)** | X | 1 | **A** (Insurance Information) |
| **(4)** | X | | **C** (Service Provider Information) |
| **(5)** | X | | **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

**2009**

**This Form is Open to Public Inspection**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** Name of plan
N.C. INDUSTRIES, INC. 401(K) RETIREMENT SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500.
N.C. INDUSTRIES, INC.

**D** Employer Identification Number (EIN)
16-1288361

**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.

**1** Coverage Information:

**(a)** Name of insurance carrier
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 04-1590850 | 65935 | FL 9235 | 199 | 01/01/2009 | 12/31/2009 |

**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 |
|---|---|
| 23169 | 0 |

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

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid
WILLIAM T WADSWORTH
300 CORPORATE PKWY STE 21
AMHERST, NY 14226

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | (c) Amount | (d) Purpose | (e) Organization code |
| 16127 | | | 3 |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid
MICHAEL J MC DERMID
37 FRANKLIN ST STE 600
BUFFALO, NY 14202

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | (c) Amount | (d) Purpose | (e) Organization code |
| 7042 | | | 3 |

**(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 | 9196476 |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

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

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

| | | | | | |
|---|---|---|---|---|---|
| **b** | Balance at the end of the previous year | | | 7b | 6408915 |
| **c** | Additions: (1) Contributions deposited during the year | 7c(1) | 1077713 | | |
| | (2) Dividends and credits | 7c(2) | 0 | | |
| | (3) Interest credited during the year | 7c(3) | 211974 | | |
| | (4) Transferred from separate account | 7c(4) | 0 | | |
| | (5) Other (specify below) | 7c(5) | 320187 | | |
| | ▶ LN INT, LN PRIN, LOAN DEFAULT | | | | |
| | (6) Total additions | | | 7c(6) | 1609874 |
| **d** | Total of balance and additions (add **b** and **c(6)**) | | | 7d | 8018789 |
| **e** | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 605034 | | |
| | (2) Administration charge made by carrier | 7e(2) | 14764 | | |
| | (3) Transferred to separate account | 7e(3) | 1239399 | | |
| | (4) Other (specify below) | 7e(4) | 85321 | | |
| | ▶ INSUR PREM WD, LN DISTRIB | | | | |
| | (5) Total deductions | | | 7e(5) | 1944518 |
| **f** | Balance at the end of the current year (subtract **e(5)** from **d**) | | | 7f | 6074271 |

## 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)** | 0 |
| **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)** | 0 |
| (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)** | 0 |
| (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 C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2009**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

| **A** Name of plan | **B** Three-digit plan number (PN) ▶ | |
|---|---|---|
| N.C. INDUSTRIES, INC. 401(K) RETIREMENT SAVINGS PLAN | | 002 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500 | **D** Employer Identification Number (EIN) | |
| N.C. INDUSTRIES, INC. | 16-1288361 | |

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

| (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? |
|---|---|---|---|---|---|---|
| 24 | SERVICE PROVIDER | 33430 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

| (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? |
|---|---|---|---|---|---|---|
| 52 63 72 99 | CONTRACT ADMINISTRATOR | 0 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] 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 |
|---|---|---|
| MASSACHUSETTS MUTUAL LIFE INS. CO. | 72 | 0 |

| **(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. |
|---|---|
| SELECT DIVERSIFIED VALALLNCBRNSTN<br><br>01-0821120 | BASIS POINTS * PLAN ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MASSACHUSETTS MUTUAL LIFE INS. CO. | 52 | 0 |

| **(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. |
|---|---|
| ULTRA AGGRESSIVE JOURNEY<br><br>04-1590850 | BASIS POINTS * PLAN ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MASSACHUSETTS MUTUAL LIFE INS. CO. | 72 | 0 |

| **(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. |
|---|---|
| PREMIER INT'L EQUITY OFI INST<br><br>04-3212044 | BASIS POINTS * PLAN ASSETS |

## 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 |
|---|---|---|
| MASSACHUSETTS MUTUAL LIFE INS. CO. | 72 | 0 |

| **(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. |
|---|---|
| PREMIER BALANCED BABSON<br><br>04-3212054 | BASIS POINTS * PLAN ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MASSACHUSETTS MUTUAL LIFE INS. CO. | 72 | 0 |

| **(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. |
|---|---|
| PREMIER CORE BOND BABSON<br><br>04-3277549 | BASIS POINTS * PLAN ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MASSACHUSETTS MUTUAL LIFE INS. CO. | 72 | 0 |

| **(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. |
|---|---|
| SELECT INDEXED EQTY NORTHRN TRUST<br><br>04-3410047 | BASIS POINTS * PLAN ASSETS |

## 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 |
|---|---|---|
| MASSACHUSETTS MUTUAL LIFE INS. CO. | 72 | 0 |

| **(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. |
|---|---|
| PREMIER SMALL CO OPPRTY OFI INST<br><br>04-3424705 | BASIS POINTS * PLAN ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MASSACHUSETTS MUTUAL LIFE INS. CO. | 72 | 0 |

| **(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. |
|---|---|
| SEL MID CAP GR WELLINGTON/TURNER<br><br>04-3464203 | BASIS POINTS * PLAN ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MASSACHUSETTS MUTUAL LIFE INS. CO. | 72 | 0 |

| **(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. |
|---|---|
| SELECT SM CAP GR W&R/WELLINGTON<br><br>04-3464205 | BASIS POINTS * PLAN ASSETS |

## 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 |
|---|---|---|
| MASSACHUSETTS MUTUAL LIFE INS. CO. | 72 | 0 |

| **(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. |
|---|---|
| SELECT MID CAP GR II T.ROWE PRICE<br><br>04-3512596 | BASIS POINTS * PLAN ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MASSACHUSETTS MUTUAL LIFE INS. CO. | 72 | 0 |

| **(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. |
|---|---|
| SELECT LARGE CAP VALUE DAVIS<br><br>04-3513019 | BASIS POINTS * PLAN ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MASSACHUSETTS MUTUAL LIFE INS. CO. | 72 | 0 |

| **(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. |
|---|---|
| SELECT FUNDAMENTAL VAL WELLINGTON<br><br>04-3584138 | BASIS POINTS * PLAN ASSETS |

## 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 |
|---|---|---|
| MASSACHUSETTS MUTUAL LIFE INS. CO. | 72 | 0 |

| **(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. |
|---|---|
| SEL SMCOVAL FED CLOV/TRP/ERNST<br><br>04-3584140 | BASIS POINTS * PLAN ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MASSACHUSETTS MUTUAL LIFE INS. CO. | 63 72 99 | 0 |

| **(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. |
|---|---|
| CAPITAL APPRECIATION OFI<br><br>13-3054122 | BASIS POINTS * PLAN ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MASSACHUSETTS MUTUAL LIFE INS. CO. | 63 72 | 0 |

| **(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. |
|---|---|
| RETIREMENT 2010 T. ROWE PRICE<br><br>20-0001631 | BASIS POINTS * PLAN ASSETS |

## 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 |
|---|---|---|
| MASSACHUSETTS MUTUAL LIFE INS. CO. | 63 72 | 0 |

| **(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. |
|---|---|
| RETIREMENT 2020 T. ROWE PRICE<br><br>20-0001634 | BASIS POINTS * PLAN ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MASSACHUSETTS MUTUAL LIFE INS. CO. | 63 72 | 0 |

| **(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. |
|---|---|
| RETIREMENT 2030 T. ROWE PRICE<br><br>20-0001636 | BASIS POINTS * PLAN ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MASSACHUSETTS MUTUAL LIFE INS. CO. | 63 72 | 0 |

| **(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. |
|---|---|
| RETIREMENT 2040 T. ROWE PRICE<br><br>20-0001638 | BASIS POINTS * PLAN ASSETS |

## 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 |
|---|---|---|
| MASSACHUSETTS MUTUAL LIFE INS. CO. | 72 | 0 |

| **(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. |
|---|---|
| SELECT STRATEGIC BOND WESTERN<br><br>26-0099965 | BASIS POINTS * PLAN ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MASSACHUSETTS MUTUAL LIFE INS. CO. | 52 72 | 0 |

| **(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. |
|---|---|
| PRM CR VAL EQ BAB/ALLBRN/OFI INST<br><br>26-1345403 | BASIS POINTS * PLAN ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MASSACHUSETTS MUTUAL LIFE INS. CO. | 72 | 0 |

| **(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. |
|---|---|
| PREMIER GLOBAL OFI<br><br>51-0529334 | BASIS POINTS * PLAN ASSETS |

## 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 |
|---|---|---|
| MASSACHUSETTS MUTUAL LIFE INS. CO. | 72 | 0 |

| **(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. |
|---|---|
| PREMIER CAPITAL APPRECIATION OFI<br><br>51-0529336 | BASIS POINTS * PLAN ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MASSACHUSETTS MUTUAL LIFE INS. CO. | 63 72 | 0 |

| **(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. |
|---|---|
| RETIREMENT 2050 T. ROWE PRICE<br><br>51-0612044 | BASIS POINTS * PLAN ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MASSACHUSETTS MUTUAL LIFE INS. CO. | 63 72 | 0 |

| **(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. |
|---|---|
| GROWTH AMERICA AMERICAN<br><br>52-0792143 | BASIS POINTS * PLAN ASSETS |

## 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 |
|---|---|---|
| MASSACHUSETTS MUTUAL LIFE INS. CO. | 63 72 | 0 |

| **(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. |
|---|---|
| RETIREMENT INCOME T. ROWE PRICE<br><br>56-2294396 | BASIS POINTS * PLAN ASSETS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MASSACHUSETTS MUTUAL LIFE INS. CO. | 63 72 | 0 |

| **(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. |
|---|---|
| EQUITY GROWTH AMERICAN CENTURY<br><br>77-0273954 | BASIS POINTS * PLAN ASSETS |

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

# DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2009**

**This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** Name of plan
N.C. INDUSTRIES, INC. 401(K) RETIREMENT SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
N.C. INDUSTRIES, INC.

**D** Employer Identification Number (EIN)
16-1288361

## Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-A PRM CR VAL EQ

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 04-1590850-010 | P | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-BT RETIREMENT INCOME

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 90-0342299-028 | P | 5828 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-D1 CONSERVATIVE JOURNEY

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 04-1590850-033 | P | 14586 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-D2 MODERATE JOURNEY

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 04-1590850-034 | P | 292238 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-D3 AGGRESSIVE JOURNEY

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 04-1590850-035 | P | 483530 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-D4 ULTRA AGGRESSIVE JOURNEY

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 04-1590850-036 | P | 130208 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-E PREMIER CORE BOND

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 04-1590850-041 | P | 466822 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-FT RETIREMENT 2010

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN 90-0342299-029 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 239549 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-GW GROWTH AMERICA

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN 04-1590850-418 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 177691 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-I PREMIER INT'L EQUITY

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN 04-1590850-044 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 288124 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-J SELECT LARGE CAP VALUE

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN 04-1590850-045 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 89071 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-LT RETIREMENT 2020

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN 90-0342299-030 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1296190 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-M PREMIER BALANCED

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN 04-1590850-067 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1202351 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-MK SEL DVRSFD VAL

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN 04-1590850-335 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-N2 CAPITAL APPRECIATION

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN 04-1590850-069 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 95499 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-NC PREMIER CAPITAL APPRECIATION

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN 04-1590850-078 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 235509 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-ND PREMIER GLOBAL

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN 04-1590850-079 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 211913 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-NM PREMIER SMALL CO OPPRTY

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN 04-1590850-083 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 375195 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-PT RETIREMENT 2030

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN 90-0342299-031 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1077596 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-Q SEL MID CAP GR

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN 04-1590850-102 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 69360 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-QT RETIREMENT 2040

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN 90-0342299-032 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 153906 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-SC SELECT SM CAP GR

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN 04-1590850-105 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 318391 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-SK SELECT FUNDAMENTAL VAL

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN 04-1590850-174 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1147577 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-SY SEL SMCOVAL

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN 04-1590850-171 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53095 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-TE SELECT STRATEGIC BOND

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN 04-1590850-351 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 95706 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-W8 EQUITY GROWTH

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN 04-1590850-120 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40758 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-W9 SELECT MID CAP GR II

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN 04-1590850-121 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 259447 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SIA-X SELECT INDEXED EQTY

**b** Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

| **c** EIN-PN 04-1590850-133 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 376337 |
|---|---|---|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## 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 |
|---|---|

**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

**2009**

**This Form is Open to Public Inspection**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** Name of plan
N.C. INDUSTRIES, INC. 401(K) RETIREMENT SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
N.C. INDUSTRIES, INC.

**D** Employer Identification Number (EIN)
16-1288361

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(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) | 637442 | 560055 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 0 | 0 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 7052858 | 9196476 |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 0 | 0 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 6408915 | 6074271 |
| **(15)** Other | 1c(15) | 0 | 0 |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | 0 | 0 |
| | **(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 | 14099215 | 15830802 |
| | **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 through1j) | 1k | 0 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 14099215 | 15830802 |

## 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) | 383679 | |
| | **(B)** Participants | 2a(1)(B) | 694034 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 0 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 1077713 |
| **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) | 47708 | |
| | **(F)** Other | 2b(1)(F) | 211974 | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 259682 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | 0 | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 0 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **2b** (5) Unrealized appreciation (depreciation) of assets: (A) Real estate | 2b(5)(A) | | |
| (B) Other | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | 0 |
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 0 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 2094799 |
| (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) | | 0 |
| **c** Other income | 2c | | 0 |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 3432194 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1654603 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 12574 | |
| (3) Other | 2e(3) | 0 | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 1667177 |
| **f** Corrective distributions (see instructions) | 2f | | 0 |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | 0 |
| **h** Interest expense | 2h | | |
| **i** Administrative expenses: (1) Professional fees | 2i(1) | 0 | |
| (2) Contract administrator fees | 2i(2) | 5412 | |
| (3) Investment advisory and management fees | 2i(3) | 28018 | |
| (4) Other | 2i(4) | 0 | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 33430 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 1700607 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line 2j from line 2d | 2k | | 1731587 |
| **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) [X] Disclaimer (4) [ ] Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: GAINES KRINER ELLIOTT LLP (2) EIN: 16-0773396

**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.) | 4a | | 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.) | 4b | | 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.) | 4c | | 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.) | 4d | | X | |
| **e** | Was this plan covered by a fidelity bond? | 4e | X | | 5000000 |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | 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? | 4g | | 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? | 4h | | 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.) | 4i | 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.) | 4j | 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? | 4k | | X | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | 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. | 4n | | | |

**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

**2009**

**This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** Name of plan
N.C. INDUSTRIES, INC. 401(K) RETIREMENT SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
N.C. INDUSTRIES, INC.

**D** Employer Identification Number (EIN)
16-1288361

## Part I Distributions

**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... **1** 0

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-1590850

**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**

## Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 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**

## 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):

---

**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):

# N.C. INDUSTRIES, INC.
# 401(k) RETIREMENT SAVINGS PLAN

## FINANCIAL STATEMENTS

**December 31, 2009**

# N.C. INDUSTRIES, INC. 401(k) RETIREMENT SAVINGS PLAN
## TABLE OF CONTENTS TO FINANCIAL STATEMENTS
## December 31, 2009


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GAINES KRINER ELLIOTT LLP
CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS ADVISORS

## INDEPENDENT AUDITOR'S REPORT

To the Plan Sponsor and Plan Administrator
N.C. Industries, Inc. 401(k) Retirement Savings Plan

We were engaged to audit the accompanying statements of net assets available for benefits of N.C. Industries, Inc. 401(k) Retirement Savings Plan as of December 31, 2009 and 2008 and the related statements of changes in net assets available for benefits for the years then ended, and the accompanying supplemental schedules as of and for the year ended December 31, 2009, as listed in the accompanying table of contents. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures to the information certified by the Plan trustee, Massachusetts Mutual Life Insurance Company (see Note 5), except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that Massachusetts Mutual Life Insurance Company holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from Massachusetts Mutual Life Insurance Company, as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by Massachusetts Mutual Life Insurance Company is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by Massachusetts Mutual Life Insurance Company, have been audited by us in accordance with U.S. generally accepted auditing standards 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.

Gaines Kriner Elliott LLP

July 13, 2010



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# N.C. INDUSTRIES, INC. 401(k) RETIREMENT SAVINGS PLAN
## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
## December 31, 2009 and 2008

| ASSETS | 2009 | 2008 |
|---|---|---|
| Investments at Fair Value (Notes 3 and 5) | | |
| Guaranteed Interest Fund (Note 4) | $ 6,409,110 | $ 6,759,855 |
| Pooled separate accounts (Notes 1 and 3) | | |
| Retirement 2020 | 1,296,190 | 777,422 |
| Premier Balanced | 1,202,351 | 1,208,857 |
| Select Fundamental Value | 1,147,577 | - |
| Retirement 2030 | 1,077,596 | 308,590 |
| Aggressive Journey | 483,530 | 332,043 |
| Premier Core Bond | 466,822 | 437,904 |
| Select Indexed Equity | 376,337 | 290,002 |
| Premier Small Co Opportunities | 375,195 | 360,606 |
| Select Small Cap Growth Equity | 318,390 | 325,497 |
| Moderate Journey | 292,238 | 233,539 |
| Premier International Equity | 288,124 | 188,086 |
| Select Mid Cap Growth II | 259,447 | 102,803 |
| Retirement 2010 | 239,549 | 120,486 |
| Premier Capital Appreciation | 235,509 | 189,860 |
| Premier Global | 211,913 | 134,522 |
| Growth America | 177,691 | 87,790 |
| Retirement 2040 | 153,906 | 77,440 |
| Ultra Aggressive Journey | 130,208 | 211,017 |
| Select Strategic Bond | 95,706 | 76,336 |
| Capital Appreciation | 95,499 | 21,346 |
| Select Large Cap Value | 89,071 | 65,420 |
| Select Mid Cap Growth | 69,360 | 46,904 |
| Select Small Co Value | 53,095 | 66,287 |
| Equity Growth | 40,758 | 87,347 |
| Conservative Journey | 14,586 | 14,285 |
| Retirement Income | 5,828 | 2,167 |
| Premier Core Value Equity | - | 1,239,784 |
| Select Diversified Value | - | 46,518 |
| Total pooled separate accounts | 9,196,476 | 7,052,858 |
| Loans to participants | 560,055 | 637,442 |
| Total investments at fair value | 16,165,641 | 14,450,155 |
| Receivables | | |
| Employee salary reductions | - | 11,849 |
| Employer contributions | - | 6,574 |
| Total receivables | - | 18,423 |
| Total assets | 16,165,641 | 14,468,578 |
| **LIABILITIES** | | |
| Excess Contribution Payable - Employer (Note 6) | 4,231 | - |
| Net assets available for benefits at fair value | 16,161,410 | 14,468,578 |
| Adjustment From Fair Value to Contract Value for Fully Benefit-Responsive Investment Contract (Note 4) | (357,856) | (359,027) |
| Net assets available for benefits | $15,803,554 | $14,109,551 |

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

# N.C. INDUSTRIES, INC. 401(k) RETIREMENT SAVINGS PLAN
## STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
**For the years ended December 31, 2009 and 2008**

| | 2009 | 2008 |
|---|---|---|
| Additions to Net Assets Attributed to: | | |
| Investment income | | |
| Net appreciation in fair value of investments | $ 2,094,799 | $ - |
| Interest income | 259,061 | - |
| | 2,353,860 | - |
| Less: Investment expenses | 27,991 | - |
| Net investment income | 2,325,869 | - |
| Contributions | | |
| Employee salary reductions | 682,184 | 795,044 |
| Employee rollovers | - | 31,402 |
| Employer | 372,875 | 425,916 |
| | 1,055,059 | 1,252,362 |
| Total additions | 3,380,928 | 1,252,362 |
| Deductions from Net Assets Attributed to: | | |
| Investment loss | | |
| Net depreciation in fair value of investments | - | 3,704,887 |
| Investment fee expense | - | 30,377 |
| | - | 3,735,264 |
| Less: Interest income | - | 292,681 |
| Net investment loss | - | 3,442,583 |
| Benefits paid to participants | 1,654,603 | 432,114 |
| Forfeitures | 14,336 | 406 |
| Purchases of life insurance policies | 12,574 | 8,705 |
| Administration expenses | 5,412 | 2,895 |
| Total deductions | 1,686,925 | 3,886,703 |
| Net increase/(decrease) | 1,694,003 | (2,634,341) |
| Net Assets Available for Benefits: | | |
| Beginning of Year | 14,109,551 | 16,743,892 |
| End of Year | $15,803,554 | $14,109,551 |

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

## NOTE 1 - DESCRIPTION OF PLAN

The following description of the N.C. Industries, Inc. 401(k) Retirement Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for more complete information.

**General** - The Plan was established effective March 1, 1992. The Plan is a defined contribution, salary deferral plan covering substantially all full-time employees of N.C. Industries, Inc. (the "Company"). Employees must complete a minimum service hour requirement in order to participate. It is a qualified plan subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

**Contributions** - Each participant may elect to contribute up to 100% of their salary, not to exceed the maximum allowed under the Internal Revenue Code ($16,500 in 2009 and $15,500 in 2008), as a tax deferred contribution to the Plan. Participants 50 years old and over may make an additional "catch-up" contribution annually ($5,500 in 2009 and $5,000 in 2008). The Company contributes 50% (up to a maximum of 3% of salary) of each participant's contribution up to the first 6% of salary contributed by each participant. The Company also contributes an additional 1.5% of total compensation for each participant. The Plan provides that participants may deposit payments that they receive from another retirement plan. Such contributions are referred to as employee rollover contributions.

**Vesting** - Participants are fully vested in all voluntary contributions that they make to the Plan plus earnings thereon. Participants vest in Company contributions at the rate of 20% for each year of service. Participants become 100% vested in Company contributions when they retire, reach the age of 65 while employed, become disabled, die, or if the Plan is terminated. Forfeitures of unvested Company contributions are used to pay administrative expenses or reduce future contributions paid by the Company.

**Access to Savings** - Participants are entitled to receive 100% of their account balance upon normal retirement at age 65 or at early retirement after age 55. A participant may elect to defer benefits until age 70-1/2. Benefit payments may be made in lump sum amounts or in various annuity or installment forms based on the account balance at retirement date. If an account balance is $5,000 or less, benefits must be withdrawn in a lump sum. Withdrawals may also be made for reasons of financial hardship prior to age 59-1/2 or early retirement. The Plan also allows for participants to borrow up to 50% of their vested account balance (or $50,000, if less) for a term between one and five years, bearing interest at the prime rate plus 2%. Minimum borrowing allowed under the Plan is $1,000.

**Participant Accounts** - Each participant's account is credited with the participant's contribution, the Company's contribution, and allocated earnings (allocated daily) of the underlying investments within a guaranteed interest fund and/or pooled separate accounts.

**Deposits with Insurance Company** - The Plan has entered into a group annuity contract with Massachusetts Mutual Life Insurance Company ("Mass Mutual"). Participants have the option of directing their contributions and related Company matching contributions into a guaranteed interest fund or twenty-six pooled separate accounts sponsored by Mass Mutual.

Except for the Mass Mutual Life Insurance Company Guaranteed Interest Fund (the "GIF"), all other funds are invested in pooled separate accounts whose only asset is a single mutual fund managed by Mass Mutual, its subsidiaries, and other unrelated investment companies.

The GIF guarantees principal deposits plus a guaranteed rate of interest, which is set semi-annually (see Note 4). The GIF is considered a fully benefit-responsive investment contract.

Participants were also able to elect to purchase life insurance with up to 30% of their contributions. This purchase option was discontinued in 2008. Participants who had previously elected to purchase life insurance will continue to be able to purchase life insurance, but no additional participants will have the option to purchase life insurance. The underlying values of life insurance policies are excluded from Plan assets since these represent obligations directly between the participant and Mass Mutual.

## NOTE 1 - DESCRIPTION OF PLAN (CONT'D)

Participants may elect to change the allocation of their individual accounts among the GIF and/or the pooled separate accounts at any time during the year.

**Plan Administration** - The Plan is administrated by the Company. Participant account records are maintained by Mass Mutual. Costs of administration are paid primarily by the Company. A portion of Plan expenses may be charged to the Plan.

## NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting** - The Plan's policy is to prepare its financial statements on the accrual basis of accounting. Under this basis, investment income is recognized when earned. Participant contributions and the related Company matching contributions are recorded when withheld from participant's paychecks and reported as a receivable until remitted by the Company to Mass Mutual. Excess contributions at the end of the Plan year are recorded as a liability of the Plan prior to the actual repayments of those amounts. Benefits are recorded when paid.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of the GIF, the only fully benefit-responsive investment contract, as well as the adjustment of the GIF from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits with respect to the GIF is prepared on a contract value basis.

**Investments** - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between knowledgeable unrelated parties at the measurement date. See Note 3 for a discussion of fair value measurement.

**Security Transactions and Investment Income** - Purchases and sales of investments are recorded on a trade-date basis. Net appreciation/(depreciation) in fair value of investments includes dividends, realized gains and losses, and unrealized gains and losses attributable to the investments.

**Use of Estimates** - The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

**Subsequent Events** - The Plan evaluated all subsequent events through July 13, 2010, the date the financial statements were available to be issued. No subsequent events required recognition or disclosure.

## NOTE 3 - FAIR VALUE MEASUREMENTS

Generally accepted accounting principles establishes a fair value hierarchy that prioritizes the valuation assumptions used to measure fair value. This hierarchy consists of three broad levels: **Level 1** - assumptions rely on unadjusted quoted prices in active markets for identical assets and must be used when available, **Level 2** - assumptions rely on quoted prices for similar, but not identical, assets, and **Level 3** - assumptions generally are developed by the reporting entity, and may only be utilized when Level 1 and Level 2 information is not available. The Plan uses appropriate valuation techniques on the available information to measure the fair value of its investments.

NOTE 3 - FAIR VALUE MEASUREMENTS (CONT')

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2009 and 2008.

**Level 2 Fair Value Measurements** - The fair value of the pooled separate accounts is based on quoted market prices for the underlying mutual fund owned by the separate investment account.

**Level 3 Fair Value Measurements** - The GIF (Note 4) and participant loans are not actively traded and significant other Level 2 information is not available. The fair value of the GIF is calculated by Mass mutual and represents estimated liquidation value determined within the contract specifications. The fair value of participant loans is equal to the amortized cost of the loans because the loans are secured by each respective participant's account balance.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value at December 31, 2009 and 2008:

| Investments at Fair Value as of December 31, 2009 | | | |
|---|---|---|---|
| | Level 2 | Level 3 | Total |
| Pooled separate accounts | $ 9,196,476 | $ - | $ 9,196,476 |
| GIF | - | 6,409,110 | 6,409,110 |
| Participant loans | - | 560,055 | 560,055 |
| Total investments at fair value | $ 9,196,476 | $ 6,969,165 | $16,165,641 |

| Investments at Fair Value as of December 31, 2008 | | | |
|---|---|---|---|
| | Level 2 | Level 3 | Total |
| Pooled separate accounts | $ 7,052,858 | $ - | $ 7,052,858 |
| GIF | - | 6,759,855 | 6,759,855 |
| Participant loans | - | 637,442 | 637,442 |
| Total investments at fair value | $ 7,052,858 | $ 7,397,297 | $14,450,155 |

The following table sets forth a summary of changes in the fair market value of the Plan's Level 3 investments for the years ended December 31, 2009 and 2008:

| Level 3 Investments for the Year Ended December 31, 2009 | | |
|---|---|---|
| | GIF | Participant Loans |
| Balance, beginning of year | $ 6,759,855 | $ 637,442 |
| Change in unrealized appreciation | (1,172) | - |
| Purchases, sales, loans, and repayments | (349,573) | (77,387) |
| Balance, end of year | $ 6,409,110 | $ 560,055 |

| Level 3 Investments for the Year Ended December 31, 2008 | | |
|---|---|---|
| | GIF | Participant Loans |
| Balance, beginning of year | $ 5,114,300 | $ 716,924 |
| Change in unrealized appreciation | 423,175 | - |
| Purchases, sales, loans, and repayments | 1,222,380 | (79,482) |
| Balance, end of year | $ 6,759,855 | $ 637,442 |

## NOTE 3 - FAIR VALUE MEASUREMENTS (CONT'D)

Change in unrealized appreciation included in changes in net assets available for benefits for the years ended December 31, 2009 and 2008 are reported in net appreciation/(depreciation) in fair value of investments. The change in unrealized appreciation/(depreciation) represents the change in the estimated liquidation value of the GIF.

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

## NOTE 4 - MASS MUTUAL LIFE INSURANCE COMPANY GUARANTEED INTEREST FUND

The Plan allows participants to direct their contributions into a benefit-responsive contract with Mass Mutual. Mass Mutual maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at contract value as reported to the Plan by Mass Mutual. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in Note 2, because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of net assets available for benefits attributable to the guaranteed investment contract.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2009 and 2008 was $6,409,110 and $6,759,855, respectively. The crediting interest rate is based on a formula agreed upon with the issuer. Interest rates are reviewed on a semi-annual basis for resetting. The guaranteed interest rates for 2009 were 3.5% and 3.4%. The guaranteed interest rates for 2008 were 4.25% and 3.75%.

Certain events may limit the Plan's ability to transact at contract value with Mass Mutual. Such events are referred to as liquidation events. The Plan administrator does not believe that any liquidation events that would limit the Plan's ability to transact at contract value with Plan participants are probable of occurring.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

| | 2009 | 2008 |
|---|---|---|
| Average yields | | |
| Based on actual earnings | 3.21% | 3.88% |
| Based on interest rate credited to participants | 3.21% | 3.88% |

## NOTE 5 - INFORMATION CERTIFIED BY MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

All investment balances, including loans to participants, and related investment income presented in the accompanying financial statements and supplemental schedule have been certified by Mass Mutual as complete and accurate.

## NOTE 6 - EXCESS CONTRIBUTIONS PAYABLE - EMPLOYER

Employer contributions for 2009 were reduced by $4,231, which represented excess matching contributions made by the Company that will reduce 2010 employer contributions. There were no excess employer contributions for the year ended December 31, 2008.

## NOTE 7 - TAX STATUS

The Company has obtained a favorable determination letter from the Internal Revenue Service dated October 25, 1993, stating that the Plan is qualified under the Internal Revenue Code as exempt from Federal income taxes. The Company has relied on determination letters received by Mass Mutual for its prototype plans and for subsequent plan amendments that have been adopted to comply with changes required under Federal law.

## NOTE 8 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk as 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 that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

## NOTE 9 - PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination, participants become 100% vested in their account balances, which will be paid out either in a lump sum distribution or by the purchase of an annuity contract.

## NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

| | 2009 | 2008 |
|---|---|---|
| Net assets available for benefits per Form 5500 | $15,830,802 | $14,099,215 |
| Contributions receivable | - | 18,423 |
| Forfeited funds available to offset future employer contributions | (23,017) | (8,087) |
| Excess contributions payable - employer | (4,231) | - |
| Net assets available for benefits per financial statements | $15,803,554 | $14,109,551 |

**NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONT'D)**

The following is a reconciliation of contributions per the financial statements to the Form 5500:

| | 2009 | 2008 |
|---|---|---|
| Total contributions per the Form 5500 | $ 1,077,713 | $ 1,233,939 |
| Change in contributions receivable | (18,423) | 18,423 |
| Change in excess contributions payable - employer | (4,231) | - |
| Contributions per financial statements | $ 1,055,059 | $ 1,252,362 |

The following is a reconciliation of interest income per the financial statements to the Form 5500:

| | 2009 | 2008 |
|---|---|---|
| Total interest income per the Form 5500 | $ 259,682 | $ 293,061 |
| Earnings on forfeited funds available to offset future employer contributions | (621) | (380) |
| Interest income per financial statements | $ 259,061 | $ 292,681 |

The following is a reconciliation of administrative expenses per the financial statements to the Form 5500:

| | 2009 | 2008 |
|---|---|---|
| Total administrative expenses per the Form 5500 | $ 33,430 | $ 33,280 |
| Expenses paid for with unallocated funds | (27) | (8) |
| Investment fee and administrative expenses per financial statement | $ 33,403 | $ 33,272 |

# N.C. INDUSTRIES, INC. 401(k) RETIREMENT SAVINGS PLAN
## SCHEDULE OF ASSETS (HELD AT END OF YEAR)
## As of December 31, 2009

### SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
### EIN 16-1288361
### Plan Number 002

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| * | Mass Mutual Life Insurance Company | Group Annuity Contract Guaranteed Interest Fund/Holding Account | | $ 6,051,254 |
| | | Pooled Separate Accounts | | |
| * | Mass Mutual Life Insurance Company | Retirement 2020 | | 1,296,190 |
| * | Mass Mutual Life Insurance Company | Premier Balanced | | 1,202,351 |
| * | Mass Mutual Life Insurance Company | Select Fundamental Value | | 1,147,577 |
| * | Mass Mutual Life Insurance Company | Retirement 2030 | | 1,077,596 |
| * | Mass Mutual Life Insurance Company | Aggressive Journey | | 483,530 |
| * | Mass Mutual Life Insurance Company | Premier Core Bond | | 466,822 |
| * | Mass Mutual Life Insurance Company | Select Indexed Equity | | 376,337 |
| * | Mass Mutual Life Insurance Company | Premier Small Co Opportunities | | 375,195 |
| * | Mass Mutual Life Insurance Company | Select Small Cap Growth Equity | | 318,390 |
| * | Mass Mutual Life Insurance Company | Moderate Journey | | 292,238 |
| * | Mass Mutual Life Insurance Company | Premier International Equity | | 288,124 |
| * | Mass Mutual Life Insurance Company | Select Mid Cap Growth II | | 259,447 |
| * | Mass Mutual Life Insurance Company | Retirement 2010 | | 239,549 |
| * | Mass Mutual Life Insurance Company | Premier Capital Appreciation | | 235,509 |
| * | Mass Mutual Life Insurance Company | Premier Global | | 211,913 |
| * | Mass Mutual Life Insurance Company | Growth America | | 177,691 |
| * | Mass Mutual Life Insurance Company | Retirement 2040 | | 153,906 |
| * | Mass Mutual Life Insurance Company | Ultra Aggressive Journey | | 130,208 |
| * | Mass Mutual Life Insurance Company | Select Strategic Bond | | 95,706 |
| * | Mass Mutual Life Insurance Company | Capital Appreciation | | 95,499 |
| * | Mass Mutual Life Insurance Company | Select Large Cap Value | | 89,071 |
| * | Mass Mutual Life Insurance Company | Select Mid Cap Growth | | 69,360 |
| * | Mass Mutual Life Insurance Company | Select Small Co Value | | 53,095 |
| * | Mass Mutual Life Insurance Company | Equity Growth | | 40,758 |
| * | Mass Mutual Life Insurance Company | Conservative Journey | | 14,586 |
| * | Mass Mutual Life Insurance Company | Retirement Income | | 5,828 |
| | | Total pooled separate accounts | | 9,196,476 |
| | Participant Loans | 5.25% - 11.50% | | 560,055 |
| | | | | $ 15,807,785 |

* Party-in-interest

# N.C. INDUSTRIES, INC. 401(k) RETIREMENT SAVINGS PLAN
## SCHEDULE OF REPORTABLE TRANSACTIONS
**For the year ended December 31, 2009**

### SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
**EIN 16-1288361**
**Plan Number 002**

| (a) Identity of party involved | (b) Description of asset | (c) Purchase price | (d) Selling price | (e) | (f) Expense incurred with transaction | (g) Cost of asset | (h) Current value of asset on trans-action date | (i) Net gain or (loss) |
|---|---|---|---|---|---|---|---|---|
| Mass Mutual Life Insurance Company | Premier Core Value Equity | $ - | $ 1,092,894 | | $ - | $ 1,013,561 | $ 1,092,894 | $ 79,333 |
| Mass Mutual Life Insurance Company | Select Fundamental Value | 1,150,741 | - | | - | - | - | - |

| A Name of Plan | B Three-digit plan Number |
|---|---|
| **N.C. Industries, Inc. 401(k) Retirement Savings Plan** | **002** |
| **C Plan sponsor's name as shown on line 2a of Form 5500** | **D Employer Identification Number** |
| **N.C. Industries, Inc.** | **161288361** |

# Schedule C Formula Description and/or EIC Statement Description

| Service Provider Name | Service Provider EIN | Service Provider Address | Formula / EIC Statement |
|---|---|---|---|
| Massachusetts Mutual Life Insurance | 041590850 | | American Century received estimated Other Fees of 1 basis points * plan assets with respect to Equity Growth (American Century) (SIA-W8). |
| Massachusetts Mutual Life Insurance | 041590850 | | American Funds received estimated Other Fees of 17 basis points * plan assets with respect to Growth America (American) (SIA-GW). |
| Massachusetts Mutual Life Insurance | 041590850 | | MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Growth America (American) separate account (SIA-GW). |
| Massachusetts Mutual Life Insurance | 041590850 | | MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Premier Small Co Opprty (OFI Inst) separate account (SIA-NM). |
| Massachusetts Mutual Life Insurance | 041590850 | | MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Retirement 2010 (T. Rowe Price) separate account (SIA-FT). |
| Massachusetts Mutual Life Insurance | 041590850 | | MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Retirement 2020 (T. Rowe Price) separate account (SIA-LT). |
| Massachusetts Mutual Life Insurance | 041590850 | | MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Retirement 2030 (T. Rowe Price) separate account (SIA-PT). |
| Massachusetts Mutual Life Insurance | 041590850 | | MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Retirement 2040 (T. Rowe Price) separate account (SIA-QT). |
| Massachusetts Mutual Life Insurance | 041590850 | | MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Retirement 2050 (T. Rowe Price) separate account (SIA-OT). |
| Massachusetts Mutual Life Insurance | 041590850 | | MassMutual provided the Plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the mutual fund underlying the Retirement Income (T. Rowe Price) separate account (SIA-BT). |
| Massachusetts Mutual Life Insurance | 041590850 | | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Capital Appreciation (OFI) separate account (SIA-N2). |
| Massachusetts Mutual Life Insurance | 041590850 | | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Equity Growth (American Century) separate account (SIA-W8). |
| Massachusetts Mutual Life Insurance | 041590850 | | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Growth America (American) separate account (SIA-GW). |
| Massachusetts Mutual Life Insurance | 041590850 | | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Premier Balanced (Babson) separate account (SIA-M). |

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| | | |
|---|---|---|
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Premier Capital Appreciation (OFI) separate account (SIA-NC). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Premier Core Bond (Babson) separate account (SIA-E). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Premier Global (OFI) separate account (SIA-ND). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Premier Int'l Equity (OFI Inst) separate account (SIA-I). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Premier Small Co Opprty (OFI Inst) separate account (SIA-NM). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Retirement 2010 (T. Rowe Price) separate account (SIA-FT). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Retirement 2020 (T. Rowe Price) separate account (SIA-LT). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Retirement 2030 (T. Rowe Price) separate account (SIA-PT). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Retirement 2040 (T. Rowe Price) separate account (SIA-QT). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Retirement 2050 (T. Rowe Price) separate account (SIA-OT). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Retirement Income (T. Rowe Price) separate account (SIA-BT). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Sel Mid Cap Gr (Wellington/Turner) separate account (SIA-Q). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Sel SmCoVal (Fed Clov/TRP/ERNST) separate account (SIA-SY). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Select Diversified Val(AllncBrnstn) separate account (SIA-MK). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Select Fundamental Val (Wellington) separate account (SIA-SK). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Select Indexed Eqty (Northrn Trust) separate account (SIA-X). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Select Large Cap Value (Davis) separate account (SIA-J). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Select Mid Cap Gr |

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| | | |
|---|---|---|
| | | II (T.Rowe Price) separate account (SIA-W9). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Select Sm Cap Gr (W&R/Wellington) separate account (SIA-SC). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the mutual fund underlying the Select Strategic Bond (Western) separate account (SIA-TE). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual received estimated Administrative Fees of 1 basis points * plan assets with respect to the mutual fund underlying the Premier Global (OFI) separate account (SIA-ND). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual received estimated Administrative Fees of 12 basis points * plan assets with respect to the mutual fund underlying the Select Fundamental Val (Wellington) separate account (SIA-SK). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual received estimated Administrative Fees of 12 basis points * plan assets with respect to the mutual fund underlying the Select Sm Cap Gr (W&R/Wellington) separate account (SIA-SC). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual received estimated Administrative Fees of 14 basis points * plan assets with respect to the mutual fund underlying the Premier Int'l Equity (OFI Inst) separate account (SIA-I). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual received estimated Administrative Fees of 14 basis points * plan assets with respect to the mutual fund underlying the Premier Small Co Opprty (OFI Inst) separate account (SIA-NM). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual received estimated Administrative Fees of 17 basis points * plan assets with respect to the mutual fund underlying the Sel SmCoVal (Fed Clov/TRP/ERNST) separate account (SIA-SY). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual received estimated Administrative Fees of 2 basis points * plan assets with respect to the mutual fund underlying the Premier Capital Appreciation (OFI) separate account (SIA-NC). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual received estimated Administrative Fees of 30 basis points * plan assets with respect to the mutual fund underlying the Prm Cr Val Eq (Bab/AllBrn/OFI Inst) separate account (SIA-A). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual received estimated Administrative Fees of 30 basis points * plan assets with respect to the mutual fund underlying the Select Indexed Eqty (Northrn Trust) separate account (SIA-X). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual received estimated Administrative Fees of 32 basis points * plan assets with respect to the mutual fund underlying the Select Mid Cap Gr II (T.Rowe Price) separate account (SIA-W9). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual received estimated Administrative Fees of 5 basis points * plan assets with respect to the mutual fund underlying the Select Strategic Bond (Western) separate account (SIA-TE). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual received estimated Administrative Fees of 6 basis points * plan assets with respect to the mutual fund underlying the Select Diversified Val(AllncBrnstn) separate account (SIA-MK). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual received estimated Administrative Fees of 7 basis points * plan assets with respect to the mutual fund underlying the Premier Balanced (Babson) separate account (SIA-M). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual received estimated Administrative Fees of 8 basis points * plan assets with respect to the mutual fund underlying the Select Large Cap Value (Davis) separate account (SIA-J). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual received estimated Administrative Fees of 9 basis points * plan assets with respect to the mutual fund underlying the Premier Core Bond (Babson) separate account (SIA-E). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual received estimated Administrative Fees of 9 basis points * plan assets with |

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| | | |
|---|---|---|
| | | respect to the mutual fund underlying the Sel Mid Cap Gr (Wellington/Turner) separate account (SIA-Q). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual received estimated Management Fees of 101 basis points * plan assets with respect to the Moderate Journey separate account (SIA-D2). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual received estimated Management Fees of 107 basis points * plan assets with respect to the Aggressive Journey separate account (SIA-D3). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual received estimated Management Fees of 109 basis points * plan assets with respect to the Ultra Aggressive Journey separate account (SIA-D4). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual received estimated Management Fees of 60 basis points * plan assets with respect to the Prm Cr Val Eq (Bab/AllBrn/OFI Inst) separate account (SIA-A). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual received estimated Management Fees of 92 basis points * plan assets with respect to the Conservative Journey separate account (SIA-D1). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual received estimated Sub TA Fees of 10 basis points * plan assets with respect to the mutual fund underlying the Growth America (American) separate account (SIA-GW). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual received estimated Sub TA Fees of 15 basis points * plan assets with respect to the mutual fund underlying the Retirement 2010 (T. Rowe Price) separate account (SIA-FT). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual received estimated Sub TA Fees of 15 basis points * plan assets with respect to the mutual fund underlying the Retirement 2020 (T. Rowe Price) separate account (SIA-LT). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual received estimated Sub TA Fees of 15 basis points * plan assets with respect to the mutual fund underlying the Retirement 2030 (T. Rowe Price) separate account (SIA-PT). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual received estimated Sub TA Fees of 15 basis points * plan assets with respect to the mutual fund underlying the Retirement 2040 (T. Rowe Price) separate account (SIA-QT). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual received estimated Sub TA Fees of 15 basis points * plan assets with respect to the mutual fund underlying the Retirement 2050 (T. Rowe Price) separate account (SIA-OT). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual received estimated Sub TA Fees of 15 basis points * plan assets with respect to the mutual fund underlying the Retirement Income (T. Rowe Price) separate account (SIA-BT). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual received estimated Sub TA Fees of 24 basis points * plan assets with respect to the mutual fund underlying the Capital Appreciation (OFI) separate account (SIA-N2). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual received estimated Sub TA Fees of 30 basis points * plan assets with respect to the mutual fund underlying the Equity Growth (American Century) separate account (SIA-W8). |
| Massachusetts Mutual Life Insurance | 041590850 | MassMutual received estimated Supplemental Fees of 14 basis points * plan assets with respect to the mutual fund underlying the Capital Appreciation (OFI) separate account (SIA-N2). |
| Massachusetts Mutual Life Insurance | 041590850 | Oppenheimer received estimated Other Fees of 22 basis points * plan assets with respect to Capital Appreciation (OFI) (SIA-N2). |
| Massachusetts Mutual Life Insurance | 041590850 | T. Rowe Price received estimated Other Fees of 58 basis points * plan assets with respect to Retirement Income (T. Rowe Price) (SIA-BT). |
| Massachusetts Mutual Life Insurance | 041590850 | T. Rowe Price received estimated Other Fees of 64 basis points * plan assets with respect to Retirement 2010 (T. Rowe Price) (SIA-FT). |
| Massachusetts Mutual Life Insurance | 041590850 | T. Rowe Price received estimated Other Fees of 73 basis points * plan assets with respect to Retirement 2020 (T. Rowe Price) (SIA-LT). |
| Massachusetts Mutual Life Insurance | 041590850 | T. Rowe Price received estimated Other Fees of 78 basis points * plan assets with respect to Retirement 2030 (T. Rowe Price) (SIA-PT). |
| Massachusetts Mutual Life Insurance | 041590850 | T. Rowe Price received estimated Other Fees of 79 basis points * plan assets with respect to Retirement 2040 (T. Rowe Price) (SIA-QT). |
| Massachusetts Mutual Life Insurance | 041590850 | T. Rowe Price received estimated Other Fees of 79 basis points * plan assets with respect |

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| | | |
|---|---|---|
| Massachusetts Mutual Life Insurance Company | 041590850 | to Retirement 2050 (T. Rowe Price) (SIA-OT).<br>MassMutual provided the Plan with the required written disclosure for float revenue received by MassMutual. |

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| A Name of Plan | B Three-digit Plan Number |
|---|---|
| **N.C. Industries, Inc. 401(k) Retirement Savings Plan** | **002** |
| **C Plan sponsor's name as shown on line 2a of Form 5500** | **D Employee Identification Number** |
| **N.C. Industries, Inc.** | **161288361** |

# Schedule H, line 4j - Schedule of Reportable Transactions

| (a) Identity of party involved | (b) Description of asset (include interest rate and maturity in case of a loan) | (c) Purchase price | (d) Selling price | (e) Lease Rental | (f) Expense incurred with transaction | (g) Cost of asset | (h) Current value of asset on transaction date | (i) Net gain or (loss) |
|---|---|---|---|---|---|---|---|---|
| MassMutual | SIA-A | 0 | 1,092,894 | | 0 | 1,013,561 | 1,092,894 | 79,333 |
| | SIA-SK | 1,150,741 | 0 | | 0 | 0 | 0 | 0 |

Name of Plan:
NC Industries, Inc. 401(k) Retirement Savings Plan

Three-digit
Plan Number: 002

Plan Sponsor's Name:
NC Industries, Inc.

Employer
Identication number: 16-1288361

**Attachment to 2009 Form 5500 Schedule H**

**Part IV, Line 4i**

**Schedule of Assets Held for Investment Purposes at End of Year**

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| * | Massachusetts Mutual | Guaranteed Interest Account | 6,066,432 | 6,066,432 |
| * | Massachusetts Mutual | Holding Account (GIA) | 7,839 | 7,839 |
| * | Massachusetts Mutual | SIA-A (Prm Core Value Equity) | - | - |
| * | Massachusetts Mutual | SIA-BT (Retirement Income) | 4,669 | 5,828 |
| * | Massachusetts Mutual | SIA-D1 (Conservative Journey) | 12,464 | 14,586 |
| * | Massachusetts Mutual | SIA-D2 (Moderate Journey) | 274,728 | 292,238 |
| * | Massachusetts Mutual | SIA-D3 (Aggressive Journey) | 477,346 | 483,530 |
| * | Massachusetts Mutual | SIA-D4 (Ultra Aggressive Journey) | 125,807 | 130,208 |
| * | Massachusetts Mutual | SIA-E (Prm Core Bond (Babson)) | 377,776 | 466,822 |
| * | Massachusetts Mutual | SIA-FT (Retirement 2010 (T. Rowe)) | 223,620 | 239,549 |
| * | Massachusetts Mutual | SIA-GW (Growth America (Amer.)) | 176,187 | 177,691 |
| * | Massachusetts Mutual | SIA-I (Prm International Equity) | 280,104 | 288,124 |
| * | Massachusetts Mutual | SIA-J (Sel Large Cap Value) | 91,425 | 89,071 |
| * | Massachusetts Mutual | SIA-LT (Retirement 2020 (T. Rowe)) | 1,276,117 | 1,296,190 |
| * | Massachusetts Mutual | SIA-M (Prm Balanced (Babson)) | 985,091 | 1,202,351 |
| * | Massachusetts Mutual | SIA-MK (Sel Diversified Value) | - | - |
| * | Massachusetts Mutual | SIA-N2 (Capital Appreciation (OFI)) | 85,013 | 95,499 |
| * | Massachusetts Mutual | SIA-NC (Premier Cap Apprec (OFI)) | 224,196 | 235,509 |
| * | Massachusetts Mutual | SIA-ND (Premier Global (OFI)) | 175,538 | 211,913 |
| * | Massachusetts Mutual | SIA-NM (Premier SmCo Opprty) | 341,651 | 375,195 |
| * | Massachusetts Mutual | SIA-PT (Retirement 2030 (T. Rowe)) | 989,550 | 1,077,596 |
| * | Massachusetts Mutual | SIA-Q (Sel Mid Cap Growth (W/T)) | 73,396 | 69,360 |
| * | Massachusetts Mutual | SIA-QT (Retirement 2040 (T. Rowe)) | 138,347 | 153,906 |
| * | Massachusetts Mutual | SIA-SC (Sel Small Cap Growth Eq) | 267,750 | 318,391 |
| * | Massachusetts Mutual | SIA-SK (Sel Fundamental Value) | 1,148,786 | 1,147,577 |
| * | Massachusetts Mutual | SIA-SY (Sel Small Co. Value) | 48,494 | 53,095 |
| * | Massachusetts Mutual | SIA-TE (Select Strategic Bond) | 84,070 | 95,706 |
| * | Massachusetts Mutual | SIA-W8 (Equity Growth (Am Cent)) | 38,954 | 40,758 |
| * | Massachusetts Mutual | SIA-W9 (Sel Mid Cap Growth II) | 251,903 | 259,447 |
| * | Massachusetts Mutual | SIA-X (Sel Indexed Equity) | 376,030 | 376,337 |
| | Participant Loans | 5.25% - 11.50% | - | 560,055 |

Name of Plan:
NC Industries, Inc. 401(k) Retirement Savings Plan

Three-digit
Plan Number: 002

Plan Sponsor's Name:
NC Industries, Inc.

Employer
Identication number: 16-1288361

**Attachment to 2009 Form 5500 Schedule H**

**Part IV, Line 4i**

**Schedule of Investment Assets Both Acquired and Disposed of Within the Plan Year**

| (a) Identity of issue, borrower, lessor, or similar party | (b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (c) Cost of acquisitions | (d) Proceeds of dispositions |
|---|---|---|---|
| Massachusetts Mutual | Guaranteed Interest Account | 904,252 | 1,465,178 |
| Massachusetts Mutual | SIA-A (Prm Core Value Equity) | 112,525 | 1,631,819 |
| Massachusetts Mutual | SIA-BT (Retirement Income) | 2,560 | 9 |
| Massachusetts Mutual | SIA-D1 (Conservative Journey) | 6,568 | 8,772 |
| Massachusetts Mutual | SIA-D2 (Moderate Journey) | 55,272 | 50,675 |
| Massachusetts Mutual | SIA-D3 (Aggressive Journey) | 52,027 | 11,229 |
| Massachusetts Mutual | SIA-D4 (Ultra Aggressive Journey) | 57,668 | 202,059 |
| Massachusetts Mutual | SIA-E (Prm Core Bond (Babson)) | 42,536 | 67,445 |
| Massachusetts Mutual | SIA-FT (Retirement 2010 (T. Rowe)) | 142,710 | 52,037 |
| Massachusetts Mutual | SIA-GW (Growth America (Amer.)) | 130,393 | 84,714 |
| Massachusetts Mutual | SIA-I (Prm International Equity) | 200,845 | 181,335 |
| Massachusetts Mutual | SIA-J (Sel Large Cap Value) | 16,529 | 14,127 |
| Massachusetts Mutual | SIA-LT (Retirement 2020 (T. Rowe)) | 314,405 | 81,189 |
| Massachusetts Mutual | SIA-M (Prm Balanced (Babson)) | 104,138 | 323,138 |
| Massachusetts Mutual | SIA-MK (Sel Diversified Value) | 13,557 | 71,483 |
| Massachusetts Mutual | SIA-N2 (Capital Appreciation (OFI)) | 60,026 | 8,221 |
| Massachusetts Mutual | SIA-NC (Premier Cap Apprec (OFI)) | 128,973 | 169,739 |
| Massachusetts Mutual | SIA-ND (Premier Global (OFI)) | 62,321 | 54,005 |
| Massachusetts Mutual | SIA-NM (Premier SmCo Opprty) | 87,946 | 199,110 |
| Massachusetts Mutual | SIA-PT (Retirement 2030 (T. Rowe)) | 618,189 | 20,877 |
| Massachusetts Mutual | SIA-Q (Sel Mid Cap Growth (W/T)) | 13,062 | 9,405 |
| Massachusetts Mutual | SIA-QT (Retirement 2040 (T. Rowe)) | 83,599 | 44,436 |
| Massachusetts Mutual | SIA-SC (Sel Small Cap Growth Eq) | 34,386 | 170,684 |
| Massachusetts Mutual | SIA-SK (Sel Fundamental Value) | 1,160,034 | 11,136 |
| Massachusetts Mutual | SIA-SY (Sel Small Co. Value) | 5,823 | (29,165) |
| Massachusetts Mutual | SIA-TE (Select Strategic Bond) | 12,852 | 8,397 |
| Massachusetts Mutual | SIA-W8 (Equity Growth (Am Cent)) | 20,160 | 77,417 |
| Massachusetts Mutual | SIA-W9 (Sel Mid Cap Growth II) | 233,620 | 148,205 |
| Massachusetts Mutual | SIA-X (Sel Indexed Equity) | 33,750 | 26,828 |
| Participant Loans | 5.25% - 11.50% | - | - |