

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold;">2009</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>L. D. KICHLER COMPANY PLANT 401K PLAN AND TRUST</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1996</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>07/01/1996</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>07/01/1996</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>L. D. KICHLER COMPANY</u> <u>7711 EAST PLEASANT VALLEY ROAD</u> <u>CLEVELAND, OH 44131-0000</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-0330095</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>216-573-1005</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>332900</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-0330095</u>	2c Sponsor's telephone number <u>216-573-1005</u>	2d Business code (see instructions) <u>332900</u>	
2b Employer Identification Number (EIN) <u>34-0330095</u>					
2c Sponsor's telephone number <u>216-573-1005</u>					
2d Business code (see instructions) <u>332900</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/09/2010	KATHLEEN PALMER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)
v.092307.1

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

L. D. KICHLER COMPANY

7711 EAST PLEASANT VALLEY ROAD
CLEVELAND, OH 44131-0000**3b** Administrator's EIN

34-0330095

3c Administrator's telephone number

216-573-1005

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**

130

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**

98

b Retired or separated participants receiving benefits.....**6b**

0

c Other retired or separated participants entitled to future benefits.....**6c**

12

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

110

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

0

f Total. Add lines **6d** and **6e**.....**6f**

110

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g**

72

h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....**6h**

0

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

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**9a** Plan funding arrangement (check all that apply)(1) ☐

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

Trust

(4) ☐

General assets of the sponsor

9b Plan benefit arrangement (check all that apply)(1) ☐

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

Trust

(4) ☐

General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)**a Pension Schedules**(1) ☒**R** (Retirement Plan Information)(2) ☐**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary(3) ☐**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary**b General Schedules**(1) ☒**H** (Financial Information)(2) ☐**I** (Financial Information - Small Plan)(3) ☐**A** (Insurance Information)(4) ☒**C** (Service Provider Information)(5) ☒**D** (DFE/Participating Plan Information)(6) ☐**G** (Financial Transaction Schedules)

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	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

<div>A Name of plan</div> <div>L. D. KICHLER COMPANY PLANT 401K PLAN AND TRUST</div>	<div>B Three-digit plan number (PN)</div> <div>▶ 002</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>L. D. KICHLER COMPANY</div>	<div>D Employer Identification Number (EIN)</div> <div>34-0330095</div>

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)

JP MORGAN RETIREMENT PLAN SERVICES

71-0930784

(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?
15 25 37 52 59 60 63 72	NONE	2305	Yes ☒ No ☐	Yes ☐ No ☒	2623	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN 71-0930784	52 59 60 63	2623

(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.
GPC SECURITIES, INC. 58-1517899	REVENUES FROM INVESTMENT FUNDS

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009					
A Name of plan L. D. KICHLER COMPANY PLANT 401K PLAN AND TRUST				B Three-digit plan number (PN) ▶ 002	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 L. D. KICHLER COMPANY				D Employer Identification Number (EIN) 34-0330095	
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: INVESCO STABLE VALUE TRUST					
b Name of sponsor of entity listed in (a): AMVESCAP NATIONAL TRUST					
c EIN-PN 84-1142974-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 304	
a Name of MTIA, CCT, PSA, or 103-12 IE: JP MORGAN STABLE ASSET INCOME					
b Name of sponsor of entity listed in (a): JP MORGAN CHASE BANK NA					
c EIN-PN 20-1978950-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 164159	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					

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
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		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 L. D. KICHLER COMPANY PLANT 401K PLAN AND TRUST	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 L. D. KICHLER COMPANY	D Employer Identification Number (EIN) 34-0330095	

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)	78190	85749
(9) Value of interest in common/collective trusts.....	1c(9)	184563	164463
(10) Value of interest in pooled separate accounts.....	1c(10)		
(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)	428244	570954
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	690997	821166

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	690997	821166
---	-----------	--------	--------

Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	12733	
(B) Participants	2a(1)(B)	69305	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		82038

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)	4621	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4621

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	11663	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		11663

(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)		5260
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		100244
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		203826

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	71352	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		71352
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	2305	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2305
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		73657

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		130169
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: **SS & G**

(2) EIN: **34-1945695**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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 <u>L. D. KICHLER COMPANY PLANT 401K PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>L. D. KICHLER COMPANY</u>	D Employer Identification Number (EIN) <u>34-0330095</u>

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
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>06-0974148</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

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

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

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

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

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

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

THE L. D. KICHLER COMPANY
(d.b.a. KICHLER)

***FINANCIAL
STATEMENTS***

***FOR THE
YEARS ENDED
DECEMBER 31,
2009 AND 2008***

THE L. D. KICHLER COMPANY (d.b.a. KICHLER)

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors
The L. D. Kichler Company (d.b.a. Kichler)
Cleveland, Ohio

We have audited the accompanying balance sheets of The L. D. Kichler Company (d.b.a. Kichler) as of December 31, 2009 and 2008, and the related statements of income, shareholders' equity, and cash flows for the years then ended. These financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control over financial reporting. Accordingly, we express no such opinion. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The L. D. Kichler Company (d.b.a. Kichler) at December 31, 2009 and 2008, and the results of its operations and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

SS&G Financial Services, Inc.

CERTIFIED PUBLIC ACCOUNTANTS

Cleveland, Ohio
March 12, 2010

***Providing the
services that
bring solutions.***

member of:
OSCPA, PCAOB, the AICPA's
Center for Public Company
Audit Firms, and The Leading
Edge Alliance.

THE L. D. KICHLER COMPANY (d.b.a. KICHLER)**BALANCE SHEETS**

	<u>DECEMBER 31,</u>	
	<u>2009</u>	<u>2008</u>
ASSETS		
CURRENT ASSETS		
Cash	\$ 3,335,137	\$ -
Accounts receivable - less allowance for doubtful accounts of \$2,286,174 and \$3,077,623 at December 31, 2009 and 2008, respectively	35,148,335	37,305,588
Inventories - less allowance for obsolescence of \$4,364,814 and \$3,656,649 at December 31, 2009 and 2008, respectively	32,795,890	40,039,809
Prepaid expenses and other current assets	<u>3,013,854</u>	<u>2,918,512</u>
	74,293,216	80,263,909
PROPERTY, PLANT, AND EQUIPMENT		
Leasehold improvements	8,574,937	8,402,821
Machinery and equipment	8,235,540	6,686,695
Furniture and fixtures	1,837,432	1,788,836
Computers and software	30,384,813	21,966,261
Auto and trucks	72,242	72,242
Construction in progress	<u>3,067,304</u>	<u>7,872,490</u>
	52,172,268	46,789,345
Less accumulated depreciation and amortization	<u>26,418,852</u>	<u>21,169,295</u>
	25,753,416	25,620,050
GOODWILL	<u>529,227</u>	<u>529,227</u>
 Total assets	 <u>\$ 100,575,859</u>	 <u>\$ 106,413,186</u>

See accompanying notes to financial statements.

THE L. D. KICHLER COMPANY (d.b.a. KICHLER)

BALANCE SHEETS

	DECEMBER 31,	
	<u>2009</u>	<u>2008</u>
LIABILITIES AND SHAREHOLDERS' EQUITY		
CURRENT LIABILITIES		
Revolving credit facility	\$ -	\$ 4,259
Accounts payable	9,857,518	13,748,617
Accrued liabilities	7,113,786	9,582,287
Distributions payable	<u>1,540,314</u>	<u>1,527,786</u>
	18,511,618	24,862,949
SHAREHOLDERS' EQUITY		
Capital stock, no par value:		
Class A Voting:		
Authorized shares-2,000		
Issued and outstanding shares-2,000	6,000	6,000
Class B Non-Voting:		
Authorized shares-10,000		
Issued and outstanding shares-6,855	768,000	768,000
Retained earnings	<u>81,290,241</u>	<u>80,776,237</u>
	<u>82,064,241</u>	<u>81,550,237</u>
Total liabilities and shareholders' equity	<u><u>\$ 100,575,859</u></u>	<u><u>\$ 106,413,186</u></u>

See accompanying notes to financial statements.

THE L. D. KICHLER COMPANY (d.b.a. KICHLER)

STATEMENTS OF INCOME

	FOR THE YEARS ENDED DECEMBER 31,	
	<u>2009</u>	<u>2008</u>
Net sales	\$ 158,325,997	\$ 187,427,635
Cost of goods sold	<u>104,874,440</u>	<u>117,065,426</u>
Gross profit	53,451,557	70,362,209
Distribution expenses	14,022,612	17,273,615
Selling, general, and administrative expenses	<u>35,769,504</u>	<u>41,761,134</u>
Operating income	3,659,441	11,327,460
Other (income) expense:		
Interest expense	99,863	361,466
Other, net	<u>(440,426)</u>	<u>828,551</u>
	<u>(340,563)</u>	<u>1,190,017</u>
Net income	<u>\$ 4,000,004</u>	<u>\$ 10,137,443</u>

See accompanying notes to financial statements.

THE L. D. KICHLER COMPANY (d.b.a. KICHLER)

STATEMENTS OF SHAREHOLDERS' EQUITY

	Capital Stock		Retained	
	Class A	Class B	Earnings	Total
	Voting	Non-Voting		
Balance at January 1, 2008	\$ 6,000	\$ 768,000	\$ 74,838,794	\$ 75,612,794
Net Income	-	-	10,137,443	10,137,443
Distributions	-	-	(4,200,000)	(4,200,000)
Balance at December 31, 2008	6,000	768,000	80,776,237	81,550,237
Net Income	-	-	4,000,004	4,000,004
Distributions	-	-	(3,486,000)	(3,486,000)
Balance at December 31, 2009	\$ 6,000	\$ 768,000	\$ 81,290,241	\$ 82,064,241

See accompanying notes to financial statements.

THE L. D. KICHLER COMPANY (d.b.a. KICHLER)

STATEMENTS OF CASH FLOWS

	FOR THE YEARS ENDED DECEMBER 31,	
	<u>2009</u>	<u>2008</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Net income	\$ 4,000,004	\$ 10,137,443
Adjustments to reconcile net income to net cash provided by operating activities		
Depreciation and amortization	5,249,555	4,522,093
Bad debt (income) expense	(545,264)	1,768,256
Loss on disposal of equipment	-	286,981
(Gain) loss on forward contracts	(239,427)	900,774
Decrease (increase) in		
Accounts receivable	2,702,517	1,036,533
Inventories, net	7,243,919	2,168,603
Prepaid expenses and other current assets	(95,342)	717,073
Increase (decrease) in		
Accounts payable	(3,891,099)	1,357,556
Accrued and other liabilities	<u>(2,216,546)</u>	<u>(5,494,708)</u>
NET CASH PROVIDED BY OPERATING ACTIVITIES	12,208,317	17,400,604
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchases of property, plant, and equipment	<u>(5,382,921)</u>	<u>(7,821,309)</u>
NET CASH USED IN INVESTING ACTIVITIES	(5,382,921)	(7,821,309)
CASH FLOWS FROM FINANCING ACTIVITIES		
Net payments on revolving credit facility	(4,259)	(5,379,295)
Distributions paid to shareholders	<u>(3,486,000)</u>	<u>(4,200,000)</u>
NET CASH USED IN FINANCING ACTIVITIES	<u>(3,490,259)</u>	<u>(9,579,295)</u>
NET CHANGE IN CASH	3,335,137	-
CASH, beginning of year	<u>-</u>	<u>-</u>
CASH, end of year	<u>\$ 3,335,137</u>	<u>\$ -</u>

SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION:

Cash paid for interest	<u>\$ 102,893</u>	<u>\$ 447,496</u>
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See accompanying notes to financial statements.

THE L. D. KICHLER COMPANY (d.b.a. KICHLER)

NOTES TO FINANCIAL STATEMENTS

NOTE A - Summary of significant accounting policies

Nature of Operations

The L. D. Kichler Company (d.b.a. Kichler) (the Company) is engaged in the wholesale distribution of decorative, residential, lighting products and accessories. The Company principally sells to lighting fixture showrooms, electrical wholesalers, home centers, and landscape contractors throughout the United States.

Financial Instruments

Financial instruments held by the Company include cash, accounts receivable, accounts payable and long-term debt. The carrying values of cash, accounts receivable, and accounts payable are considered representative of fair value because of the short maturity of these instruments.

Sweep Arrangement

The Company has a sweep arrangement with its bank whereby available cash balances are applied against the Company's line of credit. The resulting liability for items outstanding on the Company's bank accounts has been included in accounts payable and was \$959,008 as of December 31, 2008.

Revenue Recognition

Revenue from the sale of the Company's products is recognized upon shipment to the customer, which is when title transfers.

Shipping and Handling Costs

Shipping and handling costs charged to customers are recorded in net sales. All other shipping and handling costs are reflected in costs of goods sold.

Accounts Receivable

The Company provides credit, in the normal course of business, to its customers. The Company's customers are not concentrated in any specific geographic region. The Company performs ongoing credit evaluations of its customers, and maintains allowances for potential credit losses which, when realized, have been within the range of management's expectations.

Allowance for Doubtful Accounts

The Company reports accounts receivables at net realizable value. Management determines the allowance for doubtful accounts based on historical losses and current economic conditions. On a continuing basis, management analyzes delinquent receivables and, once these receivables are determined to be uncollectible, they are written off through a charge against the allowance for doubtful accounts.

Inventories

Inventories, which consist primarily of finished goods, are valued at the lower of cost or market. Cost is determined by the first-in, first-out (FIFO) method.

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Impairment of Long-Lived Assets

In the event that facts and circumstances indicate that the carrying value of long-lived assets or other assets may be impaired, an evaluation of recoverability would be performed. If an evaluation were required, the estimated future undiscounted cash flows associated with the asset would be compared to the asset's carrying amount to determine if a write-down to fair value is required.

Goodwill

The Company performs an evaluation of its unamortized goodwill balance. Based on the results of the evaluation performed, management has determined that recorded goodwill is not impaired.

Derivatives and hedging

The Company accounts for derivatives and hedging activities in accordance with *FASB ASC 815, Accounting for Derivative Instruments and Certain Hedging Activities*, as amended, which requires that all derivative instruments are recognized on the balance sheet at their fair value. The Company had entered into foreign exchange forward contracts to manage its exposure on purchases of inventory made from vendors located in the Far East. The criteria for designating a derivative as a hedge include the instrument's effectiveness in risk reduction and a one-to-one matching of the derivative instrument to its underlying transaction. These derivative instruments do not meet the criteria for hedge accounting. The Company's derivative instruments are recorded at fair value and are included in accrued liabilities at December 31, 2008. Gains and losses from changes in the fair value of the derivatives are recorded in other (income) expenses on the statement of income. The contracts expired at various dates through October 2009.

Product Research and Development

Research and development costs are expensed as incurred. The Company's expenditures were \$4,068,939 and \$4,434,921 in 2009 and 2008, respectively.

Advertising

Advertising costs are expensed as incurred. Advertising expenses were \$4,493,804 and \$5,247,921 in 2009 and 2008, respectively.

THE L. D. KICHLER COMPANY (d.b.a. KICHLER)

NOTES TO FINANCIAL STATEMENTS

NOTE A - Summary of significant accounting policies

Income Taxes

The shareholders of the Company have elected to be taxed under the provisions of subchapter S of the Internal Revenue Code. As such, taxable income of the Company is included in the individual tax returns of the shareholders, and the Company's statements of income do not include any provision for income taxes.

Sales Tax Collected from Customers

The Company collects sales tax from its customers on product sales that is remitted to various state governmental authorities when due. The Company's policy is to record taxes collected from customers as a component of current liabilities on its balance sheet and not in its statement of income.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Concentrations of Credit Risk

Financial instruments that potentially subject the Company to concentrations of credit risk consist principally of cash and accounts receivable. The Company places its cash with financial institutions and at times during the year maintained deposits in excess of federally insured limits.

Sales to the Company's largest customer constituted 30% and 26% of net sales during 2009 and 2008, respectively, and represented 33% and 30% of accounts receivable at December 31, 2009 and 2008, respectively.

Substantially all of the Company's purchases are from vendors located in the Far East. Approximately 31% and 27% of the Company's inventory purchases during 2009 and 2008, respectively, were made from one vendor.

As of December 31, 2009 and 2008, respectively, approximately 26% and 27% of the Company's employees are covered by a collective bargaining agreement that expires August 14, 2013.

Evaluation of subsequent events

The Company has evaluated subsequent events through March 12, 2010, and has determined that there were no subsequent events that have occurred through that date that have not already been reflected in the financial statements and/or disclosed in the notes.

THE L. D. KICHLER COMPANY (d.b.a. KICHLER)

NOTES TO FINANCIAL STATEMENTS

NOTE A - Summary of significant accounting policies

Recent accounting pronouncements

In June 2009, the Financial Accounting Standards Board (FASB) issued the Accounting Standards Codification (ASC) and the Hierarchy of Generally Accepted Accounting Principles (the Codification) as the single source of authoritative accounting guidance. The Codification did not change generally accepted accounting principles (GAAP) but rather enhanced the way accounting principles are organized. The Codification is effective for interim and annual periods ending after September 15, 2009. As such, the Company updated all existing GAAP references to the new codification references.

NOTE B - Fair value measurements

In February 2008, the Company adopted the provisions of *FASB ASC 820, Fair Value Measurements and Disclosures*, which defines fair value and provides guidance for measuring fair value and expands disclosures about fair value measurements in accordance with accounting principles generally accepted in the United States of America. The Company determines the fair values of the foreign exchange forward contracts using statements of account provided by the respective bank counterparty, which were principally based on quoted prices for similar assets in active markets. The fair value liability of these derivatives measured on a recurring basis was \$900,774 at December 31, 2008, and is included in accrued liabilities. The contracts expired at various dates through October 2009.

Gains (losses), realized and unrealized, included in earnings for the years ended December 31, 2009 and 2008 were \$239,427 and \$(953,781), respectively and are reported in other (income) expenses. There were no assets held at December 31, 2009. All derivatives have been valued using a market approach.

NOTE C - Financing arrangements

Senior Secured Credit Facility

On April 30, 2008, the Company entered into the Second Amendment (Amendment) to the Senior Secured Credit Facility (Agreement) with a bank dated April 30, 2003. The Amendment, among other items (as defined), decreased the maximum revolving credit facility to \$40,000,000 from \$65,000,000, extended the Agreement expiration date to May 1, 2011, and modified other provisions of the Agreement.

THE L. D. KICHLER COMPANY (d.b.a. KICHLER)

NOTES TO FINANCIAL STATEMENTS

NOTE C - Financing arrangements

Under the Agreement, the revolving credit facility borrowings are limited to \$40,000,000, reduced by any outstanding letters of credit. =Interest is payable at 0.25% below the prime rate for base rate advances and up to 1.50% above LIBOR for LIBOR rate advances. =The applicable interest rate at December 31, 2009 and 2008 was 3%. =As the Agreement requires the Company to maintain a lockbox sweep arrangement and includes a subjective acceleration clause (as defined), the revolving credit facility is classified as current and is collateralized by substantially all assets of the Company.

In addition, under the Agreement, letters of credit and other accommodations are granted as needed, with the face amount of all issued and outstanding letters of credit and accommodations not to exceed the lesser of \$13,000,000 or the Company's borrowing availability at such time. Substantially all of the Company's assets secure the Agreement. The Company is required to maintain certain financial ratios (as defined in the Agreement) and is required to pay a commitment fee of 0.125% based on the unused portion of the revolving credit facility.

Based on the terms of the Agreement, as amended, the Company has availability under its revolving line of credit approximately \$34 million at December 31, 2009, net of approximately \$6 million in outstanding letters of credit at December 31, 2009.

NOTE D - Retirement plans

The Company sponsors two defined contribution profit sharing and 401(k) plans covering substantially all employees. The Company's contributions to the plans were \$177,393 and \$637,339 for the years ended December 31, 2009 and 2008, respectively.

NOTE E - Leases

The Company has entered into facility lease agreements with an entity, one of which is owned by certain shareholders and officers. The annual payments for these leased facilities range from \$0.4 million to \$0.9 million and have terms through 2015. These annual payments are included with future minimum lease payments below. The Company also has operating leases for certain property, machinery, and equipment. Rent expense for all operating leases amounted to \$6,802,482 and \$6,924,477 in 2009 and 2008, respectively, of which approximately \$0.9 million and \$0.7 million, respectively, related to those facilities owned by certain shareholders and officers.

THE L. D. KICHLER COMPANY (d.b.a. KICHLER)

NOTES TO FINANCIAL STATEMENTS

NOTE E - Leases

At December 31, 2009, future minimum lease payments under non-cancelable operating leases are as follows:

Years ending December 31:

2010	\$ 6,069,780
2011	5,052,472
2012	4,199,748
2013	3,983,581
2014	3,828,683
Thereafter	<u>21,971,365</u>
	<u>\$ 45,105,629</u>

NOTE F - Contingencies and commitments

The Company is subject to legal proceedings and claims that arise in the ordinary course of its business. Management evaluates each claim and provides for any potential loss when the claim is probable to be paid and reasonably estimable. In the opinion of management, the ultimate liability with respect to these matters will not materially affect the financial condition, results of operations, or cash flows of the Company.

The Company has employment agreements with certain executives. The agreements contain provisions that call for payments to the executives in the event of the sale of the Company or the termination of the employment agreements (as defined).

THE L. D. KICHLER COMPANY
(d.b.a. KICHLER)

***FINANCIAL
STATEMENTS***

***FOR THE
YEARS ENDED
DECEMBER 31,
2009 AND 2008***

THE L. D. KICHLER COMPANY (d.b.a. KICHLER)

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors
The L. D. Kichler Company (d.b.a. Kichler)
Cleveland, Ohio

We have audited the accompanying balance sheets of The L. D. Kichler Company (d.b.a. Kichler) as of December 31, 2009 and 2008, and the related statements of income, shareholders' equity, and cash flows for the years then ended. These financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control over financial reporting. Accordingly, we express no such opinion. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The L. D. Kichler Company (d.b.a. Kichler) at December 31, 2009 and 2008, and the results of its operations and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

SS&G Financial Services, Inc.

CERTIFIED PUBLIC ACCOUNTANTS

Cleveland, Ohio
March 12, 2010

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Center for Public Company
Audit Firms, and The Leading
Edge Alliance.

THE L. D. KICHLER COMPANY (d.b.a. KICHLER)**BALANCE SHEETS**

	<u>DECEMBER 31,</u>	
	<u>2009</u>	<u>2008</u>
ASSETS		
CURRENT ASSETS		
Cash	\$ 3,335,137	\$ -
Accounts receivable - less allowance for doubtful accounts of \$2,286,174 and \$3,077,623 at December 31, 2009 and 2008, respectively	35,148,335	37,305,588
Inventories - less allowance for obsolescence of \$4,364,814 and \$3,656,649 at December 31, 2009 and 2008, respectively	32,795,890	40,039,809
Prepaid expenses and other current assets	<u>3,013,854</u>	<u>2,918,512</u>
	74,293,216	80,263,909
PROPERTY, PLANT, AND EQUIPMENT		
Leasehold improvements	8,574,937	8,402,821
Machinery and equipment	8,235,540	6,686,695
Furniture and fixtures	1,837,432	1,788,836
Computers and software	30,384,813	21,966,261
Auto and trucks	72,242	72,242
Construction in progress	<u>3,067,304</u>	<u>7,872,490</u>
	52,172,268	46,789,345
Less accumulated depreciation and amortization	<u>26,418,852</u>	<u>21,169,295</u>
	25,753,416	25,620,050
GOODWILL	<u>529,227</u>	<u>529,227</u>
 Total assets	 <u>\$ 100,575,859</u>	 <u>\$ 106,413,186</u>

See accompanying notes to financial statements.

THE L. D. KICHLER COMPANY (d.b.a. KICHLER)

BALANCE SHEETS

	DECEMBER 31,	
	<u>2009</u>	<u>2008</u>
LIABILITIES AND SHAREHOLDERS' EQUITY		
CURRENT LIABILITIES		
Revolving credit facility	\$ -	\$ 4,259
Accounts payable	9,857,518	13,748,617
Accrued liabilities	7,113,786	9,582,287
Distributions payable	<u>1,540,314</u>	<u>1,527,786</u>
	18,511,618	24,862,949
SHAREHOLDERS' EQUITY		
Capital stock, no par value:		
Class A Voting:		
Authorized shares-2,000		
Issued and outstanding shares-2,000	6,000	6,000
Class B Non-Voting:		
Authorized shares-10,000		
Issued and outstanding shares-6,855	768,000	768,000
Retained earnings	<u>81,290,241</u>	<u>80,776,237</u>
	<u>82,064,241</u>	<u>81,550,237</u>
Total liabilities and shareholders' equity	<u><u>\$ 100,575,859</u></u>	<u><u>\$ 106,413,186</u></u>

See accompanying notes to financial statements.

THE L. D. KICHLER COMPANY (d.b.a. KICHLER)

STATEMENTS OF INCOME

	FOR THE YEARS ENDED DECEMBER 31,	
	<u>2009</u>	<u>2008</u>
Net sales	\$ 158,325,997	\$ 187,427,635
Cost of goods sold	<u>104,874,440</u>	<u>117,065,426</u>
Gross profit	53,451,557	70,362,209
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Other (income) expense:		
Interest expense	99,863	361,466
Other, net	<u>(440,426)</u>	<u>828,551</u>
	<u>(340,563)</u>	<u>1,190,017</u>
Net income	<u>\$ 4,000,004</u>	<u>\$ 10,137,443</u>

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	Capital Stock		Retained	
	Class A	Class B	Earnings	Total
	Voting	Non-Voting		
Balance at January 1, 2008	\$ 6,000	\$ 768,000	\$ 74,838,794	\$ 75,612,794
Net Income	-	-	10,137,443	10,137,443
Distributions	-	-	(4,200,000)	(4,200,000)
Balance at December 31, 2008	6,000	768,000	80,776,237	81,550,237
Net Income	-	-	4,000,004	4,000,004
Distributions	-	-	(3,486,000)	(3,486,000)
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STATEMENTS OF CASH FLOWS

	FOR THE YEARS ENDED DECEMBER 31,	
	<u>2009</u>	<u>2008</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Net income	\$ 4,000,004	\$ 10,137,443
Adjustments to reconcile net income to net cash provided by operating activities		
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NOTE A - Summary of significant accounting policies

Income Taxes

The shareholders of the Company have elected to be taxed under the provisions of subchapter S of the Internal Revenue Code. As such, taxable income of the Company is included in the individual tax returns of the shareholders, and the Company's statements of income do not include any provision for income taxes.

Sales Tax Collected from Customers

The Company collects sales tax from its customers on product sales that is remitted to various state governmental authorities when due. The Company's policy is to record taxes collected from customers as a component of current liabilities on its balance sheet and not in its statement of income.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Concentrations of Credit Risk

Financial instruments that potentially subject the Company to concentrations of credit risk consist principally of cash and accounts receivable. The Company places its cash with financial institutions and at times during the year maintained deposits in excess of federally insured limits.

Sales to the Company's largest customer constituted 30% and 26% of net sales during 2009 and 2008, respectively, and represented 33% and 30% of accounts receivable at December 31, 2009 and 2008, respectively.

Substantially all of the Company's purchases are from vendors located in the Far East. Approximately 31% and 27% of the Company's inventory purchases during 2009 and 2008, respectively, were made from one vendor.

As of December 31, 2009 and 2008, respectively, approximately 26% and 27% of the Company's employees are covered by a collective bargaining agreement that expires August 14, 2013.

Evaluation of subsequent events

The Company has evaluated subsequent events through March 12, 2010, and has determined that there were no subsequent events that have occurred through that date that have not already been reflected in the financial statements and/or disclosed in the notes.

THE L. D. KICHLER COMPANY (d.b.a. KICHLER)

NOTES TO FINANCIAL STATEMENTS

NOTE A - Summary of significant accounting policies

Recent accounting pronouncements

In June 2009, the Financial Accounting Standards Board (FASB) issued the Accounting Standards Codification (ASC) and the Hierarchy of Generally Accepted Accounting Principles (the Codification) as the single source of authoritative accounting guidance. The Codification did not change generally accepted accounting principles (GAAP) but rather enhanced the way accounting principles are organized. The Codification is effective for interim and annual periods ending after September 15, 2009. As such, the Company updated all existing GAAP references to the new codification references.

NOTE B - Fair value measurements

In February 2008, the Company adopted the provisions of *FASB ASC 820, Fair Value Measurements and Disclosures*, which defines fair value and provides guidance for measuring fair value and expands disclosures about fair value measurements in accordance with accounting principles generally accepted in the United States of America. The Company determines the fair values of the foreign exchange forward contracts using statements of account provided by the respective bank counterparty, which were principally based on quoted prices for similar assets in active markets. The fair value liability of these derivatives measured on a recurring basis was \$900,774 at December 31, 2008, and is included in accrued liabilities. The contracts expired at various dates through October 2009.

Gains (losses), realized and unrealized, included in earnings for the years ended December 31, 2009 and 2008 were \$239,427 and \$(953,781), respectively and are reported in other (income) expenses. There were no assets held at December 31, 2009. All derivatives have been valued using a market approach.

NOTE C - Financing arrangements

Senior Secured Credit Facility

On April 30, 2008, the Company entered into the Second Amendment (Amendment) to the Senior Secured Credit Facility (Agreement) with a bank dated April 30, 2003. The Amendment, among other items (as defined), decreased the maximum revolving credit facility to \$40,000,000 from \$65,000,000, extended the Agreement expiration date to May 1, 2011, and modified other provisions of the Agreement.

THE L. D. KICHLER COMPANY (d.b.a. KICHLER)

NOTES TO FINANCIAL STATEMENTS

NOTE C - Financing arrangements

Under the Agreement, the revolving credit facility borrowings are limited to \$40,000,000, reduced by any outstanding letters of credit. =Interest is payable at 0.25% below the prime rate for base rate advances and up to 1.50% above LIBOR for LIBOR rate advances. =The applicable interest rate at December 31, 2009 and 2008 was 3%. =As the Agreement requires the Company to maintain a lockbox sweep arrangement and includes a subjective acceleration clause (as defined), the revolving credit facility is classified as current and is collateralized by substantially all assets of the Company.

In addition, under the Agreement, letters of credit and other accommodations are granted as needed, with the face amount of all issued and outstanding letters of credit and accommodations not to exceed the lesser of \$13,000,000 or the Company's borrowing availability at such time. Substantially all of the Company's assets secure the Agreement. The Company is required to maintain certain financial ratios (as defined in the Agreement) and is required to pay a commitment fee of 0.125% based on the unused portion of the revolving credit facility.

Based on the terms of the Agreement, as amended, the Company has availability under its revolving line of credit approximately \$34 million at December 31, 2009, net of approximately \$6 million in outstanding letters of credit at December 31, 2009.

NOTE D - Retirement plans

The Company sponsors two defined contribution profit sharing and 401(k) plans covering substantially all employees. The Company's contributions to the plans were \$177,393 and \$637,339 for the years ended December 31, 2009 and 2008, respectively.

NOTE E - Leases

The Company has entered into facility lease agreements with an entity, one of which is owned by certain shareholders and officers. The annual payments for these leased facilities range from \$0.4 million to \$0.9 million and have terms through 2015. These annual payments are included with future minimum lease payments below. The Company also has operating leases for certain property, machinery, and equipment. Rent expense for all operating leases amounted to \$6,802,482 and \$6,924,477 in 2009 and 2008, respectively, of which approximately \$0.9 million and \$0.7 million, respectively, related to those facilities owned by certain shareholders and officers.

THE L. D. KICHLER COMPANY (d.b.a. KICHLER)

NOTES TO FINANCIAL STATEMENTS

NOTE E - Leases

At December 31, 2009, future minimum lease payments under non-cancelable operating leases are as follows:

Years ending December 31:

2010	\$ 6,069,780
2011	5,052,472
2012	4,199,748
2013	3,983,581
2014	3,828,683
Thereafter	<u>21,971,365</u>
	<u>\$ 45,105,629</u>

NOTE F - Contingencies and commitments

The Company is subject to legal proceedings and claims that arise in the ordinary course of its business. Management evaluates each claim and provides for any potential loss when the claim is probable to be paid and reasonably estimable. In the opinion of management, the ultimate liability with respect to these matters will not materially affect the financial condition, results of operations, or cash flows of the Company.

The Company has employment agreements with certain executives. The agreements contain provisions that call for payments to the executives in the event of the sale of the Company or the termination of the employment agreements (as defined).