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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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: <div><div><input type="checkbox"/> a multiemployer plan;</div><div><input checked="" type="checkbox"/> a single-employer plan;</div><div><input type="checkbox"/> a multiple-employer plan; or</div><div><input type="checkbox"/> a DFE (specify) ____</div></div>                     |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report;</div><div><input type="checkbox"/> the final return/report;</div><div><input type="checkbox"/> an amended return/report;</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months).</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                         |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558;</div><div><input type="checkbox"/> automatic extension;</div><div><input type="checkbox"/> the DFVC program;</div><div><input type="checkbox"/> special extension (enter description)</div></div>                             |

|         |                                                                                                                                                                                                        |                                                                                                                                                         |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                 |                                                                                                                                                         |
| 1a      | Name of plan<br>LINCOLN INDUSTRIAL CORPORATION RETIREMENT SAVINGS INCENTIVE PLAN                                                                                                                       | 1b Three-digit plan number (PN) ▶ 005                                                                                                                   |
|         |                                                                                                                                                                                                        | 1c Effective date of plan<br>01/01/2002                                                                                                                 |
| 2a      | Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.)<br>LINCOLN INDUSTRIAL CORPORATION<br><br>ONE LINCOLN WAY<br>ST LOUIS, MO 63120 | 2b Employer Identification Number (EIN)<br>52-2361769<br>2c Sponsor's telephone number<br>314-679-4281<br>2d Business code (see instructions)<br>339900 |

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. | 10/12/2010 | PHILIP J. CERNUTO                                            |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/12/2010 | PHILIP J. CERNUTO                                            |
|           | 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")

LINCOLN INDUSTRIAL CORPORATION

ONE LINCOLN WAY  
ST LOUIS, MO 63120**3b** Administrator's EIN

52-2361769

**3c** Administrator's telephone number

314-679-4281

**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**

449

**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**

656

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

0

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

127

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

783

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

149

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

932

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

600

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

27

**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 2K 3H

**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)

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2009</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009                                                                                                                                |                                                                                                                                                                                                                        |                                                |
| <b>A</b> Name of plan<br>LINCOLN INDUSTRIAL CORPORATION RETIREMENT SAVINGS INCENTIVE PLAN                                                                                                                                 | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                                                                                | 005                                            |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>LINCOLN INDUSTRIAL CORPORATION                                                                                                                           | <b>D</b> Employer Identification Number (EIN)<br>52-2361769                                                                                                                                                            |                                                |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| DIVERSIFIED INVESTMENT ADVISORS                                                                                   |
| 13-3689044                                                                                                        |

|                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation |
|------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

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

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

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

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

LOCTON FINANCIAL ADVISORS, LLC

444 WEST 47TH, STE 600  
KANSAS CITY, MO 64112

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 16                            | BROKER                                                                                                   | 0                                                                             | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                   | 19792                                                                                                                                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

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

DIVERSIFIED INVESTMENT ADVISORS

13-3689044

| <b>(b)</b><br>Service Code(s)                   | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 12 15 28 37<br>38 50 54 59<br>61 62 63 64<br>65 | RECORD KEEPER                                                                                            | 6934                                                                          | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

NATIONAL FINANCIAL SERVICES

04-3523567

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 33                            | SECURITIES BROKER                                                                                        | 0                                                                             | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

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

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

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

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

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

**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<br>(see instructions)   | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-------------------------------------------|-------------------------------------------|
| DIVERSIFIED INVESTMENT ADVISORS                         | 12 15 28 37 38 50 54 59 61 62<br>63 64 65 | 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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DAVIS<br>30 DAN ROAD<br>CANTON, MA 02021                            | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions)   | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-------------------------------------------|-------------------------------------------|
| DIVERSIFIED INVESTMENT ADVISORS                         | 12 15 28 37 38 50 54 59 61 62<br>63 64 65 | 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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIRST AMERICAN<br>PO BOX 882511<br>SAN DIEGO, CA 92168              | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| NATIONAL FINANCIAL SERVICES                             | 33                                      | 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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LAZARD<br>30 ROCKEFELLER PLAZA<br>57TH FLOOR<br>NEW YORK, NY 10112  | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |

**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<br>(see instructions)   | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-------------------------------------------|-------------------------------------------|
| DIVERSIFIED INVESTMENT ADVISORS                         | 12 15 28 37 38 50 54 59 61 62<br>63 64 65 | 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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PIMCO<br>1345 AVENUE OF THE AMERICAS<br>NEW YORK, NY 10105          | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions)   | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-------------------------------------------|-------------------------------------------|
| DIVERSIFIED INVESTMENT ADVISORS                         | 12 15 28 37 38 50 54 59 61 62<br>63 64 65 | 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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| JP MORGAN<br>30 DAN ROAD<br>CANTON, MA 02021                        | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| NATIONAL FINANCIAL SERVICES                             | 33                                      | 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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ALLIANZ<br>PO BOX 8050<br>BOSTON, MA 02266                          | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| DIVERSIFIED INVESTMENT ADVISORS                                     | 12 15 28 37 38 50 54 59 61 62<br>63 64 65                                                                                                                          | 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. |                                           |
| AIM<br>11 GREENWAY PLAZA<br>SUITE 100<br>HOUSTON, TX 77046          | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| NATIONAL FINANCIAL SERVICES                                         | 33                                                                                                                                                                 | 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. |                                           |
| DAVIS<br>30 DAN ROAD<br>CANTON, MA 02021                            | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| NATIONAL FINANCIAL SERVICES                                         | 33                                                                                                                                                                 | 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. |                                           |
| FIRST AMERICAN<br>PO BOX 882511<br>SAN DIEGO, CA 92168              | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| DIVERSIFIED INVESTMENT ADVISORS                                     | 12 15 28 37 38 50 54 59 61 62<br>63 64 65                                                                                                                          | 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. |                                           |
| COLUMBIA<br>245 SUMMER STREET<br>FLOOR 3<br>BOSTON, MA 02210        | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| NATIONAL FINANCIAL SERVICES                                         | 33                                                                                                                                                                 | 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. |                                           |
| PIMCO<br>1345 AVENUE OF THE AMERICAS<br>NEW YORK, NY 10105          | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| NATIONAL FINANCIAL SERVICES                                         | 33                                                                                                                                                                 | 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. |                                           |
| JP MORGAN<br>30 DAN ROAD<br>CANTON, MA 02021                        | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |                                           |

**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<br>(see instructions)     | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DIVERSIFIED INVESTMENT ADVISORS                                     | 12 15 28 37 38 50 54 59 61 62<br>63 64 65   | 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. |
| BLACKROCK<br>40 EAST 52ND ST<br>NEW YORK, NY 10022                  | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H) |                                                                                                                                                                    |
|                                                                     |                                             |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)     | (c) Enter amount of indirect compensation                                                                                                                          |
| NATIONAL FINANCIAL SERVICES                                         | 33                                          | 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. |
| AIM<br>11 GREENWAY PLAZA<br>SUITE 100<br>HOUSTON, TX 77046          | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H) |                                                                                                                                                                    |
|                                                                     |                                             |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)     | (c) Enter amount of indirect compensation                                                                                                                          |
| LOCKTON FINANCIAL ADVISORS, LLC                                     | 16                                          | 19792                                                                                                                                                              |
| (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. |
| DIVERSIFIED INVESTMENT ADVISORS<br><br>13-3689044                   | COMMISSIONS                                 |                                                                                                                                                                    |

**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<br>(see instructions)          | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DIVERSIFIED INVESTMENT ADVISORS                                     | 12 15 28 37 38 50 54 59 61 62<br>63 64 65        | 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. |
| AMERICAN FUNDS                                                      | 5300 ROBIN HOOD ROAD<br>NORFOLK, VA 23513        | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |
| (a) Enter service provider name as it appears on line 2             |                                                  | (b) Service Codes<br>(see instructions)                                                                                                                            |
| NATIONAL FINANCIAL SERVICES                                         | 33                                               | 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. |
| COLUMBIA                                                            | 245 SUMMER STREET<br>FLOOR 3<br>BOSTON, MA 02210 | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |
| (a) Enter service provider name as it appears on line 2             |                                                  | (b) Service Codes<br>(see instructions)                                                                                                                            |
| DIVERSIFIED INVESTMENT ADVISORS                                     | 12 15 28 37 38 50 54 59 61 62<br>63 64 65        | 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. |
| DAVIS                                                               | 30 DAN ROAD<br>CANTON, MA 02021                  | DEALER CONCESSIONS SEE ATTACHMENT TO LINE 2(H)                                                                                                                     |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| DIVERSIFIED INVESTMENT ADVISORS                                     | 12 15 28 37 38 50 54 59 61 62<br>63 64 65                                                                                                                          | 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. |                                           |
| LAZARD<br>30 ROCKEFELLER PLAZA<br>57TH FLOOR<br>NEW YORK, NY 10112  | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| NATIONAL FINANCIAL SERVICES                                         | 33                                                                                                                                                                 | 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. |                                           |
| BLACKROCK<br>40 EAST 52ND ST<br>NEW YORK, NY 10022                  | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| DIVERSIFIED INVESTMENT ADVISORS                                     | 12 15 28 37 38 50 54 59 61 62<br>63 64 65                                                                                                                          | 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. |                                           |
| COLUMBIA<br>245 SUMMER STREET<br>FLOOR 3<br>BOSTON, MA 02210        | DEALER CONCESSIONS SEE ATTACHMENT TO LINE 2(H)                                                                                                                     |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| DIVERSIFIED INVESTMENT ADVISORS                                     | 12 15 28 37 38 50 54 59 61 62<br>63 64 65                                                                                                                          | 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. |                                           |
| ALLIANZ<br>PO BOX 8050<br>BOSTON, MA 02266                          | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| NATIONAL FINANCIAL SERVICES                                         | 33                                                                                                                                                                 | 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. |                                           |
| AMERICAN FUNDS<br>5300 ROBIN HOOD ROAD<br>NORFOLK, VA 23513         | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)                                                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN;       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN;       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:



**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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2009</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                        |            |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| For calendar plan year 2009 or fiscal plan year beginning <b>01/01/2009</b> and ending <b>12/31/2009</b> |                                                                        |            |
| <b>A</b> Name of plan<br><b>LINCOLN INDUSTRIAL CORPORATION RETIREMENT SAVINGS INCENTIVE PLAN</b>         | <b>B</b> Three-digit plan number (PN) ►                                | <b>005</b> |
|                                                                                                          |                                                                        |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>LINCOLN INDUSTRIAL CORPORATION</b>   | <b>D</b> Employer Identification Number (EIN)<br><br><b>52-2361769</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|----------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                      | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                            | <b>1b(1)</b>    | 1192460               |                 |
| <b>(2)</b> Participant contributions .....                                                         | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....                                                                             | <b>1b(3)</b>    |                       | 7622066         |
| <b>c</b> General investments:                                                                      |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    | 11931                 | 17367           |
| <b>(2)</b> U.S. Government securities .....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                            | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                               | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                 | <b>1c(8)</b>    | 676706                | 578904          |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    | 1604923               | 1724988         |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 12443357              | 15521008        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                            | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 15929377              | 25464333        |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 15929377 | 25464333 |
|-----------------------------------------------------------|-----------|----------|----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 89542      |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 1056094    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 8517       |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 1154153   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 7          |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 46110      |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 46117     |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 0         |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            | 53259     |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            | 3263727   |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 4517256   |

**Expenses**

|                                                                                            |              |         |         |
|--------------------------------------------------------------------------------------------|--------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 2539023 |         |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> |         |         |
| (3) Other .....                                                                            | <b>2e(3)</b> |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |         | 2539023 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |         | 961     |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |         | 57448   |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |         |         |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> |         |         |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> |         |         |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> |         |         |
| (4) Other .....                                                                            | <b>2i(4)</b> | 6934    |         |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |         | 6934    |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |         | 2604366 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 1912890 |
| <b>l</b> Transfers of assets:                                                 |              |  |         |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  | 7622066 |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |         |

**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: LOPATA, FLEGEL & COMPANY LLC

(2) EIN: 43-1552002

**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  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>a</b> 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>b</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  |         |
| <b>c</b> 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  |         |
| <b>d</b> 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  |         |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 5000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |         |
| <b>g</b> 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  |         |
| <b>h</b> 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  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |         |
| <b>j</b> 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  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     | X  |         |
| <b>n</b> 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. ....                                                                                                                        |     | X  |         |

- 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) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            | <b>2009</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            | <b>This Form is Open to Public Inspection.</b> |

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

|                                                                                                        |                                                                    |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>LINCOLN INDUSTRIAL CORPORATION RETIREMENT SAVINGS INCENTIVE PLAN</u>       | <b>B</b> Three-digit plan number (PN) ▶<br><u>005</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>LINCOLN INDUSTRIAL CORPORATION</u> | <b>D</b> Employer Identification Number (EIN)<br><u>52-2361769</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>13-3689044</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> |          |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                             |                              |                             |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                             |                              |
| <b>5</b> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year .....                                                                                                                                                                                                                                                                                 | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                             |                              |
| <b>c</b> 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).....                                                                                                                                                                                                             | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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?.....                                                                                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                                |                                   |                                   |                               |                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> 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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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): \_\_\_\_\_

**LSG RETIREMENT SAVINGS PLAN**

FINANCIAL STATEMENTS AND  
INDEPENDENT AUDITORS' REPORT

**DECEMBER 31, 2009 AND 2008**

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\* Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.



Accountants and Management Consultants

600 Mason Ridge Center Drive  
Suite 100  
St. Louis, Missouri 63141  
314-514-8881  
314-514-8872 Fax

### **INDEPENDENT AUDITORS' REPORT**

Plan Administrator  
LSG Retirement Savings Plan

We were engaged to audit the accompanying financial statements and supplemental schedule of LSG Retirement Savings Plan (formerly Lincoln Industrial Corporation Retirement Savings Incentive Plan) as of December 31, 2009 and 2008, and for the year ended December 31, 2009, as listed in the accompanying index. These financial statements and the supplemental schedule 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 with respect to the information summarized in Note F and as presented in the supplemental schedule, which was certified by State Street Bank and Trust Company (State Street), the custodian of the Plan, except for comparing such information with the related information included in the financial statements and the supplemental schedule. We have been informed by the Plan's administrator that the custodian holds the Plan's investment assets and executes the Plan's investment transactions. The Plan's administrator has obtained a certification from State Street as of December 31, 2009 and 2008 and for the year ended 2009, that the information provided to the Plan's administrator by the custodian is complete and accurate.

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

*Lopata, Flegel & Company LLP*

St. Louis, Missouri  
September 20, 2010

## LSG RETIREMENT SAVINGS PLAN

### Statements of Net Assets Available for Plan Benefits

December 31, 2009 and 2008

|                                                                                               | 2009                 | 2008                 |
|-----------------------------------------------------------------------------------------------|----------------------|----------------------|
| <b>ASSETS</b>                                                                                 |                      |                      |
| Investments, at fair value                                                                    | \$ 17,266,813        | \$ 13,975,150        |
| Participant loans receivable, including accrued interest receivable                           | 578,904              | 676,706              |
| <b>Total investments</b>                                                                      | <b>17,845,717</b>    | <b>14,651,856</b>    |
| Contributions receivable - employer                                                           | 26,259               | 1,192,460            |
| Receivable from merged plans                                                                  | 7,622,066            | -                    |
| <b>Net assets reflecting investments at fair value</b>                                        | <b>25,494,042</b>    | <b>15,844,316</b>    |
| Adjustment from fair value to contract value for full benefit-responsive investment contracts | (3,450)              | 85,061               |
| <b>Net assets available for plan benefits</b>                                                 | <b>\$ 25,490,592</b> | <b>\$ 15,929,377</b> |

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

## LSG RETIREMENT SAVINGS PLAN

### Statement of Changes in Net Assets Available for Plan Benefits

Year ended December 31, 2009

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#### Additions to net assets attributed to:

|                                  |                  |
|----------------------------------|------------------|
| Investment income                |                  |
| Interest                         | \$ 46,117        |
| Dividends                        | 428,857          |
| Net gain on Investments (Note C) | <u>2,888,129</u> |
| Net investment income            | 3,363,103        |
| Contributions                    |                  |
| Salary deferral contributions    | 1,056,094        |
| Employer matching contributions  | 115,801          |
| Employee rollover contributions  | <u>8,517</u>     |
| Total contributions              | 1,180,412        |
| Transfer from merged plans       | <u>7,622,066</u> |
| Total additions                  | 12,165,581       |

#### Deductions from net assets attributed to:

|                                                                                                          |                  |
|----------------------------------------------------------------------------------------------------------|------------------|
| Benefits paid directly to participants (including deemed distributions of participant loans of \$57,448) | 2,597,432        |
| Administrative expenses                                                                                  | <u>6,934</u>     |
| Total deductions                                                                                         | <u>2,604,366</u> |
| Net increase in net assets available for plan benefits                                                   | 9,561,215        |

#### Net assets available for plan benefits

|                   |                             |
|-------------------|-----------------------------|
| Beginning of year | <u>15,929,377</u>           |
| End of year       | <u><u>\$ 25,490,592</u></u> |

*The accompanying notes are an integral part of this statement.*

# LSG RETIREMENT SAVINGS PLAN

## Notes to Financial Statements

December 31, 2009 and 2008

---

### NOTE A – DESCRIPTION OF THE PLAN

The following description of the LSG Retirement Savings Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

#### **1. General**

The Plan, effective January 1, 2002, as restated and amended effective December 31, 2009, which has been adopted by Lincoln Industrial Corporation (Company), is a 401(k) defined contribution plan. The Plan covers all employees of the Company. In general, employees may enter the Plan immediately upon becoming employed by the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective December 31, 2009, the Alemite Retirement Savings Plan and the Reelcraft Industries, Inc. 401(k) Plan merged into the Lincoln Industrial Corporation Retirement Savings Plan, creating the LSG Retirement Savings Plan. The assets of the Alemite and Reelcraft Plans were transferred to the LSG Retirement Plan in January 2010.

#### **2. Contributions**

Participants may defer salary up to 50% of compensation, not to exceed the annual permissible dollar limit under Section 402(g) of the Internal Revenue Code. In addition, participants age 50 and older are eligible to make catch-up contributions.

The Plan provides for employer matching contributions, which are made at the discretion of the Board of Directors, not to exceed 100% of the first 4% of deferred compensation for eligible employees. In 2009, the Company elected to make matching contributions of 30% of the first 4% of compensation deferred for eligible IAM (International Association of Machinists) employees. For participants covered under the UAW (United Auto Workers) 691 collective bargaining agreement, employees hired on and after June 3, 2006 will receive matching contributions in an amount equal to \$.20 per straight time hour worked. For participants covered under the IAM District 9 collective bargaining agreement, employees hired on and after May 5, 2007 will receive matching contributions in an amount equal to \$.20 per straight time hour worked.

The Plan also provides for an additional nondiscretionary qualified non-elective contribution of 1.5% of annual compensation for eligible employees. In 2009, there were contributions for eligible IAM employees only.

In addition, the Plan provides for a discretionary contribution to nonbargaining employees. No discretionary contribution was made in 2009.

All employer contributions to nonbargaining employees were suspended in 2009.

Eligible participants are automatically enrolled at a deferral rate of 4% in the event the participant does not make an election or formally decline enrollment in the Plan.

# LSG RETIREMENT SAVINGS PLAN

## Notes to Financial Statements

December 31, 2009 and 2008

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### NOTE A – DESCRIPTION OF THE PLAN (CONTINUED)

#### **2. Contributions (Continued)**

Effective July 1, 2008, the Board of Directors of Lincoln Industrial Corporation adopted the Lincoln Industrial Nonqualified Deferred Compensation Plan pursuant to the Diversified Investment Advisors Inc. Nonqualified Compensation Plan Document. This plan was established to receive employer contributions for highly compensated employees pending completion of the annual testing required under Internal Revenue Code. After completion of the 2008 plan year testing, Diversified and the Company determined that all of the amounts contributed to the Nonqualified Plan were available to be transferred to the Plan in 2009. When the transfer was completed in August 2009, it included an additional \$97,753 that was earned inside the Nonqualified Plan.

Total employer contributions (net of forfeitures applied) amounted to \$115,801 in 2009.

#### **3. Forfeitures**

Forfeitures are used to pay administrative expenses and then to offset employer contributions made after the forfeitures are determined. Elective deferrals and earnings thereon are nonforfeitable.

The Company used \$41,762 of forfeited participant accounts in 2010 to reduce the 2009 employer's contribution.

#### **4. Participant Accounts**

Each participant's account is credited with the participant's contributions, the Company's contributions and an allocation of the Plan's earnings (losses). The allocation of earnings (losses) is determined by the earnings of the participant's investment selection based on each participant's account balance, as defined in the Plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

#### **5. Participant Loans**

A participant may borrow from the Plan with the loan being a participant-directed investment of his account. Loans are made in any amount of \$1,000 or more but less than 50% of the participant's vested account balance. In no event can the participant borrow more than \$50,000. Loans are for a period not exceeding five years and bear interest at prime plus 1%.

Participant loans are secured by participants' vested account balances. The notes bear interest at rates ranging from 4.25% through 9.68% per year.

#### **6. Vesting**

Participants are immediately vested in their deferral contributions, employer matching contributions and employer qualified non-elective contributions, plus actual earnings, thereon. Vesting of the employer discretionary contribution is based on years of service.

# LSG RETIREMENT SAVINGS PLAN

## Notes to Financial Statements

December 31, 2009 and 2008

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### NOTE A – DESCRIPTION OF THE PLAN (CONTINUED)

#### 6. Vesting (CONTINUED)

The vesting schedule for employer discretionary contributions into the Plan is as follows:

| <u>Years of Service</u> | <u>Vested and<br/>Non-Forfeitable</u> |
|-------------------------|---------------------------------------|
| Less than 2             | 0%                                    |
| 2                       | 20%                                   |
| 3                       | 40%                                   |
| 4                       | 60%                                   |
| 5                       | 80%                                   |
| 6                       | 100%                                  |

#### 7. Investment Options

Currently, upon enrollment in the Plan, a participant may direct contributions in various investment options provided by the custodian, Diversified as agent for State Street.

#### 8. Administrative Expenses

Certain administrative expenses are paid by the Plan sponsor.

#### 9. Participant Hardship Withdrawals

A participant may withdraw from the Plan that portion of his account resulting from his elective deferral contributions in the event of undue financial hardship, as defined in the Plan.

#### 10. Payment of Benefits

Upon termination of service, a participant may elect to receive benefit payments in a lump sum, installments or in the form of an annuity.

### NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### 1. Basis of Accounting

The accompanying financial statements are presented on the accrual basis of accounting.

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 the terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

# LSG RETIREMENT SAVINGS PLAN

## Notes to Financial Statements

December 31, 2009 and 2008

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### NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

#### **2. Estimates and Assumptions**

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 reported amounts of assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

#### **3. Investment Valuation and Income Recognition**

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 market participants at the measurement date. See Note I for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividends date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Reported investment gain is net of participants' proportionate share of administrative expenses, including management fees and broker commissions.

#### **4. Payment of Benefits**

Benefits are recorded when paid to participants.

#### **5. Contributions Receivable**

Employer contributions receivable of \$26,259 at December 31, 2009 were remitted by the Company to the Plan by March 29, 2010.

Employer contributions receivable of \$881,157 at December 31, 2008 was remitted to the Plan by March 13, 2009. An additional employer contribution receivable of \$311,303 was remitted to the Plan by the Lincoln Industrial Nonqualified Deferred Compensation Plan on August 18, 2009. When the contribution from the Nonqualified Plan was remitted to the Plan, it included \$97,753 of earnings which was recorded as an employer contribution by the Plan in 2009.

#### **6. Risks and Uncertainties**

The Plan provides for various investment options within a combination of stocks, bonds, money market, and other securities. Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Plan Benefits and the Statements of Changes in Net Assets Available for Plan Benefits.

# LSG RETIREMENT SAVINGS PLAN

## Notes to Financial Statements

December 31, 2009 and 2008

### NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

#### 7. Subsequent Events

The Plan Sponsor has evaluated subsequent events through September 20, 2010, which is the date the financial statements were available to be issued.

### NOTE C – INVESTMENTS

State Street, through Diversified, holds the Plan's assets.

Participants are permitted to direct the investment of their account balances among various investment options. The investments are credited with a share of the income or loss recognized for the underlying assets of the investment. Participants may access their accounts daily. Participants receive periodic statements from Diversified of their account activity.

Financial information related to the assets and earnings from the annuity contract is included in the accompanying financial statements and is based on information provided by Diversified. This information, which has not been audited by the Plan's independent auditors, has been certified to as complete and accurate by State Street and is summarized below:

#### Net Assets Available for Plan Benefits:

|                                                      | 2009                | 2008                |
|------------------------------------------------------|---------------------|---------------------|
| <b>Collective Trust Fund</b>                         |                     |                     |
| Stable Pooled Fund                                   | \$ 1,728,438 *      | \$ 1,519,862 *      |
| <b>Cash Reserve Account</b>                          | 17,367              | 11,931              |
| <b>Mutual Funds:</b>                                 |                     |                     |
| AIM Real Estate Fund                                 | 251,349             | 180,268             |
| Allianz Dividend Value Fund                          | 637,851             | 529,212             |
| American Funds EuroPacific Fund                      | 1,284,540 *         | 952,936 *           |
| American Funds Growth Fund of America                | 858,768             | 750,076             |
| Barclays Lifetime 2010 Portfolio                     | -                   | 1,923,585 *         |
| Blackrock Lifepath 2020 Portfolio                    | 2,187,940 *         | 1,642,756 *         |
| Blackrock Lifepath 2030 Portfolio                    | 581,457             | 526,722             |
| Blackrock Lifepath 2040 Portfolio                    | 264,029             | 213,438             |
| Blackrock Lifepath 2050 Portfolio                    | 795                 | -                   |
| Blackrock Lifepath Retirement Portfolio              | 2,028,143 *         | 50,841              |
| Columbia Acorn Fund                                  | 1,076,157           | 827,657 *           |
| Columbia Small Cap Value Fund                        | 646,733             | 688,066             |
| Davis New York Venture Fund                          | 468,642             | 350,191             |
| First American Small Cap Select Fund                 | 481,453             | 371,493             |
| JP Morgan Small Cap Equity Select Fund               | 671,838             | 552,985             |
| Lazard U.S. Mid Cap Equity Fund                      | 107,214             | 12,349              |
| Pimco Total Return Fund                              | 2,498,451 *         | 1,819,491 *         |
| Transamerica Partners Institutional Mid Value Fund   | 927,285             | 641,032             |
| Transamerica Partners Institutional Stock Index Fund | 548,363             | 410,259             |
|                                                      | <u>\$17,266,813</u> | <u>\$13,975,150</u> |

\*Investment represents 5% or more of the net assets as of December 31, 2009 and 2008, respectively.

# **LSG RETIREMENT SAVINGS PLAN**

## **Notes to Financial Statements**

**December 31, 2009 and 2008**

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### **NOTE C – INVESTMENTS (CONTINUED)**

Participants should refer to each investment's prospectus for a description of the investment's objectives and investment results.

During 2009, the Plan's investments appreciated in value by \$2,888,129 which includes gains and losses on investments sold as well as changes in the market value of investments held during the year.

### **NOTE D – PLAN TERMINATION**

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts. The net assets of the Plan will be distributed by the trustee in a uniform and nondiscretionary manner in accordance with the trust agreement.

### **NOTE E – TAX STATUS**

The Plan is a Diversified Prototype plan document. The Non-Standardized Prototype Plan Document has received the favorable determination of the Internal Revenue Service dated July 29, 2004. The Plan has been amended since that time. In the opinion of the Plan's management and Diversified, the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

In January 2010, the Plan was submitted to the Internal Revenue Service for an individual determination letter but has not received determination from the Service.

### **NOTE F – INFORMATION CERTIFIED BY THE PLAN'S CUSTODIANS**

As permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Company has accepted the certification of State Street Bank and Trust Company as to the accuracy and completeness of the investment information included in the accompanying financial statements and supplemental schedule; and instructed the Plan's independent accountants not to perform any auditing procedures with respect to such information. Accordingly, the following information was certified by State Street as of December 31, 2009 and 2008, and for the year ended December 31, 2009 and was not subject to any auditing procedures, except for comparing such information with the related information contained in the accompanying financial statements and supplemental schedule:

# **LSG RETIREMENT SAVINGS PLAN**

## **Notes to Financial Statements**

**December 31, 2009 and 2008**

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### **NOTE F – INFORMATION CERTIFIED BY THE PLAN’S CUSTODIANS (CONTINUED)**

- Investments at fair value as of December 31, 2009 and 2008, which are included in the Statement of Net Assets Available for Plan Benefits.
- Investment income and net appreciation in fair value of investments for the year ended December 31, 2009, which are included in the Statement of Changes in Net Assets Available for Plan Benefits.
- Party-in-interest transactions for the year ended December 31, 2009, which are described in Note G.
- All information regarding assets held by the Plan at December 31, 2009, included in the Schedule of Assets (Held at End of Year).

### **NOTE G – PARTY-IN-INTEREST TRANSACTIONS**

For the current fiscal year-end, State Street, the Plan’s custodian, as agent for Diversified is considered a party-in-interest as defined by ERISA. As of December 31, 2009, the Plan assets managed by State Street had a fair market value of \$17,266,813.

### **NOTE H – STABLE POOLED FUND**

The Plan entered into a benefit-responsive investment contract with Wells Fargo. Wells Fargo 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 guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at fair value with an adjustment to contract value in arriving at net assets available for benefits. Contract value, as reported to the Plan by Wells Fargo, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issues or otherwise. The fair value of the investment contract at December 31, 2009 and 2008 was \$1,728,438 and \$1,519,862, respectively.

# LSG RETIREMENT SAVINGS PLAN

## Notes to Financial Statements

December 31, 2009 and 2008

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### NOTE H – STABLE POOLED FUND (CONTINUED)

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: amendments to the plan documents (including complete or partial plan termination or merger with another plan); changes to the plan's prohibition on competing investment options or deletion of equity wash provisions; bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-off of a subsidiary) that cause a significant withdrawal from the plan; or the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any events which would limit the plan's ability to transact at contract value with 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.

| <u>Average yields:</u>                          | <u>2009</u> | <u>2008</u> |
|-------------------------------------------------|-------------|-------------|
| Based on actual earnings                        | 3.75%       | 6.12%       |
| Based on interest rate credited to participants | 3.31%       | 4.12%       |

### NOTE I – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

- |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Level 2 | <p>Inputs to the valuation methodology include:</p> <ul style="list-style-type: none"><li>• Quoted prices for similar assets or liabilities in active markets;</li><li>• Quoted prices for identical or similar assets or liabilities in inactive markets;</li><li>• Inputs other than quoted prices that are observable for the asset or liability;</li><li>• Inputs that are derived principally from or corroborated by observable market data by correlation or other means.</li></ul> <p>If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.</p> |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

# LSG RETIREMENT SAVINGS PLAN

## Notes to Financial Statements

December 31, 2009 and 2008

### NOTE I – FAIR VALUE MEASUREMENTS (CONTINUED)

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

*Cash Reserve Account:* Quoted market prices in active markets.

*Mutual Funds:* Valued at the net asset value (NAV) of shares held by the Plan at year end.

*Stable Pooled Fund:* See Note H.

*Participant loans:* Valued at amortized cost, which approximates fair value.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the 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.

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

#### Assets at Fair Value as of December 31, 2009

|                            | Level 1      | Level 2      | Level 3    | Total        |
|----------------------------|--------------|--------------|------------|--------------|
| Cash Reserve Account       | \$ 17,367    | \$ -         | \$ -       | \$ 17,367    |
| Mutual Funds               |              |              |            |              |
| Blend funds                | 4,688,251    | -            | -          | 4,688,251    |
| Growth funds               | 3,088,216    | -            | -          | 3,088,216    |
| Target-date funds          | 3,034,221    | -            | -          | 3,034,221    |
| Fixed income funds         | 2,498,451    | -            | -          | 2,498,451    |
| Value funds                | 2,211,869    | -            | -          | 2,211,869    |
| Total Mutual Funds         | 15,521,008   | -            | -          | 15,521,008   |
| Stable Pooled Fund         | -            | 1,728,438    | -          | 1,728,438    |
| Participant loans          | -            | -            | 578,904    | 578,904      |
| Total assets at fair value | \$15,538,375 | \$ 1,728,438 | \$ 578,904 | \$17,845,717 |

# LSG RETIREMENT SAVINGS PLAN

## Notes to Financial Statements

December 31, 2009 and 2008

### NOTE I – FAIR VALUE MEASUREMENTS (CONTINUED)

#### Assets at Fair Value as of December 31, 2008

|                            | Level 1      | Level 2      | Level 3    | Total        |
|----------------------------|--------------|--------------|------------|--------------|
| Cash Reserve Account       | \$ 11,931    | \$ -         | \$ -       | \$ 11,931    |
| Mutual Funds               |              |              |            |              |
| Blend funds                | 1,956,844    | -            | -          | 1,956,844    |
| Growth funds               | 2,502,211    | -            | -          | 2,502,211    |
| Target-date funds          | 4,306,501    | -            | -          | 4,306,501    |
| Fixed income funds         | 1,819,491    | -            | -          | 1,819,491    |
| Value funds                | 1,858,310    | -            | -          | 1,858,310    |
| Total Mutual Funds         | 12,443,357   | -            | -          | 12,443,357   |
| Stable Pooled Fund         | -            | 1,519,862    | -          | 1,519,862    |
| Participant loans          | -            | -            | 676,706    | 676,706      |
| Total assets at fair value | \$12,455,288 | \$ 1,519,862 | \$ 676,706 | \$14,651,856 |

The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2009.

#### Level 3 Assets Year ended December 31, 2009

|                                | Participant<br>Loans |
|--------------------------------|----------------------|
| Balance, beginning of the year | \$ 676,706           |
| New loans issued               | 309,145              |
| Loan defaults                  | (172,208)            |
| Principal repayments           | (234,739)            |
| Balance, end of year           | \$ 578,904           |

### NOTE J – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2009 to Form 5500:

|                                                                |               |
|----------------------------------------------------------------|---------------|
| Net assets available for benefits per the financial statements | \$ 25,490,592 |
| Less: Employer contributions receivable at 12/31/09            | (26,259)      |
| Net assets available for benefits per the Form 5500            | \$ 25,464,333 |

The following is a reconciliation of changes in net assets available for plan benefits between the financial statements and Form 5500 for the year ended December 31, 2009:

|                                                     |            |
|-----------------------------------------------------|------------|
| Employer contributions per the financial statements | \$ 115,801 |
| Less: Employer contributions receivable at 12/31/09 | (26,259)   |
| Employer contributions per the Form 5500            | \$ 89,542  |

# **LSG RETIREMENT SAVINGS PLAN**

## **Notes to Financial Statements**

December 31, 2009 and 2008

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### **NOTE K – RECLASSIFICATIONS**

Certain reclassifications have been made to the 2008 financial statement presentation to correspond to the current year's format.

### **NOTE L – SUBSEQUENT EVENTS**

As part of the December 31, 2009 merger, the assets of the Alemite Retirement Savings Plan and the Reelcraft Industries, Inc. 401(k) Plan were transferred to the Plan in January 2010 (see Note A1).

## **SUPPLEMENTAL INFORMATION**

**LSG RETIREMENT SAVINGS PLAN**  
**E.I.N. 52-2361769 Plan Number: 005**

**Schedule of Assets (Held at End of Year)**  
**December 31, 2009**

| (a)                                 | (b)<br>Identity of Issue,<br>Borrower, Lessor | (c)<br>Description of Investment | (e)<br>Fair<br>Value |
|-------------------------------------|-----------------------------------------------|----------------------------------|----------------------|
| * State Street Bank & Trust Company | Cash Reserve Account                          | \$                               | 17,367               |
| Wells Fargo                         | Stable Pooled Account (Collective Trust Fund) |                                  | 1,728,438            |
| AIM                                 | Real Estate Fund                              |                                  | 251,349              |
| Allianz                             | Dividend Value Fund                           |                                  | 637,851              |
| American Funds                      | EuroPacific Growth Fund                       |                                  | 1,284,540            |
| American Funds                      | Growth Fund of America                        |                                  | 858,768              |
| Blackrock                           | Lifepath 2020 Portfolio                       |                                  | 2,187,940            |
| Blackrock                           | Lifepath 2030 Portfolio                       |                                  | 581,457              |
| Blackrock                           | Lifepath 2040 Portfolio                       |                                  | 264,029              |
| Blackrock                           | Lifepath 2050 Portfolio                       |                                  | 795                  |
| Blackrock                           | Lifepath Retirement Portfolio                 |                                  | 2,028,143            |
| Columbia                            | Acorn Fund                                    |                                  | 1,076,157            |
| Columbia                            | Small Cap Value Fund                          |                                  | 646,733              |
| Davis                               | New York Venture Fund                         |                                  | 468,642              |
| First American                      | Small Cap Select Fund                         |                                  | 481,453              |
| JP Morgan                           | Small Cap Equity Select Fund                  |                                  | 671,838              |
| Lazard                              | U.S. Mid Cap Equity Fund                      |                                  | 107,214              |
| Pimco                               | Total Return Fund                             |                                  | 2,498,451            |
| * Transamerica Partners             | Institutional Mid Value Fund                  |                                  | 927,285              |
| * Transamerica Partners             | Institutional Stock Index Fund                |                                  | 548,363              |
|                                     |                                               |                                  | 17,266,813           |
| * Participant Loans                 | Interest rates range from 4.25% to 9.68%      |                                  | 578,904              |
|                                     | Total investments                             |                                  | \$ 17,845,717        |

\* Indicates a party-in-interest

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4i.

## Schedule C, Line 2(h) Formula Descriptions

### Indirect Compensation in the form of revenue sharing was paid to the following Service Providers:

Diversified Investment Advisors (13-3689044)  
National Financial Services (04-3523567)  
Mid Atlantic Capital Corporation (25-1409618)

Revenue amounts are shown in annualized basis points of plan assets invested in applicable fund  
For Oppenheimer Funds, the total revenue sharing will not exceed \$12 per participant invested in the fund

| Fund Family    | Fund Name                      | Start Date | End Date   | Revenue to<br>Diversified<br>Investment<br>Advisors | Revenue to National<br>Financial Services | Revenue to Mid<br>Atlantic Capital<br>Corporation |
|----------------|--------------------------------|------------|------------|-----------------------------------------------------|-------------------------------------------|---------------------------------------------------|
| DAVIS          | DAVIS NY VENTURE               | 1/1/2009   | 12/31/2009 | 29.01                                               | 0.99                                      |                                                   |
| PIMCO          | PIMCO Total Return,Admin Class | 1/1/2009   | 12/31/2009 | 24.175                                              | 0.825                                     |                                                   |
| AIM            | AIM REAL ESTATE FUND, CLASS A  | 1/1/2009   | 12/31/2009 | 48.35                                               | 1.65                                      |                                                   |
| COLUMBIA       | COLUMBIA ACORN A               | 1/1/2009   | 12/31/2009 | 48.35                                               | 1.65                                      |                                                   |
| BLACKROCK      | BLACKROCK LIFEPATH RETIRE I    | 1/1/2009   | 12/31/2009 | 38.68                                               | 1.32                                      |                                                   |
| BLACKROCK      | BLACKROCK LIFEPATH 2020        | 1/1/2009   | 12/31/2009 | 38.68                                               | 1.32                                      |                                                   |
| BLACKROCK      | BLACKROCK LIFEPATH 2030        | 1/1/2009   | 12/31/2009 | 38.68                                               | 1.32                                      |                                                   |
| BLACKROCK      | BLACKROCK LIFEPATH 2040        | 1/1/2009   | 12/31/2009 | 38.68                                               | 1.32                                      |                                                   |
| AMERICAN FUNDS | AMERICAN GRWTH FUND OF AMERICA | 1/1/2009   | 12/31/2009 | 62.855                                              | 2.145                                     |                                                   |
| AMERICAN FUNDS | AMERICAN FUNDS EUROPACIFIC R3  | 1/1/2009   | 12/31/2009 | 62.855                                              | 2.145                                     |                                                   |
| LAZARD         | LAZARD MID CAP FUND, OPEN      | 1/1/2009   | 12/31/2009 | 43.515                                              | 1.485                                     |                                                   |
| COLUMBIA       | COLUMBIA SMALL CAP VALUE II, Z | 1/1/2009   | 12/31/2009 | 33.845                                              | 1.155                                     |                                                   |
| ALLIANZ        | ALLIANZ NFJ DIVIDEND VALUE A   | 1/1/2009   | 12/31/2009 | 48.35                                               | 1.65                                      |                                                   |
| FIRST AMERICAN | FIRST AMERICAN SM CAP SELECT A | 1/1/2009   | 12/31/2009 | 48.35                                               | 1.65                                      |                                                   |
| JP MORGAN      | JPMORGAN SMALL CAP EQUITY, S   | 1/1/2009   | 12/31/2009 | 24.175                                              | 0.825                                     |                                                   |
| BLACKROCK      | BLACKROCK LIFEPATH 2050        | 1/1/2009   | 12/31/2009 | 38.68                                               | 1.32                                      |                                                   |

# Schedule C, Line 2(h) Formula Descriptions

Diversified Investment Advisors (13-3689044) receives dealer concessions (Finder's Fees) on the following funds:

| Fund Family | Fund Name        | Formula for Calculating the Dealer Concessions     |
|-------------|------------------|----------------------------------------------------|
| DAVIS       | DAVIS NY VENTURE | Up to .75% of net assets deposited into this fund. |
| COLUMBIA    | COLUMBIA ACORN A | Up to 1% of net assets deposited into this fund.   |

**Lincoln Industrial Corporation Retirement Savings Incentive Plan**  
**EIN No.: 52-2361769, Plan No. 005**  
**Schedule H, Line 4i - Schedule of Assets**  
**Plan Year Ending: 12/31/2009**

| (a) | (b)<br>Identity of Issue, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment, Including Maturity Date,<br>Rate of Interest, Par or Maturity Value | (e)<br>CURRENT VALUE |
|-----|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------|
| *   | State Street Bank & Trust Co.                                  | Cash Reserve Account                                                                                  | \$ 17,367            |
| *   | Diversified Investment Advisors                                | Stable Pooled                                                                                         | \$ 1,724,988         |
|     |                                                                | <b>Collective Trust Fund Total</b>                                                                    | <b>\$ 1,724,988</b>  |
|     | AIM                                                            | Real Estate A                                                                                         | \$ 251,349           |
|     | Allianz                                                        | NFJ Dividend Value A                                                                                  | 637,851              |
|     | American Funds                                                 | EuroPacific Gr R3                                                                                     | 1,284,540            |
|     | American Funds                                                 | Growth Fund of Amer R3                                                                                | 858,768              |
|     | Black Rock                                                     | Global Investors LP 2020 I                                                                            | 2,187,940            |
|     | Black Rock                                                     | Global Investors LP 2030 I                                                                            | 581,457              |
|     | Black Rock                                                     | Global Investors LP 2040 I                                                                            | 264,029              |
|     | Black Rock                                                     | Global Investors LP Retire I                                                                          | 2,028,143            |
|     | Black Rock                                                     | Global Investors LP 2050 I                                                                            | 795                  |
|     | Columbia                                                       | Acorn A                                                                                               | 1,076,157            |
|     | Columbia                                                       | Small Cap Value II Z                                                                                  | 646,733              |
|     | Davis Funds                                                    | NY Venture A                                                                                          | 468,643              |
|     | First American                                                 | Small Cap Select A                                                                                    | 481,453              |
|     | JP Morgan                                                      | Small Cap Equity Sel                                                                                  | 671,838              |
|     | Lazard                                                         | U.S. Mid Cap Equity Open                                                                              | 107,214              |
|     | PIMCO                                                          | Total Return Admin                                                                                    | 2,498,450            |
|     | Transamerica Partners Funds Group                              | Institutional Mid Value                                                                               | 927,285              |
|     | Transamerica Partners Funds Group                              | Institutional Stock Index                                                                             | 548,363              |
|     |                                                                | <b>Mutual Fund Total</b>                                                                              | <b>\$ 15,521,008</b> |
| *   | Participants                                                   | Notes Receivable with interest rates of 4.25% to 10.25%                                               | \$ 578,904           |
|     |                                                                | <b>TOTAL PLAN ASSETS</b>                                                                              | <b>\$ 17,842,267</b> |

\* Indicates Party-In-Interest to the Plan