

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

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	BATESVILLE CASKET CO., INC. & LOCAL 1460 AMALGAMATED CLOTHING & TEXTILE WORKERS UNION		1b Three-digit plan number (PN) ▶ <u>004</u>
			1c Effective date of plan <u>01/01/1976</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) BATESVILLE SERVICES, INC. ONE BATESVILLE BLVD. BATESVILLE, IN 47006			2b Employer Identification Number (EIN) <u>35-0166166</u> 2c Sponsor's telephone number <u>812-934-7500</u> 2d Business code (see instructions) <u>339900</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2010	MARK LANNING
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") HILLENBRAND, INC. PENSION FINANCE & ADMINISTRATION COMMITTEE ONE BATESVILLE BLVD. BATESVILLE, IN 47006	3b Administrator's EIN 26-3221994 3c Administrator's telephone number 812-934-7500
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	202
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	0
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	0
d Subtotal. Add lines 6a , 6b , and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1B 1G 3H 3J 1I

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
 (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information – Small Plan)
 (3) ☐ **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☒ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

Round off amounts to nearest dollar.
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan BATESVILLE CASKET CO., INC. & LOCAL 1460 AMALGAMATED CLOTHING & TEXTILE WORKERS UNION	B Three-digit plan number (PN) 004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BATESVILLE SERVICES, INC.	D Employer Identification Number (EIN) 35-0166166

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B **F** Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2009		
2 Assets:		
a Market value	2a	2213682
b Actuarial value	2b	2435050
3 Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a 88	1693518
b For terminated vested participants	3b 114	934853
c For active participants:		
(1) Non-vested benefits	3c(1)	0
(2) Vested benefits	3c(2)	0
(3) Total active	3c(3) 0	0
d Total	3d 202	2628371
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐		
a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	8.13 %
6 Target normal cost	6	63000

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

SIGN HERE	10/04/2010
Signature of actuary	Date
DANIEL F. MCFALL	08-04341
Type or print name of actuary	Most recent enrollment number
HEWITT ASSOCIATES LLC	847-295-5000
Firm name	Telephone number (including area code)
100 HALF DAY ROAD LINCOLNSHIRE, IL 60069-3258	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	891741	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	891741	0
10	Interest on item 9 using prior year's actual return of <u>-25.28</u> %	-225432	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.13</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	666309	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	67.29 %
15	Adjusted funding target attainment percentage.....	15	67.29 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	98.97 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ►	18(b)	0
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contribution from prior years.....	19a 0
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 0
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?		☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?		☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of Quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th
		0

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

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

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	63000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	701928	124556
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	187556
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	187556	0
36 Additional cash requirement (item 34 minus item 35).....	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	0
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

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

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A Name of plan BATESVILLE CASKET CO., INC. & LOCAL 1460 AMALGAMATED CLOTHING & TEXTILE WORKERS UNION	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 BATESVILLE SERVICES, INC.	D Employer Identification Number (EIN) 35-0166166

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

FIDELITY EMPLOYER SERVICES COMPANY

04-3275867

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	ADMINISTRATION	30403	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

HEWITT ASSOCIATES

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY/CONSULTANT	28294	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

STATE STREET BANK & TRUST

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	TRUSTEE	22421	Yes ☒ No ☐	Yes ☒ No ☐	1187	Yes ☒ No ☐

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

KATZ SAPPER & MILLER, LLP

35-1090346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	12350	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan BATESVILLE CASKET CO., INC. & LOCAL 1460 AMALGAMATED CLOTHING & TEXTILE WORKERS UNION	B Three-digit plan number (PN) ► 004
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BATESVILLE SERVICES, INC.	D Employer Identification Number (EIN) 35-0166166

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: PASSIVE INTERMEDIATE GOVT BOND FUND

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY

c EIN-PN 04-0225081-092	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 3000 INDEX FD LARGE CAP EQ

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY

c EIN-PN 04-0225081-042	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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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)
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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)
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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)
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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)
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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)
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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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan BATESVILLE CASKET CO., INC. & LOCAL 1460 AMALGAMATED CLOTHING & TEXTILE WORKERS UNION	B Three-digit plan number (PN) ►	004
C Plan sponsor's name as shown on line 2a of Form 5500 BATESVILLE SERVICES, INC.	D Employer Identification Number (EIN) 35-0166166	

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	17209	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	84361	0
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	2152817	0
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2254387	0

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	40705	0
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	40705	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2213682	0
---	-----------	---------	---

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2696	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2696
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		366426
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		369122

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	206842	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		206842
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	40644	
(2) Contract administrator fees	2i(2)	30403	
(3) Investment advisory and management fees	2i(3)	22421	
(4) Other	2i(4)	1560	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		95028
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		301870

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		67252
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		2280934

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: KATZ SAPPER & MILLER LLP

(2) EIN: 35-1090346

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
HILLENBRAND, INC. PENSION PLAN	26-1342272	201

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

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

A Name of plan <u>BATESVILLE CASKET CO., INC. & LOCAL 1460 AMALGAMATED CLOTHING & TEXTILE WORKERS UNION</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BATESVILLE SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>35-0166166</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-3275867</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

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

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

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

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

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

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

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**BATESVILLE CASKET COMPANY, INC.
AND LOCAL 1460 AMALGAMATED CLOTHING
AND TEXTILE WORKERS UNION,
AFL-CIO RETIREMENT PLAN AGREEMENT**

**FINANCIAL STATEMENTS
AND
INDEPENDENT AUDITORS' REPORT**

December 31, 2009 and 2008

**BATESVILLE CASKET COMPANY, INC.
AND LOCAL 1460 AMALGAMATED CLOTHING
AND TEXTILE WORKERS UNION,
AFL-CIO RETIREMENT PLAN AGREEMENT**

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800 East 96th Street
Suite 500
Indianapolis, IN 46240

Tel 317.580.2000
Fax 317.580.2117

Independent Auditors' Report

To the Plan Administrator
Batesville Casket Company, Inc. and Local 1460
Amalgamated Clothing and Textile Workers Union,
AFL-CIO Retirement Plan Agreement

We were engaged to audit the financial statements and supplemental schedule of Batesville Casket Company, Inc. and Local 1460 Amalgamated Clothing and Textile Workers Union, AFL-CIO Retirement Plan Agreement as of and for the years ended December 31, 2009 and 2008, as listed in the accompanying table of contents. These financial statements and the 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 investment information summarized in Note 3, which was certified by JPMorgan Chase Bank, N.A., the Plan's trustee since June 1, 2008, and by Citibank, N.A., the Plan's trustee prior to June 1, 2008, except for comparing the investment information certified by the Trustees with the related investment information included in the financial statements and the supplemental schedule. We have been informed by the Plan Administrator that the Trustees held the Plan's investment assets and executed investment transactions. The Plan Administrator has obtained certifications from the Trustees as of and for the years ended December 31, 2009 and 2008, that the investment information provided to the Plan Administrator by the Trustees is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and the schedule, other than that derived from the investment information certified by the Trustees, have been audited by us in accordance with auditing standards generally accepted in the United States 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.

As discussed in Note 8 to the financial statements, the Plan was terminated by merger into and with Hillenbrand Inc. Pension Plan on December 31, 2009. All assets, liabilities and accumulated plan benefits of the Plan were transferred as of the date of the merger.

Katz, Sapper & Miller, LLP

Indianapolis, Indiana
October 11, 2010

**BATESVILLE CASKET COMPANY, INC.
AND LOCAL 1460 AMALGAMATED CLOTHING
AND TEXTILE WORKERS UNION,
AFL-CIO RETIREMENT PLAN AGREEMENT**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2009 and 2008**

	2009	2008
ASSETS		
Investments, at fair value:		
Common collective trust funds	\$ -	\$ 2,152,817
Money market fund shares		<u>84,361</u>
Total Investments	<u> </u>	<u>2,237,178</u>
 Noninterest-bearing cash	 <u> </u>	 <u>17,209</u>
 Total Assets		 2,254,387
 LIABILITIES		
Administrative expenses payable	<u> </u>	<u>40,705</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u><u>\$ -</u></u>	 <u><u>\$ 2,213,682</u></u>

See accompanying notes.

**BATESVILLE CASKET COMPANY, INC.
AND LOCAL 1460 AMALGAMATED CLOTHING
AND TEXTILE WORKERS UNION,
AFL-CIO RETIREMENT PLAN AGREEMENT**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31, 2009 and 2008**

	2009	2008
INVESTMENT INCOME (LOSS):		
Net appreciation (depreciation) in fair value of investments	\$ 360,109	\$ (686,324)
Interest and dividends	<u>9,013</u>	<u>1,383</u>
Total Investment Income (Loss)	<u>369,122</u>	<u>(684,941)</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid to participants	206,842	199,783
Administrative expenses	<u>95,028</u>	<u>105,337</u>
Total	<u>301,870</u>	<u>305,120</u>
NET INCREASE (DECREASE)	67,252	(990,061)
NET ASSETS TRANSFERRED TO OTHER PLAN		
Hillenbrand, Inc. Pension Plan	(2,280,934)	
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	<u>2,213,682</u>	<u>3,203,743</u>
End of Year	<u><u>\$ -</u></u>	<u><u>\$ 2,213,682</u></u>

See accompanying notes.

**BATESVILLE CASKET COMPANY, INC.
AND LOCAL 1460 AMALGAMATED CLOTHING
AND TEXTILE WORKERS UNION,
AFL-CIO RETIREMENT PLAN AGREEMENT**

**STATEMENTS OF ACCUMULATED PLAN BENEFITS
January 1, 2009 and 2008**

	2009	2008
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS		
Vested benefits:		
Participants currently receiving payments	\$ 1,769,524	\$ 1,849,542
Participants with deferred benefits	<u>1,016,694</u>	<u>1,255,869</u>
Total Vested Benefits	<u>2,786,218</u>	<u>3,105,411</u>
 TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	 <u><u>\$ 2,786,218</u></u>	 <u><u>\$ 3,105,411</u></u>

See accompanying notes.

**BATESVILLE CASKET COMPANY, INC.
AND LOCAL 1460 AMALGAMATED CLOTHING
AND TEXTILE WORKERS UNION,
AFL-CIO RETIREMENT PLAN AGREEMENT**

**STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS
Years Ended January 1, 2009 and 2008**

	2009	2008
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR	<u>\$ 3,105,411</u>	<u>\$ 3,064,249</u>
INCREASE (DECREASE) DURING THE PLAN YEAR ATTRIBUTED TO		
Benefits accumulated and actuarial experience	28,328	(6,883)
Increase for interest due to decrease in discount period	195,461	193,009
Benefits paid	(199,783)	(192,795)
Change in actuarial assumptions	<u>(343,199)</u>	<u>47,831</u>
Net Increase (Decrease)	<u>(319,193)</u>	<u>41,162</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR	<u><u>\$ 2,786,218</u></u>	<u><u>\$ 3,105,411</u></u>

See accompanying notes.

**BATESVILLE CASKET COMPANY, INC.
AND LOCAL 1460 AMALGAMATED CLOTHING
AND TEXTILE WORKERS UNION,
AFL-CIO RETIREMENT PLAN AGREEMENT**

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN AND SIGNIFICANT ACCOUNTING POLICIES

The following description of Batesville Casket Company, Inc. and Local 1460 Amalgamated Clothing and Textile Workers Union, AFL-CIO Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan Agreement and the Summary Plan Description, available from the Plan Administrator, for a more complete description of the Plan's provisions.

General: The Plan is a noncontributory defined benefit retirement plan covering eligible employees of the bargaining unit at the former Nashua, New Hampshire division of Hillenbrand, Inc. (Batesville Services, Inc. (the "Employer")). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Benefits under the Plan are based on the participants' years of credited service. The monthly benefit rates used to calculate accrued benefits at January 1, 2009, are as follows:

Date of Termination	Monthly Benefit Rate
11/1/90-10/31/91	\$ 7.50
11/1/91-10/31/92	8.50
11/1/92-11/7/93	9.50
11/8/93-10/31/95	10.00
11/1/95-10/31/97	10.50
11/1/97-10/31/99	11.00
11/1/99 and after	13.00

Generally, benefits become 100% vested after five years of service. Participants may retire with a reduced benefit at any time after attaining age 55 and completing 15 years of service, except for participants who have one hour of service after May 26, 2005, who are eligible for early retirement after 5 years of service. The annual funding provided by the Employer is based on an actuarial determination of the annual normal cost, the amortization of prior service costs and the amortization of actuarial gains and losses. This may result in Employer contributions which exceed the minimum funding requirements of ERISA. For Plan years 2009 and 2008, the Employer contributions equaled or exceeded the minimum funding requirements of ERISA, but were less than the maximum deductible contribution amount.

Basis of Accounting: The accompanying financial statements of the Plan are prepared on the accrual basis of accounting.

Estimates: The Plan Administrator uses estimates and assumptions in preparing financial statements in accordance with accounting principles generally accepted in the United States. Those estimates and assumptions affect the reported amounts of net assets available for benefits and accumulated plan benefits, the disclosure of contingencies, and the reported additions to and deductions from net assets available for benefits and changes in accumulated plan benefits. Accordingly, actual results could vary from the estimates that were used.

NOTE 1 - DESCRIPTION OF PLAN AND SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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

Plan investments 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 could materially affect the amounts reported in the financial statements.

Investments Valuation and Income Recognition: The Plan's investments are stated 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 2 for discussion of fair value measurements.

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

Payment of Benefits: Benefits are recorded when paid.

Income Taxes: The Internal Revenue Service has determined and informed the Plan Administrator by letter dated October 20, 2002, that the Plan is qualified under Section 401(a) of the Internal Revenue Code. The Plan has been amended since the date of the determination letter. However, the Plan Administrator believes that the Plan is designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, the Plan Administrator believes the Plan was qualified and the related trust was tax-exempt at the financial statement date.

Actuarial Present Value of Accumulated Plan Benefits: Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered.

The actuarial present value of accumulated plan benefits is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

A summary of the assumptions underlying the computation of the actuarial present value of accumulated plan benefits at January 1, 2009 and 2008, is as follows:

Interest rate	7.50% in 2009, 6.50% in 2008
Mortality rates	2009 Static Mortality Table for Annuitants and Non-Annuitants (2009) 2008 Static Mortality Table for Annuitants and Non-Annuitants (2008)
Disability mortality	RP-2000 Disabled Retiree Mortality Table
Normal retirement	Age 65
Disability	Probability varies depending upon age and sex from 0.03% to 1.64%

NOTE 1 - DESCRIPTION OF PLAN AND SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

The statement of accumulated plan benefits as of January 1, 2009, and the related statement of changes in accumulated plan benefits for the year then ended, do not include the effects of the amendment to merge the Plan into the Hillenbrand, Inc. Pension Plan, as disclosed in Note 8.

Priorities Upon Plan Termination: Upon Plan termination, net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") at that time. Some benefits may be fully or partially provided from existing assets and the PBGC guaranty while other benefits may not be provided for at all. For further information, refer to the Plan Agreement available from the Plan Administrator.

Subsequent Events: The Plan has evaluated the financial statements for subsequent events occurring through October 11, 2010, the date the financial statements were available to be issued.

NOTE 2 - FAIR VALUE MEASUREMENTS

The Plan has categorized its assets and liabilities that are measured at fair value, based on the priority of the inputs to the valuation technique, into a three-level fair value hierarchy. 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 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: Inputs** to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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.

- **Level 3: Inputs** to the valuation methodology are unobservable and significant to the fair value measurement in situations where there is little or no market activity for the asset or liability, and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

The asset'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.

NOTE 2 - FAIR VALUE MEASUREMENTS (CONTINUED)

Following is a description of the valuation methodologies used by the Plan for investment assets measured at fair value. Due to the merger of the Plan into Hillenbrand, Inc. Pension Plan, no assets were held in the Plan's trust at December 31, 2009.

Common Collective Trust Funds: Valued at unit value provided by the fund administrators which is based on the underlying assets owned by each fund divided by the number of outstanding units.

Money Market Fund Shares: Valued at the published net asset value (NAV) of the shares held by the Plan at the reporting date.

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's management 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.

Following is a summary, by level within the fair value hierarchy, of the Plan's investment assets at fair value as of December 31, 2008:

	Level 1	Level 2	Level 3	Total
Money market fund shares	\$84,361			\$ 84,361
Common collective trust funds		<u>\$2,152,817</u>		<u>2,152,817</u>
Total Investments at Fair Value	<u>\$84,361</u>	<u>\$2,152,817</u>		<u>\$2,237,178</u>

NOTE 3 - UNAUDITED INVESTMENT INFORMATION CERTIFIED BY TRUSTEES

The following is a summary of the Plan's unaudited investment information certified by JPMorgan Chase Bank, N.A., the Plan's trustee since June 1, 2008, and by Citibank, N.A., the Plan's trustee prior to June 1, 2008, as complete and accurate as of December 31, 2008, and for the years ended December 31, 2009 and 2008, in accordance with Section 2520.103-5 of the Department of Labor Rules and Regulations and Disclosure under ERISA.

	2008
Common Collective Trust Funds:	
State Street Bank and Trust Company:	
SSgA Passive Intermediate Government Bond Fund	\$ 958,115*
Russell 3000 Index Fund	1,194,702*
Money Market Funds Shares:	
JPMorgan 100% US Treasury Agency Shares	<u>84,361</u>
	<u>\$2,237,178</u>

* Represents 5% or more of the Plan's net assets available for benefits at the date indicated.

	2009	2008
Net appreciation (depreciation) in fair value of investments	\$360,109	\$ (686,324)
Interest and dividends	9,013	1,383

NOTE 4 - TRANSACTIONS WITH PARTIES-IN-INTEREST

Investments of the Plan were held in common collective trust funds managed by State Street Bank and Trust Company, the Plan's investment manager in 2008, and by Citibank, N.A., the Plan's trustee prior to June 1, 2008. The Plan also held money market shares managed by JPMorgan Chase Bank, the Plan's trustee after June 1, 2008. Transactions involving these funds are permitted party-in-interest transactions. Trustee fees are also permitted party-in-interest transactions. Fees to JPMorgan Chase Bank, N.A. amounted to \$1,559 and \$1,117 in 2009 and 2008, respectively.

The Employer provides certain accounting, recordkeeping and administrative services to the Plan for which it receives no compensation.

NOTE 5 - PLAN AMENDMENTS

During 2009, the Plan Agreement was amended to comply with changes in the tax laws as required by the Internal Revenue Code. The amendments included provisions that are intended to comply with the Economic Growth Tax Relief Reconciliation Act of 2001 (EGTRRA), Internal Revenue Code Section 415 regulations, the Pension Protection Act of 2006, the Heroes Earnings Assistance and Relief Tax Act of 2008 (HEART) and the Worker, Retiree, and Employer Recovery Act of 2008 (WRERA). The Plan Agreement was also amended to merge the Plan into the Hillenbrand, Inc. Pension Plan as of December 31, 2009.

The Plan Agreement was amended in 2008 to apply a transition rule in accordance with the Pension Funding Act of 2004 and to incorporate the definition of actuarial equivalence in accordance with the Pension Protection Act of 2006.

NOTE 6 - PLAN CURTAILMENT RELATED TO PLANT CLOSURE

During the last quarter of 2005, certain Plan participants were terminated in anticipation of the closure of the Employer's plant located in Nashua, New Hampshire. At December 31, 2005, 11 participants remained in an actively employed status. These terminations resulted in a Plan curtailment. In 2006, the plant was closed and all active employees were terminated. Cessation of the accrual of benefits does not result in an acceleration of vested benefits in a defined benefit plan except to the extent assets are sufficient to fund accrued benefits if the Plan were to terminate. On a termination basis, assets were not sufficient to fund those benefits. Consequently, participants who were not fully-vested were not eligible for accelerated vesting as a result of the curtailment.

NOTE 7 - CHANGE IN PLAN SPONSOR

On April 1, 2008, Hillenbrand Industries, Inc. completed the separation of its two operating companies, Hill-Rom Company and Batesville Casket Company. Batesville Casket Company was spun out of Hillenbrand Industries, Inc. through a tax free dividend of its shares to shareholders of Hillenbrand, Inc. Hillenbrand Industries, Inc. changed its name to Hill-Rom Holdings, Inc. and Batesville Holdings, Inc., the parent of Batesville Casket Company, changed its name to Hillenbrand, Inc. Hillenbrand, Inc. became the sponsor for the Plan co-incident with the separation of the companies.

NOTE 8 - PLAN MERGER AND TERMINATION

Effective December 31, 2009, the Plan was terminated by merger into and with Hillenbrand, Inc. Pension Plan, which is also sponsored by the Plan's sponsor. As of that date, all assets, liabilities and accumulated plan benefits were transferred to the Hillenbrand, Inc. Pension Plan. Plan net assets totaling \$2,280,934 were transferred as part of the merger.

**BATESVILLE CASKET COMPANY, INC.
AND LOCAL 1460 AMALGAMATED CLOTHING
AND TEXTILE WORKERS UNION,
AFL-CIO RETIREMENT PLAN AGREEMENT**

EIN 35-0166166 PN 004

**SCHEDULE H, ITEM 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2009**

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<u>Category (i)-A single transaction in the same security in excess of 5% of the current value of plan assets</u>							
State Street Bank and Trust Company	Intermediate U.S. Government Index Fund (common collective trust fund) Sold		\$ 239,977		\$ 237,370	\$ 239,977	\$ 2,607
State Street Bank and Trust Company	Intermediate Credit Index Fund (common collective trust fund) Sold		135,675		125,242	135,675	10,433
State Street Bank and Trust Company	Intermediate Credit Index Fund (common collective trust fund) Purchased	\$ 345,837			345,837	345,837	
State Street Bank and Trust Company	Russell 3000 Index Fund (common collective trust fund) Sold		1,272,036		918,453	1,272,036	353,583
State Street Bank and Trust Company	SSgA Passive Intermediate Government Bond Fund (common collective trust fund) Sold		295,073		261,405	295,073	33,668
	Sold		345,837		306,374	345,837	39,463
JPMorgan Chase Bank, N.A.	JP Morgan 100% US Treasury Agency Shares (money market fund) Purchased	1,942,760			1,942,760	1,942,760	
	Sold		1,899,999		1,899,999	1,899,999	

**BATESVILLE CASKET COMPANY, INC.
AND LOCAL 1460 AMALGAMATED CLOTHING
AND TEXTILE WORKERS UNION,
AFL-CIO RETIREMENT PLAN AGREEMENT**

EIN 35-0166166 PN 004

**SCHEDULE H, ITEM 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)
Year Ended December 31, 2009**

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<u>Category (iii)-A series of transactions in the same security in excess of 5% of the current value of plan assets</u>							
State Street Bank and Trust Company	Intermediate Credit Index Fund (common collective trust fund) Aggregate purchased (11 transactions) Aggregate sold (4 transactions)	\$ 145,530	\$ 157,338		\$ 145,530 145,530	\$ 145,530 157,338	\$ 11,808
State Street Bank and Trust Company	Russell 3000 Index Fund (common collective trust fund) Aggregate sold (20 transactions)		1,596,818		1,203,020	1,596,818	393,798
State Street Bank and Trust Company	SSgA Passive Intermediate Government Bond Fund (common collective trust fund) Aggregate sold (17 transactions)		1,007,508		906,231	1,007,508	101,277
State Street Bank and Trust Company	Intermediate U.S. Government Index Fund (common collective trust fund) Aggregate purchased (11 transactions) Aggregate sold (4 transactions)	263,860	266,574		263,860 263,860	263,860 266,574	2,714
JPMorgan Chase Bank, N.A.	JP Morgan 100% US Treasury Agency Shares (money market fund) Aggregate purchased (24 transactions) Aggregate sold (24 transactions)	2,140,458	2,190,163		2,140,458 2,190,163	2,140,458 2,190,163	

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2009**This Form is Open to Public
Inspection**

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

▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Batesville Casket Co., Inc. & Local 1460 ACTWU RET		B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Batesville Services, Inc. Batesville Casket Company, Inc.		D Employer Identification Number (EIN) 35-0166166
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value.....		2a	2,213,682
b Actuarial value.....		2b	2,435,050
3 Funding target/participant count breakdown			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	88	1,693,518
b For terminated vested participants.....	3b	114	934,853
c For active participants:			
(1) Non-vested benefits.....	3c(1)		0
(2) Vested benefits.....	3c(2)		0
(3) Total active.....	3c(3)	0	0
d Total.....	3d	202	2,628,371
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions.....		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....		4b	
5 Effective interest rate.....		5	8.13 %
6 Target normal cost.....		6	63,000

Statement by Enrolled Actuary

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

SIGN HERE	<u>DANIEL F. MCFALL</u> <u>DFM</u>	<u>10/04/2010</u>
	Signature of actuary	Date
<u>DANIEL F. MCFALL</u>		<u>08-04341</u>
Type or print name of actuary		Most recent enrollment number
<u>HEWITT ASSOCIATES LLC</u>		<u>(847) 295-5000</u>
Firm name		Telephone number (including area code)
<u>100 HALF DAY ROAD</u>		
<u>LINCOLNSHIRE</u> <u>IL 60069-3258</u>		
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	891,741	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8)	891,741	0
10 Interest on item 9 using prior year's actual return of <u>(25.28)%</u>	(225,432)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>6.13 %</u>		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	666,309	0

Part III Funding percentages

14 Funding target attainment percentage	14	67.29 %
15 Adjusted funding target attainment percentage	15	67.29 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	98.97 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

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

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	63,000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	701,928	124,556
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	187,556
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	187,556	0
36 Additional cash requirement (item 34 minus item 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	0
38 Interest-adjusted excess contributions for current year (see instructions)	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

Schedule SB Attachment (Form 5500)—2009 Plan Year
Batesville Casket Company, Inc. and Local 1460 Amalgamated
Clothing and Textile Workers Union, AFL-CIO Retirement Plan
EIN: 35-0166166 PN: 004

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	January 1, 1972. Last amendment effective September 4, 2007.
Eligibility for Participation	Employees who are employed at the Nashua, New Hampshire location of the Company under the jurisdiction of Local 1460 Amalgamated Clothing and Textile Workers Union, who have seniority with the Employer and who are in the bargaining unit represented by the union. The plan was frozen December 31, 2005.
Normal Retirement Eligibility	End of month after attaining age 65 with 5 years of vesting service.
Monthly Benefit	Benefit service multiplied by \$13.00.
Early Retirement Eligibility	End of any month after attaining age 55 with 15 years of vesting service, with 5 or more years of benefit service credited after January 1, 1972. Effective January 1, 2005, the end of any month after attaining age 55 with 5 years of vesting service for participants who have completed at least one hour of service on or after May 26, 2005.
Monthly Benefit	Same as normal retirement but reduced 5/9 of 1% for each month retirement precedes the normal retirement date.
Disability Eligibility	Permanent incapacity after the attainment of age 55 and the completion of 15 or more years of vesting service.
Monthly Benefit	Same as normal retirement benefit, but payments prior to age 65 are reduced by any amount of insurance benefits providing sickness and accident benefits, workers compensation, or other payments paid by or at the expense of the employer (unreduced normal retirement benefits begin at age 65).

Schedule SB Attachment (Form 5500)—2009 Plan Year
Batesville Casket Company, Inc. and Local 1460 Amalgamated
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Vested Deferred Retirement

Eligibility

Termination after completion of 5 or more years of vesting service.

Monthly

Same as normal retirement benefit, deferred to age 65. The benefit may commence as early as age 55, if eligible for early retirement, reduced 5/9 of 1% per month for early commencement.

Preretirement Death Benefit

Eligibility

Married and 5 years of vesting service.

Monthly Benefit

One-half of what the deceased participant (active or terminated with deferred vested benefits) would have been paid if he had terminated at the time of death and elected a 50% joint and survivor benefit (beginning when the employee would have been 55).

Definitions

Vesting Service

One full year of vesting service is credited if at least 1,000 hours are worked in a calendar year. If less than 1,000 hours are worked, one-tenth of a year is credited for each 200 hours worked.

Benefit Service

One full year of benefit service is credited if at least 2,000 hours are worked in a calendar year. If less than 2,000 hours are worked, one-tenth of a year is credited for each 200 hours worked. Credited Service was frozen as of December 31, 2005.

Normal Form

Life annuity with a 36-month payment guarantee or an actuarially equivalent 50% joint and survivor annuity if the participant has been married for at least one year at the date of retirement.

Actuarial Equivalence

An amount having equal value when computed on the basis of an interest rate of 7% compounded annually and the UP 1984 Table of Non-Insured Pension Mortality with ages set back three years.

Optional Forms of Payment

Single life annuity; three-year and ten-year certain and life annuity; 100%, 75%, 66-2/3%, and 50% joint and survivor annuity.

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Changes in Plan Provisions Since the Prior Year

There were no plan changes reflected in the funding valuation.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

The target liability was calculated using the full yield curve based on corporate bonds rates for October. As such, "2" was entered on line 21b as the applicable lookback month.

Schedule SB Attachment (Form 5500)—2009 Plan Year
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Schedule SB, line 22—Description of Weighted Average Retirement Age

All terminated vested participants are assumed to retire at age 65.

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

Interest Rates	Based on the full Yield Curve with a two month lookback (October 2008 yield curve), with sample rates as follows: Duration 0.5–5.45% Duration 5.5–8.25% Duration 10.5–8.87% Duration 15.5–8.65% Duration 20.5–8.11% Duration 25.5–7.71% Duration 30.5–7.46%
Optional Payment Form Election Percentage	100% elect the normal form of payment of a life annuity with a 36-month payment guarantee.
Optional Payment Form Conversion Interest Rate	N/A.
Optional Payment Form Conversion Mortality	N/A.
Retirement Age Active Participants Terminated Vested Participants	N/A. Age 65.
Mortality Rates Healthy and Disabled	2009 Static Mortality Table for Annuitants and Non- Annuitants Per Section 1.430(h)(3)-1(e).
Withdrawal Rates	N/A.
Disability Rates	N/A.
Surviving Spouse Benefit	It is assumed that 85% of males and 55% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$195,000.

Schedule SB Attachment (Form 5500)—2009 Plan Year
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Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC Section 430(h)(2)(C)(iii).

Trust Expenses Included in Target Normal Cost

\$63,000. Based on prior year's administrative and investment expenses, excluding PBGC Premiums plus an estimate of the current year's PBGC premiums, rounded to the nearest \$1,000.

Expected Return on Assets

2007 Plan Year

6.09%

2008 Plan Year

6.43%

Actuarial Method

Standard Unit Credit Cost Method.

Valuation Date

January 1, 2009.

Schedule SB Attachment (Form 5500)—2009 Plan Year
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Schedule SB, line 25—Change in Funding Method

The funding valuation reflects the following method changes:

- A change in the asset valuation method from a three-month (four-point) average value method to a two-year (three-point) smoothed value method as of January 1, 2009.
- A change in the interest rate assumption to the full yield curve with a two-month lookback (October 2008 full yield curve).
- An addition to the Target Normal Cost of assumed expenses payable from the trust, as required by WRERA.

These changes have automatic approval under final regulations, Notice 2009-22 or other IRS guidance.

Schedule SB Attachment (Form 5500)—2009 Plan Year
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Schedule SB, line 32—Schedule of Amortization Bases

Type Of Base	Present Value of Installments	Valuation Date Established	Remaining Years in Amortization Period	Amortization Amount
Shortfall	\$701,928	January 1, 2009	7	\$124,556

**BATESVILLE CASKET COMPANY, INC.
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**SCHEDULE H, ITEM 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2009**

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<u>Category (i)-A single transaction in the same security in excess of 5% of the current value of plan assets</u>							
State Street Bank and Trust Company	Intermediate U.S. Government Index Fund (common collective trust fund) Sold		\$ 239,977		\$ 237,370	\$ 239,977	\$ 2,607
State Street Bank and Trust Company	Intermediate Credit Index Fund (common collective trust fund) Sold		135,675		125,242	135,675	10,433
State Street Bank and Trust Company	Intermediate Credit Index Fund (common collective trust fund) Purchased	\$ 345,837			345,837	345,837	
State Street Bank and Trust Company	Russell 3000 Index Fund (common collective trust fund) Sold		1,272,036		918,453	1,272,036	353,583
State Street Bank and Trust Company	SSgA Passive Intermediate Government Bond Fund (common collective trust fund) Sold		295,073		261,405	295,073	33,668
	Sold		345,837		306,374	345,837	39,463
JPMorgan Chase Bank, N.A.	JP Morgan 100% US Treasury Agency Shares (money market fund) Purchased	1,942,760			1,942,760	1,942,760	
	Sold		1,899,999		1,899,999	1,899,999	Ba

**BATESVILLE CASKET COMPANY, INC.
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**SCHEDULE H, ITEM 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)
Year Ended December 31, 2009**

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<u>Category (iii)-A series of transactions in the same security in excess of 5% of the current value of plan assets</u>							
State Street Bank and Trust Company	Intermediate Credit Index Fund (common collective trust fund) Aggregate purchased (11 transactions) Aggregate sold (4 transactions)	\$ 145,530	\$ 157,338		\$ 145,530 145,530	\$ 145,530 157,338	\$ 11,808
State Street Bank and Trust Company	Russell 3000 Index Fund (common collective trust fund) Aggregate sold (20 transactions)		1,596,818		1,203,020	1,596,818	393,798
State Street Bank and Trust Company	SSgA Passive Intermediate Government Bond Fund (common collective trust fund) Aggregate sold (17 transactions)		1,007,508		906,231	1,007,508	101,277
State Street Bank and Trust Company	Intermediate U.S. Government Index Fund (common collective trust fund) Aggregate purchased (11 transactions) Aggregate sold (4 transactions)	263,860	266,574		263,860 263,860	263,860 266,574	2,714
JPMorgan Chase Bank, N.A.	JP Morgan 100% US Treasury Agency Shares (money market fund) Aggregate purchased (24 transactions) Aggregate sold (24 transactions)	2,140,458	2,190,163		2,140,458 2,190,163	2,140,458 2,190,163	