

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 01/01/2009 and ending 12/31/2009			
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 DEFINED CONTRIBUTION RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES OF ONEIDA	1b Three-digit plan number (PN) ▶	271	
	1c Effective date of plan	01/07/2002	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) HBD INDUSTRIES, INC. 5200 UPPER METRO PLACE SUITE 110 DUBLIN, OH 43017	2b Employer Identification Number (EIN)	25-1555749	
	2c Sponsor's telephone number	614-526-7000	
	2d Business code (see instructions)	332110	
5200 UPPER METRO PLACE SUITE 110 DUBLIN, OH 43017			

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.	10/13/2010	DAVID MILLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2010	MARK DYLL
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") HBD INDUSTRIES, INC. 5200 UPPER METRO PLACE SUITE 110 DUBLIN, OH 43017	3b Administrator's EIN 25-1555749 3c Administrator's telephone number 614-526-7000
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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	160
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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	50
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	10
d Subtotal. Add lines 6a , 6b , and 6c	6d	60
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	60
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	60
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	2

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:
 2J 2E

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

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

<div>A Name of plan</div> <div>DEFINED CONTRIBUTION RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES OF ONEIDA</div>	<div>B Three-digit plan number (PN)</div> <div>▶ 271</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>HBD INDUSTRIES, INC.</div>	<div>D Employer Identification Number (EIN)</div> <div>25-1555749</div>

Part I

Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

PRUDENTIAL

22-1211670

(b) Enter name and EIN or address of person who provided you disclosure 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)

PRUDENTIAL

22-1211670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37	CONTRACT ADMINISTRATOR	1335	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

LINSCO PRIVATE LEDGER CORP

95-2834236

(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?
33	BROKER	0	Yes ☒ No ☐	Yes ☐ No ☒	1930	Yes ☐ No ☒

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

PRUDENTIAL INVESTMENT MANAGEMENT

13-4122960

(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?
63 28	INVESTMENT MANAGEMENT	0	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 ☐

(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
PRUDENTIAL	13 37	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PRUDENTIAL 22-1211670	5.000 TO 60.000 BPS / \$12 TO \$16 PER PARTICIPANT FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PRUDENTIAL INVESTMENT MANAGEMENT	63 28	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PRUDENTIAL INVESTMENT MANAGEMENT 13-4122960	15.000 TO 50.000 BPS FOR 12B-1 DISTRIBUTION FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LINSCO PRIVATE LEDGER CORP	33	1930
(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.	
LINSCO PRIVATE LEDGER CORP 95-2834236	COMMISSIONS	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009					
A Name of plan DEFINED CONTRIBUTION RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES OF ONEIDA				B Three-digit plan number (PN) ▶ 271	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 HBD INDUSTRIES, INC.				D Employer Identification Number (EIN) 25-1555749	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: STABLE VALUE FUND					
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, NA - MINN.					
c EIN-PN 52-2250941-000		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1150556	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
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	

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

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 <u>01/01/2009</u> and ending <u>12/31/2009</u>	
A Name of plan <u>DEFINED CONTRIBUTION RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES OF ONEIDA</u>	B Three-digit plan number (PN) <u>271</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HBD INDUSTRIES, INC.</u>	D Employer Identification Number (EIN) <u>25-1555749</u>

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	8744	6988
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	33022	34177
(9) Value of interest in common/collective trusts.....	1c(9)	1146205	1150556
(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)	498763	475391
(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	1686734	1667112

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1686734	1667112
---	-----------	---------	---------

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)	23707	
(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)		23707
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	2291	
(F) Other	2b(1)(F)	10514	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		12805
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(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)		

		(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)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		31808
(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)		82358
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		150678

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	168914	
(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)		168914
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)	1386	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1386
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		170300

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-19622
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: REA & ASSOCIATES, INC.

(2) EIN: 34-1310124

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		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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>DEFINED CONTRIBUTION RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES OF ONEIDA</u>	B Three-digit plan number (PN) ▶ <u>271</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HBD INDUSTRIES, INC.</u>	D Employer Identification Number (EIN) <u>25-1555749</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>22-1211670</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>22</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

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)

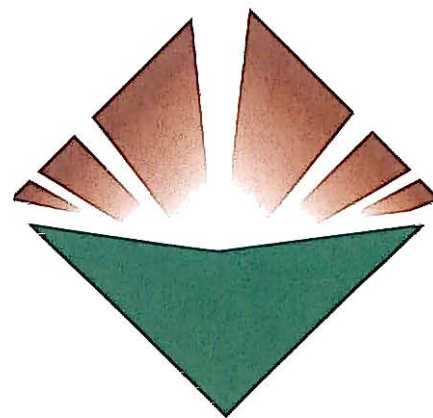
a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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): _____

HBD Industries, Inc.
Defined Contribution Retirement Plan
for Bargaining Unit Employees –
Oneida Operations
Audited Financial Statements

December 31, 2009 and 2008



Rea & Associates, Inc.

ACCOUNTANTS AND BUSINESS CONSULTANTS

Focused on Your Future.

CONTENTS

PAGE

Independent Auditors' Report.....	1
Statements of Net Assets Available for Plan Benefits	2
Statement of Changes in Net Assets Available for Plan Benefits	3
Notes to the Financial Statements	4-9
Supplemental Schedule:	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	10



Rea & Associates, Inc.

ACCOUNTANTS AND BUSINESS CONSULTANTS

Focused on Your Future.

August 11, 2010

Pension Committee
HBD Industries Inc. Defined Contribution Retirement Plan
for Bargaining Unit Employees - Oneida Operations
Dublin, Ohio

INDEPENDENT AUDITORS' REPORT

We were engaged to audit the financial statements and supplemental schedule of the HBD Industries, Inc. Defined Contribution Retirement Plan for Bargaining Unit Employees - Oneida Operations as of December 31, 2009 and 2008 and for the year ended December 31, 2009, as listed in the accompanying contents page. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by The Prudential Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2009 and 2008 and for the year ended December 31, 2009, that the 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 supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Rea & Associates, Inc.

Rea & Associates, Inc.

HBD INDUSTRIES, INC. DEFINED CONTRIBUTION RETIREMENT PLAN
 - FOR BARGAINING UNIT EMPLOYEES - ONEIDA OPERATIONS

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
 AS OF DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
ASSETS:		
INVESTMENTS, at fair value:		
Mutual funds	\$ 475,391	\$ 498,763
Common collective trust	1,152,857	1,087,749
Participant loans	34,177	33,022
Total investments	<u>1,662,425</u>	<u>1,619,534</u>
CONTRIBUTIONS RECEIVABLE:		
Employer contribution	6,988	8,744
Adjustment from fair value to contract value for common collective trust	<u>(2,301)</u>	<u>58,456</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS	<u>\$ 1,667,112</u>	<u>\$ 1,686,734</u>

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

HBD INDUSTRIES, INC. DEFINED CONTRIBUTION RETIREMENT PLAN
FOR BARGAINING UNIT EMPLOYEES - ONEIDA OPERATIONS

STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR PLAN BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2009

ADDITIONS TO NET ASSETS:

Contributions:

Employer	\$ 23,707
Total contributions	<u>23,707</u>

Investment income:

Net appreciation in fair value of mutual funds	82,358
Investment income from common collective trust	31,808
Interest and dividends	10,514
Interest earned on participant loans	<u>2,291</u>
Total investment income	126,971

TOTAL ADDITIONS	150,678
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DEDUCTIONS FROM NET ASSETS:

Benefits paid to participants	168,914
Administrative expenses	<u>1,386</u>

TOTAL DEDUCTIONS	<u>170,300</u>
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NET DECREASE IN NET ASSETS AVAILABLE FOR PLAN BENEFITS	(19,622)
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NET ASSETS AVAILABLE FOR PLAN BENEFITS - DECEMBER 31, 2008	<u>1,686,734</u>
--	------------------

NET ASSETS AVAILABLE FOR PLAN BENEFITS - DECEMBER 31, 2009	<u><u>\$ 1,667,112</u></u>
--	----------------------------

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

HBD INDUSTRIES, INC. DEFINED CONTRIBUTION
RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES -
ONEIDA OPERATIONS

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1: DESCRIPTION OF PLAN

The following description of HBD Industries, Inc. Defined Contribution Retirement Plan for Bargaining Unit Employees - Oneida Operations (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution profit sharing plan covering substantially all hourly paid production or maintenance employees of the Oneida, Tennessee Plant of HBD Industries, Inc. (the "Company"). This plan covers certain employees who were formerly participants in the HBD Industries, Inc. Profit Sharing, Salary Redirection and Savings Plan for Certain Non-Bargaining Unit Employees (Prior Plan). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Contributions to the Plan are made by the Company. For each fiscal quarter, the Company makes a basic contribution to the Plan in an amount equal to 2% of the base compensation paid to eligible employees. In order to receive a quarterly base contribution, the employee must be employed at both the beginning and end of the calendar quarter. The Company may also contribute additional discretionary amounts. During 2009, the Company did not make any additional discretionary contributions.

Participant Accounts

Each participant's account is credited with the allocations of (a) the Company's contribution, (b) the Plan's earnings, and (c) forfeitures of terminated participants' non-vested accounts. Allocations are based on participant compensation, contributions or account balances, as defined. The benefit to which a participant is entitled is the vested benefit that can be provided from the participant's account. Participants direct the investment of their account balance into various investment options offered by the Plan.

Loan Provisions

The Plan allows participants to apply for and obtain loans, limited to 50% of the participant's vested account balance not to exceed \$50,000, from the vested balance of the participant's account. All loans must be repaid within five years unless the loan is used to finance the participant's primary residence, in which case, the term of the loan is not to exceed ten years. Interest is charged at a rate equal to the prime rate plus 2%. Payments of principal and interest are credited to the participant's account.

HBD INDUSTRIES, INC. DEFINED CONTRIBUTION
RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES -
ONEIDA OPERATIONS

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1: DESCRIPTION OF PLAN (Continued)

Vesting

Participants become vested in the Company's basic contribution in accordance with the following schedule:

<u>Years of Service</u>	<u>Vested Interest</u>
Less than 3 years	0%
3 years or more	100%

Payment of Benefits

Upon termination of service, a participant may elect to receive the value of the vested portion of their account as a lump-sum payment. A participant becomes fully vested in their account balance upon retirement, death, or disability.

Forfeited Accounts

As December 31, 2009 and 2008, unallocated forfeited accounts totaled \$17,992 and \$10,261, respectively. Forfeited amounts are to be used to reduce plan expenses. No forfeitures were used for the year ending December 31, 2009.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The principles and policies which significantly affect the determination of net assets available for plan benefits and results of operations are summarized below.

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

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

HBD INDUSTRIES, INC. DEFINED CONTRIBUTION
RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES -
ONEIDA OPERATIONS

NOTES TO THE FINANCIAL STATEMENTS

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Risks and Uncertainties

The Plan provides for various investment options in mutual funds and a common collective fund. The underlying investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the inherent 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 the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for plan benefits and participant's individual account balances.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Payment of Benefits

Benefits are recorded when paid.

Payment of Plan Expenses

Certain plan administrative costs have been paid by the Company.

Subsequent Events

Subsequent events have been evaluated through August 11, 2010, which is the date the financial statements were available to be issued.

NOTE 3: INFORMATION SUPPLIED BY TRUSTEE

All information included in the accompanying financial statements, except information concerning employer contributions and contributions receivable, and benefits paid to participants, and administrative expenses is unaudited and has been prepared by or summarized from reports prepared by the trustee and furnished to the plan administrator. The plan administrator has obtained certification from the trustee that such information is complete and accurate.

HBD INDUSTRIES, INC. DEFINED CONTRIBUTION
RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES -
ONEIDA OPERATIONS

NOTES TO THE FINANCIAL STATEMENTS

NOTE 4: INVESTMENTS

The following investments represent 5% or more of the Plan's net assets at December 31:

	2009	2008
Prudential Stable Value Fund	\$ 1,150,566	\$ 1,146,205
Van Kampen Equity Income Fund	117,847	118,293
Delaware Diversified Income A Fund	103,882	85,972
Growth Fund of America	91,176	124,364
Prudential Dryden Stock Index Fund	90,730	109,733

NOTE 5: FAIR VALUE MEASUREMENTS

Generally accepted accounting principles include a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

- Level 1 – quoted prices in active markets for identical assets.
- Level 2 – other significant inputs (including quoted prices of similar securities, interest rates, prepayment speeds, credit risk, etc.)
- Level 3 – significant unobservable inputs (which may include the Plan's own assumptions in determining the fair value of investments).

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

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

Mutual funds: Valued at the net asset value ("NAV") of shares held by the plan at year end.

Common collective trust: Valued at unit price as determined by the custodian at year end.

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

HBD INDUSTRIES, INC. DEFINED CONTRIBUTION
RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES -
ONEIDA OPERATIONS

NOTES TO THE FINANCIAL STATEMENTS

NOTE 5: FAIR VALUE MEASUREMENTS (Continued)

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

Description	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 475,391	\$ -	\$ -	\$ 475,391
Common collective trust	-	1,152,857	-	1,152,857
Participant loans	-	-	34,177	34,177
	<u>\$ 475,391</u>	<u>\$ 1,152,857</u>	<u>\$ 34,177</u>	<u>\$ 1,662,425</u>

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

Description	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 498,763	\$ -	\$ -	\$ 498,763
Common collective trust	-	1,087,749	-	1,087,749
Participant loans	-	-	33,022	33,022
	<u>\$ 498,763</u>	<u>\$ 1,087,749</u>	<u>\$ 33,022</u>	<u>\$ 1,619,534</u>

The table below is a reconciliation of the Plan's Level 3 assets for the year ended December 31, 2009:

	Participant Loans
Balance, beginning of the year	\$ 33,022
Purchases, sales, issuances, and settlements, net	1,155
Balance, end of the year	<u>\$ 34,177</u>

NOTE 6: PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan subject to the provisions of ERISA. In the event of a plan termination, participants will become fully vested in their accounts.

HBD INDUSTRIES, INC. DEFINED CONTRIBUTION
RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES -
ONEIDA OPERATIONS

NOTES TO THE FINANCIAL STATEMENTS

NOTE 7: INCOME TAX STATUS

The Internal Revenue Service has determined and informed the company by a letter dated April 23, 2003, that the plan is qualified and the trust established under the plan is tax-exempt, under the appropriate sections of the code. The plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and has no income subject to unrelated business income tax. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 8: PARTIES-IN-INTEREST

Parties-in-interest are defined under Department of Labor Regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer and certain others. At December 31, 2009 and 2008, the Plan invested \$1,241,286 and \$1,255,938, respectively, in mutual funds and a common collective fund managed by The Prudential Trust, the trustee of the Plan, and as such, these investments qualify as party-in-interest investments. During 2009, the Plan paid administrative fees of \$1,386 to Prudential. Additionally, at December 31, 2009 and 2008, the Plan held party-in-interest investments of \$34,177 and \$33,022, respectively, in the form of participant loans.

HBD INDUSTRIES, INC. DEFINED CONTRIBUTION RETIREMENT PLAN
FOR BARGAINING UNIT EMPLOYEES - ONEIDA OPERATIONS

FORM 5500, SCHEDULE H, PART IV, LINE 4i,
SCHEDULE OF ASSETS HELD FOR INVESTMENT
PURPOSES AT END OF YEAR
AS OF DECEMBER 31, 2009

EFN: 25-1555749
Plan Number: 271

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
* Prudential Financial		Stable Value Fund	**	\$ 1,150,556
Van Kampen Investments		Van Kampen Equity Income Fund	**	117,847
Delaware Funds		Delaware Diversified Income A Fund	**	103,882
American Funds		American Funds Growth Fund of America	**	91,176
* Prudential Financial		Dryden Stock Index Fund	**	90,730
Davis Funds		Davis New York Venture Fund	**	24,128
Goldman Sachs		Goldman Sachs Mid Cap Value A Fund	**	18,857
American Funds		American Funds Euro Pacific Growth Fund	**	18,362
Fidelity Investments		Fidelity Advisor Small Cap A Fund	**	8,406
Loomis Sayles		Loomis Sayles Bond Fund	**	2,003
* Participant loan		5.25% to 10.25%	**	34,177
				<u>\$ 1,660,124</u>

* - Denotes party in interest

** - Investment is participant directed, therefore historical cost is not required.

Note: This schedule is based upon information which has been certified as complete and accurate by The Prudential Trust Company, the trustee of the Plan.

See accompanying independent auditors' report.

Schedule of Assets Held

This report reflects all assets in the plan as of the end of the plan year by investment.

[Back to Plan Year Report Index](#)

RUN DATE: 01/29/10
CYCLE: 1003YEI
PLAN NBR: 330359

PLAN NAME: HBD INDUSTRIES, INC. DEFINED

PLAN SPONSOR EIN: 251555749

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES FOR PLAN YEAR 2009

IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE	COST	CURRENT VALUE
PRUDENTIAL MUTUAL FUNDS	GOLD SACHS MID CAP VAL A	22,348	18,857
PRUDENTIAL MUTUAL FUNDS	LOOMIS SAYLES BOND FD ADM	1,826	2,003
PRUDENTIAL MUTUAL FUNDS	DAVIS NY VENTURE FUND A	25,141	24,128
PRUDENTIAL MUTUAL FUNDS	DRYDEN STOCK INDEX FUND Z	93,072	90,730
PRUDENTIAL MUTUAL FUNDS	EURO PACIFIC GROWTH FUND	20,358	18,362
PRUDENTIAL MUTUAL FUNDS	FIDELITY ADV SMALL CAP A	8,853	8,406
PRUDENTIAL MUTUAL FUNDS	DELAWARE DIVERS INCO A	98,312	103,882
PRUDENTIAL MUTUAL FUNDS	VAN KAMP EQUITY INCO A	117,137	117,847
PRUDENTIAL MUTUAL FUNDS	GROWTH FUND OF AMERICA	97,682	91,177
WELLS FARGO BANK MINNESOTA, N. A.	FRU STABLE VALUE FD 65	923,737	1,150,556
PARTICIPANT LOANS	5.25% - 10.25%	0	34,177

HBD INDUSTRIES, INC. DEFINED	2
CONTRIBUTION PLAN FOR ONEIDA	2
GOLD SACHS MID CAP VAL A	1

REPORT PERIOD: 01/01/2009 THROUGH 12/31/2009	1
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SHARES/UNITS	1
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BEGINNING OF PERIOD BALANCE	\$15,156.42	687.0549
GROSS CONTRIBUTIONS - EMPLOYER	365.53	
GROSS CONTRIBUTIONS - EMPLOYEE	0.00	
NET EXCHANGES	-554.67	
GROSS DISBURSEMENTS	-329.83	
TRANSFERS TO ALTERNATE FUNDING AGENCIES	-480.39	
MISCELLANEOUS TRANSACTIONS (NET)	331.04	
PARTICIPANT FORFEITURES	-674.78	
FORFEITURE ACCOUNT ACTIVITY (NET)	0.00	
FORFEITURE ACCOUNT CREDITS	343.74	
FORFEITURE ACCOUNT DEBITS	-343.74	
LOAN REPAYMENTS - INTEREST	0.00	
LOAN FEES	-3.55	
DIVIDEND EARNINGS	183.58	
DIVIDEND EARNINGS MUTUAL FUND	183.58	
NET APPR/(DEPR) IN FAIR VALUE OF INVESTMENTS	4,863.90	
END OF PERIOD BALANCE	\$18,857.25	650.6993

PRUDENTIAL TRUST COMPANY HEREBY CERTIFIES THAT THE FOREGOING
STATEMENT FURNISHED PURSUANT TO 29 CFR 2520.103-5(C) (CERTIFICATION) AND
29 CFR 2520.103-8 (LIMITATION ON SCOPE) IS COMPLETE AND ACCURATE.

PLAN-330359 GA-007725

HBD INDUSTRIES, INC. DEFINED	2
CONTRIBUTION PLAN FOR ONEIDA	2
LOOMIS SAYLES BOND FD ADM	1

REPORT PERIOD: 01/01/2009 THROUGH 12/31/2009	1
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		SHARES/UNITS	1
BEGINNING OF PERIOD BALANCE	\$.00	.0000	
GROSS CONTRIBUTIONS - EMPLOYER	0.00		
GROSS CONTRIBUTIONS - EMPLOYEE	0.00		
NET EXCHANGES	2,000.00		
GROSS DISBURSEMENTS	0.00		
TRANSFERS TO ALTERNATE FUNDING AGENCIES	-237.70		
MISCELLANEOUS TRANSACTIONS (NET)	0.00		
PARTICIPANT FORFEITURES	0.00		
LOAN REPAYMENTS - INTEREST	0.00		
LOAN FEES	-0.67		
DIVIDEND EARNINGS	48.83		
DIVIDEND EARNINGS MUTUAL FUND	48.83		
NET APPR/(DEPR) IN FAIR VALUE OF INVESTMENTS	192.59		
END OF PERIOD BALANCE	\$2,003.05	151.0588	

PRUDENTIAL TRUST COMPANY HEREBY CERTIFIES THAT THE FOREGOING
STATEMENT FURNISHED PURSUANT TO 29 CFR 2520.103-5(C) (CERTIFICATION) AND
29 CFR 2520.103-8 (LIMITATION ON SCOPE) IS COMPLETE AND ACCURATE.

PLAN-330359 GA-007725

HBD INDUSTRIES, INC. DEFINED	2
CONTRIBUTION PLAN FOR ONEIDA	2
DAVIS NY VENTURE FUND A	1

REPORT PERIOD: 01/01/2009 THROUGH 12/31/2009	1
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		SHARES/UNITS	1
BEGINNING OF PERIOD BALANCE	\$20,955.33	887.1855	
GROSS CONTRIBUTIONS - EMPLOYER	318.06		
GROSS CONTRIBUTIONS - EMPLOYEE	0.00		
NET EXCHANGES	-2,298.69		
GROSS DISBURSEMENTS	-787.92		
TRANSFERS TO ALTERNATE FUNDING AGENCIES	0.00		
MISCELLANEOUS TRANSACTIONS (NET)	746.18		
PARTICIPANT FORFEITURES	-1,513.60		
FORFEITURE ACCOUNT ACTIVITY (NET)	0.00		
FORFEITURE ACCOUNT CREDITS	767.42		
FORFEITURE ACCOUNT DEBITS	-767.42		
LOAN REPAYMENTS - INTEREST	0.00		
LOAN FEES	0.00		
DIVIDEND EARNINGS	167.01		
DIVIDEND EARNINGS MUTUAL FUND	167.01		
NET APPR/(DEPR) IN FAIR VALUE OF INVESTMENTS	6,541.80		
END OF PERIOD BALANCE	\$24,128.17	778.8305	

PRUDENTIAL TRUST COMPANY HEREBY CERTIFIES THAT THE FOREGOING
STATEMENT FURNISHED PURSUANT TO 29 CFR 2520.103-5(C) (CERTIFICATION) AND
29 CFR 2520.103-8 (LIMITATION ON SCOPE) IS COMPLETE AND ACCURATE.

PLAN-330359 GA-007725

HBD INDUSTRIES, INC. DEFINED	2
CONTRIBUTION PLAN FOR ONEIDA	2
DRYDEN STOCK INDEX FUND Z	1

REPORT PERIOD: 01/01/2009 THROUGH 12/31/2009	1
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		SHARES/UNITS	1
BEGINNING OF PERIOD BALANCE	\$109,732.85	5,550.4747	
GROSS CONTRIBUTIONS - EMPLOYER	2,024.15		
GROSS CONTRIBUTIONS - EMPLOYEE	0.00		
NET EXCHANGES	-32,795.45		
GROSS DISBURSEMENTS	-531.63		
TRANSFERS TO ALTERNATE FUNDING AGENCIES	-1,471.06		
MISCELLANEOUS TRANSACTIONS (NET)	24.27		
PARTICIPANT FORFEITURES	-48.54		
FORFEITURE ACCOUNT ACTIVITY (NET)	0.00		
FORFEITURE ACCOUNT CREDITS	24.27		
FORFEITURE ACCOUNT DEBITS	-24.27		
LOAN INITIATIONS	-1,477.24		
LOAN REPAYMENTS - PRINCIPAL	1,297.13		
LOAN REPAYMENTS - INTEREST	237.88		
LOAN FEES	-155.15		
DIVIDEND EARNINGS	1,670.65		
DIVIDEND EARNINGS MUTUAL FUND	1,670.65		
NET APPR/(DEPR) IN FAIR VALUE OF INVESTMENTS	12,222.20		
END OF PERIOD BALANCE	\$90,730.06	3,703.2683	

PRUDENTIAL TRUST COMPANY HEREBY CERTIFIES THAT THE FOREGOING
STATEMENT FURNISHED PURSUANT TO 29 CFR 2520.103-5(C) (CERTIFICATION) AND
29 CFR 2520.103-8 (LIMITATION ON SCOPE) IS COMPLETE AND ACCURATE.

PLAN-330359 GA-007725

HBD INDUSTRIES, INC. DEFINED	2
CONTRIBUTION PLAN FOR ONEIDA	2
EURO PACIFIC GROWTH FUND	1

REPORT PERIOD: 01/01/2009 THROUGH 12/31/2009	1
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		SHARES/UNITS	1
BEGINNING OF PERIOD BALANCE	\$17,150.60	612.3032	
GROSS CONTRIBUTIONS - EMPLOYER	228.15		
GROSS CONTRIBUTIONS - EMPLOYEE	0.00		
NET EXCHANGES	-4,012.94		
GROSS DISBURSEMENTS	-549.31		
TRANSFERS TO ALTERNATE FUNDING AGENCIES	-104.91		
MISCELLANEOUS TRANSACTIONS (NET)	526.95		
PARTICIPANT FORFEITURES	-1,075.16		
FORFEITURE ACCOUNT ACTIVITY (NET)	0.00		
FORFEITURE ACCOUNT CREDITS	548.21		
FORFEITURE ACCOUNT DEBITS	-548.21		
LOAN REPAYMENTS - INTEREST	0.00		
LOAN FEES	-1.68		
DIVIDEND EARNINGS	291.89		
DIVIDEND EARNINGS MUTUAL FUND	291.89		
NET APPR/(DEPR) IN FAIR VALUE OF INVESTMENTS	5,908.20		
END OF PERIOD BALANCE	\$18,361.79	478.9199	

PRUDENTIAL TRUST COMPANY HEREBY CERTIFIES THAT THE FOREGOING
STATEMENT FURNISHED PURSUANT TO 29 CFR 2520.103-5(C) (CERTIFICATION) AND
29 CFR 2520.103-8 (LIMITATION ON SCOPE) IS COMPLETE AND ACCURATE.

PLAN-330359 GA-007725

HBD INDUSTRIES, INC. DEFINED	2
CONTRIBUTION PLAN FOR ONEIDA	2
FIDELITY ADV SMALL CAP A	1

REPORT PERIOD: 01/01/2009 THROUGH 12/31/2009	1
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		SHARES/UNITS	1
BEGINNING OF PERIOD BALANCE	\$7,138.86	414.0870	
GROSS CONTRIBUTIONS - EMPLOYER	120.38		
GROSS CONTRIBUTIONS - EMPLOYEE	0.00		
NET EXCHANGES	-187.37		
GROSS DISBURSEMENTS	-317.76		
TRANSFERS TO ALTERNATE FUNDING AGENCIES	0.00		
MISCELLANEOUS TRANSACTIONS (NET)	305.59		
PARTICIPANT FORFEITURES	-620.23		
FORFEITURE ACCOUNT ACTIVITY (NET)	0.00		
FORFEITURE ACCOUNT CREDITS	314.64		
FORFEITURE ACCOUNT DEBITS	-314.64		
LOAN REPAYMENTS - INTEREST	0.00		
LOAN FEES	0.00		
NET APPR/(DEPR) IN FAIR VALUE OF INVESTMENTS	1,966.42		
END OF PERIOD BALANCE	\$8,405.89	380.8731	

PRUDENTIAL TRUST COMPANY HEREBY CERTIFIES THAT THE FOREGOING
STATEMENT FURNISHED PURSUANT TO 29 CFR 2520.103-5(C) (CERTIFICATION) AND
29 CFR 2520.103-8 (LIMITATION ON SCOPE) IS COMPLETE AND ACCURATE.

PLAN-330359 GA-007725

HBD INDUSTRIES, INC. DEFINED	2
CONTRIBUTION PLAN FOR ONEIDA	2
DELAWARE DIVERS INCO A	1

REPORT PERIOD: 01/01/2009 THROUGH 12/31/2009	1
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		SHARES/UNITS	1
BEGINNING OF PERIOD BALANCE	\$85,971.68	10,855.0116	
GROSS CONTRIBUTIONS - EMPLOYER	1,010.93		
GROSS CONTRIBUTIONS - EMPLOYEE	0.00		
NET EXCHANGES	-661.95		
GROSS DISBURSEMENTS	-311.44		
TRANSFERS TO ALTERNATE FUNDING AGENCIES	-2,622.77		
MISCELLANEOUS TRANSACTIONS (NET)	567.11		
PARTICIPANT FORFEITURES	-1,149.47		
FORFEITURE ACCOUNT ACTIVITY (NET)	0.00		
FORFEITURE ACCOUNT CREDITS	582.36		
FORFEITURE ACCOUNT DEBITS	-582.36		
LOAN REPAYMENTS - INTEREST	0.00		
LOAN FEES	0.00		
DIVIDEND EARNINGS	5,239.67		
DIVIDEND EARNINGS MUTUAL FUND	5,239.67		
CAPITAL GAINS	748.71		
NET APPR/(DEPR) IN FAIR VALUE OF INVESTMENTS	15,089.59		
END OF PERIOD BALANCE	\$103,882.06	11,146.1462	

PRUDENTIAL TRUST COMPANY HEREBY CERTIFIES THAT THE FOREGOING
STATEMENT FURNISHED PURSUANT TO 29 CFR 2520.103-5(C) (CERTIFICATION) AND
29 CFR 2520.103-8 (LIMITATION ON SCOPE) IS COMPLETE AND ACCURATE.

PLAN-330359 GA-007725

HBD INDUSTRIES, INC. DEFINED	2
CONTRIBUTION PLAN FOR ONEIDA	2
VAN KAMP EQUITY INCO A	1

REPORT PERIOD: 01/01/2009 THROUGH 12/31/2009	1
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		SHARES/UNITS	1
BEGINNING OF PERIOD BALANCE	\$118,293.22	18,340.0332	
GROSS CONTRIBUTIONS - EMPLOYER	2,257.48		
GROSS CONTRIBUTIONS - EMPLOYEE	0.00		
NET EXCHANGES	-18,366.09		
GROSS DISBURSEMENTS	-701.29		
TRANSFERS TO ALTERNATE FUNDING AGENCIES	-1,892.57		
MISCELLANEOUS TRANSACTIONS (NET)	48.55		
PARTICIPANT FORFEITURES	-97.10		
FORFEITURE ACCOUNT ACTIVITY (NET)	0.00		
FORFEITURE ACCOUNT CREDITS	48.55		
FORFEITURE ACCOUNT DEBITS	-48.55		
LOAN INITIATIONS	-1,236.83		
LOAN REPAYMENTS - PRINCIPAL	447.47		
LOAN REPAYMENTS - INTEREST	44.67		
LOAN FEES	-41.49		
DIVIDEND EARNINGS	2,211.07		
DIVIDEND EARNINGS MUTUAL FUND	2,211.07		
NET APPR/(DEPR) IN FAIR VALUE OF INVESTMENTS	16,879.53		
END OF PERIOD BALANCE	\$117,846.62	15,127.9384	

PRUDENTIAL TRUST COMPANY HEREBY CERTIFIES THAT THE FOREGOING
STATEMENT FURNISHED PURSUANT TO 29 CFR 2520.103-5(C) (CERTIFICATION) AND
29 CFR 2520.103-8 (LIMITATION ON SCOPE) IS COMPLETE AND ACCURATE.

PLAN-330359 GA-007725

HBD INDUSTRIES, INC. DEFINED	2
CONTRIBUTION PLAN FOR ONEIDA	2
GROWTH FUND OF AMERICA	1

REPORT PERIOD: 01/01/2009 THROUGH 12/31/2009	1
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SHARES/UNITS	1
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BEGINNING OF PERIOD BALANCE	\$124,364.42	6,072.4817
GROSS CONTRIBUTIONS - EMPLOYER	2,893.01	
GROSS CONTRIBUTIONS - EMPLOYEE	0.00	
NET EXCHANGES	-45,839.47	
GROSS DISBURSEMENTS	-6,255.63	
TRANSFERS TO ALTERNATE FUNDING AGENCIES	-557.49	
MISCELLANEOUS TRANSACTIONS (NET)	890.29	
PARTICIPANT FORFEITURES	-1,672.18	
FORFEITURE ACCOUNT ACTIVITY (NET)	0.00	
FORFEITURE ACCOUNT CREDITS	781.01	
FORFEITURE ACCOUNT DEBITS	-781.01	
LOAN INITIATIONS	-5,776.50	
LOAN REPAYMENTS - PRINCIPAL	4,275.41	
LOAN REPAYMENTS - INTEREST	571.04	
LOAN FEES	-362.27	
DIVIDEND EARNINGS	700.96	
DIVIDEND EARNINGS MUTUAL FUND	700.96	
NET APPR/(DEPR) IN FAIR VALUE OF INVESTMENTS	17,944.95	
END OF PERIOD BALANCE	\$91,176.54	3,336.1351

PRUDENTIAL TRUST COMPANY HEREBY CERTIFIES THAT THE FOREGOING
STATEMENT FURNISHED PURSUANT TO 29 CFR 2520.103-5(C) (CERTIFICATION) AND
29 CFR 2520.103-8 (LIMITATION ON SCOPE) IS COMPLETE AND ACCURATE.

PLAN-330359 GA-007725

HBD INDUSTRIES, INC. DEFINED	2
CONTRIBUTION PLAN FOR ONEIDA	2
PRU STABLE VALUE FD 65	1

REPORT PERIOD: 01/01/2009 THROUGH 12/31/2009	1
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SHARES/UNITS	1
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BEGINNING OF PERIOD BALANCE	\$1,146,205.40	27,690.3823
GROSS CONTRIBUTIONS - EMPLOYER	15,973.81	
GROSS CONTRIBUTIONS - EMPLOYEE	0.00	
NET EXCHANGES	102,716.63	
GROSS DISBURSEMENTS	-51,339.98	
TRANSFERS TO ALTERNATE FUNDING AGENCIES	-98,739.69	
MISCELLANEOUS TRANSACTIONS (NET)	4,622.17	
PARTICIPANT FORFEITURES	-8,645.41	
FORFEITURE ACCOUNT ACTIVITY (NET)	7,381.82	
FORFEITURE ACCOUNT CREDITS	7,381.82	
FORFEITURE ACCOUNT DEBITS	.00	
LOAN INITIATIONS	-11,761.27	
LOAN REPAYMENTS - PRINCIPAL	11,666.83	
LOAN REPAYMENTS - INTEREST	1,437.78	
LOAN FEES	-770.19	
NET APPR/(DEPR) IN FAIR VALUE OF INVESTMENTS	31,807.66	
END OF PERIOD BALANCE	\$1,150,555.56	27,055.5676

WELLS FARGO BANK MINNESOTA, N.A. HEREBY CERTIFIES THAT THE FOREGOING
STATEMENT FURNISHED PURSUANT TO 29 CFR 2520.103-5(C) IS COMPLETE AND ACCURATE.

PLAN-330359 GA-007725

HBD INDUSTRIES, INC. DEFINED
CONTRIBUTION PLAN FOR ONEIDA
LOAN FUND

2
2
1

REPORT PERIOD: 01/01/2009 THROUGH 12/31/2009

1

BEGINNING OF PERIOD BALANCE	\$33,022.45
GROSS CONTRIBUTIONS - EMPLOYER	0.00
GROSS CONTRIBUTIONS - EMPLOYEE	0.00
NET EXCHANGES	0.00
GROSS DISBURSEMENTS	0.00
TRANSFERS TO ALTERNATE FUNDING AGENCIES	0.00
MISCELLANEOUS TRANSACTIONS (NET)	0.00
PARTICIPANT FORFEITURES	0.00
LOAN DEFAULTS / OFFSETS	-1,410.85
LOAN INITIATIONS	20,251.84
LOAN REPAYMENTS - PRINCIPAL	-17,686.84
LOAN REPAYMENTS - INTEREST	0.00
LOAN FEES	0.00
NET APPR/(DEPR) IN FAIR VALUE OF INVESTMENTS	0.00
END OF PERIOD BALANCE	\$34,176.60

PRUDENTIAL TRUST COMPANY HEREBY CERTIFIES THAT THE FOREGOING
STATEMENT FURNISHED PURSUANT TO 29 CFR 2520.103-5(C) (CERTIFICATION) AND
29 CFR 2520.103-8 (LIMITATION ON SCOPE) IS COMPLETE AND ACCURATE.

PLAN-330359 GA-007725

HBD INDUSTRIES, INC. DEFINED
CONTRIBUTION PLAN FOR ONEIDA
AP FUND

2
2
1

REPORT PERIOD: 01/01/2009 THROUGH 12/31/2009

1

BEGINNING OF PERIOD BALANCE	\$.00
GROSS CONTRIBUTIONS - EMPLOYER	271.40
GROSS CONTRIBUTIONS - EMPLOYEE	0.00
NET EXCHANGES	0.00
GROSS DISBURSEMENTS	-247.12
TRANSFERS TO ALTERNATE FUNDING AGENCIES	-24.28
MISCELLANEOUS TRANSACTIONS (NET)	0.00
PARTICIPANT FORFEITURES	0.00
LOAN REPAYMENTS - INTEREST	0.00
LOAN FEES	0.00
NET APPR/(DEPR) IN FAIR VALUE OF INVESTMENTS	0.00
END OF PERIOD BALANCE	\$.00

PRUDENTIAL TRUST COMPANY HEREBY CERTIFIES THAT THE FOREGOING
STATEMENT FURNISHED PURSUANT TO 29 CFR 2520.103-5(C) (CERTIFICATION) AND
29 CFR 2520.103-8 (LIMITATION ON SCOPE) IS COMPLETE AND ACCURATE.

PLAN-330359 GA-007725

HBD INDUSTRIES, INC. DEFINED
CONTRIBUTION PLAN FOR ONEIDA
LN AP FUND

2
2
1

REPORT PERIOD: 01/01/2009 THROUGH 12/31/2009

1

BEGINNING OF PERIOD BALANCE	\$.00
GROSS CONTRIBUTIONS - EMPLOYER	0.00
GROSS CONTRIBUTIONS - EMPLOYEE	0.00
NET EXCHANGES	0.00
GROSS DISBURSEMENTS	0.00
TRANSFERS TO ALTERNATE FUNDING AGENCIES	0.00
MISCELLANEOUS TRANSACTIONS (NET)	0.00
PARTICIPANT FORFEITURES	0.00
LOAN REPAYMENTS - INTEREST	0.00
LOAN FEES	0.00
NET APPR/(DEPR) IN FAIR VALUE OF INVESTMENTS	0.00
END OF PERIOD BALANCE	\$.00

PRUDENTIAL TRUST COMPANY HEREBY CERTIFIES THAT THE FOREGOING
STATEMENT FURNISHED PURSUANT TO 29 CFR 2520.103-5(C) (CERTIFICATION) AND
29 CFR 2520.103-8 (LIMITATION ON SCOPE) IS COMPLETE AND ACCURATE.

PLAN-330359 GA-007725

HBD INDUSTRIES, INC. DEFINED
CONTRIBUTION PLAN FOR ONEIDA
SUMMARY OF PLAN ASSETS (INCLUDING LOANS)
REPORT PERIOD: 01/01/2009 THROUGH 12/31/2009

2
2
1
1

BEGINNING OF PERIOD BALANCE	\$1,677,991.23
GROSS CONTRIBUTIONS - EMPLOYER	25,462.90
GROSS CONTRIBUTIONS - EMPLOYEE	0.00
NET EXCHANGES	0.00
GROSS DISBURSEMENTS	-61,371.91
TRANSFERS TO ALTERNATE FUNDING AGENCIES	-106,130.86
MISCELLANEOUS TRANSACTIONS (NET)	8,062.15
PARTICIPANT FORFEITURES	-15,496.47
FORFEITURE ACCOUNT ACTIVITY (NET)	7,381.82
FORFEITURE ACCOUNT CREDITS	10,792.02
FORFEITURE ACCOUNT DEBITS	-3,410.20
LOAN DEFAULTS / OFFSETS	-1,410.85
LOAN TAKEOVERS	0.00
LOAN INITIATIONS	0.00
LOAN REPAYMENTS - PRINCIPAL	0.00
LOAN REPAYMENTS - INTEREST	2,291.37
LOAN FEES	-1,335.00
DIVIDEND EARNINGS	10,513.66
DIVIDEND EARNINGS MONEY MARKET	.00
DIVIDEND EARNINGS MUTUAL FUND	10,513.66
DIVIDEND EARNINGS COMMON STOCK	.00
DIVIDEND EARNINGS OTHER	.00
CAPITAL GAINS	748.71
INTEREST INCOME	0.00
NET APPR/(DEPR) IN FAIR VALUE OF INVESTMENTS	113,416.84
END OF PERIOD BALANCE	\$1,660,123.59
PLAN-330359 GA-007725	