# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

**2009**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

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

**B** This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

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

**1a** Name of plan
LIN ENGINEERING, INC. EMPLOYEE STOCK OWNERSHIP PLAN

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

**1c** Effective date of plan 01/01/2000

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

1990 RUSSELL AVENUE
SANTA CLARA, CA 95054

**2b** Employer Identification Number (EIN) 77-0287094

**2c** Sponsor's telephone number 408-919-0200

**2d** Business code (see instructions) 333510

**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. | 10/14/2010 | TED LIN |
| | **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 |

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

1990 RUSSELL AVENUE
SANTA CLARA, CA 95054

**3b** Administrator's EIN
77-0287094

**3c** Administrator's telephone number
408-919-0200

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

**4b** EIN

**4c** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 150 |
| **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** | 96 |
| **b** | Retired or separated participants receiving benefits | **6b** | 5 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 43 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 144 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 144 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 144 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 14 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2I 2O

**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)** | X | 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)** | X | Trust |
| **(4)** | | General assets of the sponsor |

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

**A** Name of plan
LIN ENGINEERING, INC. EMPLOYEE STOCK OWNERSHIP PLAN

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

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

**D** Employer Identification Number (EIN)
77-0287094

## Part I Service Provider Information (see instructions)

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

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

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

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

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

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

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

UBS FINANCIAL SERVICES, INC.

4643 SOUTH ULSTER STREET
REGENCY PLAZA I
DENVER, CO 80237-2853

13-2638166

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 | DIRECTED TRUSTEE | 12566 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

MENKE & ASSOCIATES, INC.

255 CALIFORNIA STREET, 10TH FLOOR
SAN FRANCISCO, CA 94111

94-2349093

| (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 | THIRD PARTY ADMINISTRATOR | 7280 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

CNM LLP

65-1202484

| (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 | 7500 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(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 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
LIN ENGINEERING, INC. EMPLOYEE STOCK OWNERSHIP PLAN

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

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

**D** Employer Identification Number (EIN)
77-0287094

## 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) | | 50000 |
| **(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) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(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) | 486225 | 481782 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(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 | 486225 | 531782 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | 1043 | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 1043 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 485182 | 531782 |

## 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) | 50000 | |
| | **(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) | | 50000 |
| **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) | | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 0 |
| | **(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) | 10387 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 10387 |
| | **(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) | | |
| (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) | | 21243 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 81630 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 7683 | |
| (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) | | 7683 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | 27347 | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 27347 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 35030 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 46600 |
| 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)** [X] 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 [X] No

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

**(1)** Name: CNM LLP **(2)** EIN: 65-1202484

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** | Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |
| **c** | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| **d** | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| **e** | Was this plan covered by a fidelity bond? | 4e | X | | 100000 |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| **g** | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| **h** | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| **i** | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| **j** | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | X | | |
| **k** | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| **n** | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | X | |

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

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

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

# 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
LIN ENGINEERING, INC. EMPLOYEE STOCK OWNERSHIP PLAN

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

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

**D** Employer Identification Number (EIN)
77-0287094

## Part I Distributions

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

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

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

EIN(s): 77-0287094

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. ..... **3**

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

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6** **a** Enter the minimum required contribution for this plan year ..... **6a**

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b**

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

## Part III Amendments

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

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

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☒ **No**

**11** **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☒ **No**

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☒ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☒ **No**

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

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

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

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

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

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

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

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

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

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

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

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

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

# LIN ENGINEERING, INC. EMPLOYEE STOCK OWNERSHIP PLAN

Financial Statements with Auditors' Report
As of December 31, 2009 and 2008

Index


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Note: Schedules other than those listed above have been omitted because the information is otherwise disclosed, not applicable or is not required by 29 CFR 2520.103-10 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

CNM LLP

## REPORT OF INDEPENDENT PUBLIC ACCOUNTANTS

To the Plan administrator of the
Lin Engineering, Inc. Employee Stock Ownership Plan

We have audited the accompanying statements of net assets available for plan benefits for Lin Engineering, Inc. Employee Stock Ownership Plan (the Plan) as of December 31, 2009 and 2008, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2009. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

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

In our opinion, such financial statements present fairly, in all material respects, the net assets available for plan benefits of the Plan as of December 31, 2009 and 2008, and the changes in net assets available for plan benefits for the year ended December 31, 2009, in conformity with accounting principles generally accepted in the United States of America.

Our audits were performed for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules as of December 31, 2009, are presented for the purpose of additional analysis and are not a required part of the basic financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedules are the responsibility of the Plan's management. The supplemental schedules have been subjected to the auditing procedures applied in our audits of the basic financial statements and, in our opinion, are fairly stated in all material respects when considered in relation to the financial statements taken as a whole.

CNM LLP

CNM LLP

Woodland Hills, California
October 4, 2010

## LIN ENGINEERING, INC. EMPLOYEE STOCK OWNERSHIP PLAN
## Statements of Net Assets Available for Plan Benefits
## As of December 31, 2009 and 2008

| | 2009 | 2008 |
|---|---|---|
| Assets: | | |
| Investments, at fair value: | | |
| Mutual funds | $ 90,413 | $ 51,404 |
| Common stocks | 361,548 | 214,081 |
| Total investments | 451,961 | 265,485 |
| Cash and cash equivalents | 29,821 | 220,740 |
| Company contributions receivable | 50,000 | - |
| Total assets | 531,782 | 486,225 |
| Liabilities | - | - |
| Net assets available for plan benefits | $ 531,782 | $ 486,225 |

See accompanying notes.

## LIN ENGINEERING, INC. EMPLOYEE STOCK OWNERSHIP PLAN
## Statement of Changes in Net Assets Available for Plan Benefits
## For the Year Ended December 31, 2009

| | | |
|---|---|---|
| Additions to net assets attributable to: | | |
| Contributions: | | |
| Company | $ | 50,000 |
| Investment income: | | |
| Net realized and unrealized appreciation in fair value of investments | | 24,760 |
| Interest and dividends | | 6,869 |
| | | 31,629 |
| Total additions | | 81,629 |
| Deductions from net assets attributable to: | | |
| Benefit paid to participant | | 8,726 |
| Administrative expenses | | 27,346 |
| Total deductions | | 36,072 |
| Net increase in plan assets | | 45,557 |
| Net assets available for plan benefits: | | |
| Beginning of year | | 486,225 |
| End of year | $ | 531,782 |

See accompanying notes.

## 1. Plan Description

The following description of Lin Engineering, Inc. Employee Stock Ownership Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

### a. General

The Plan, as restated and effective January 1, 2008, is a defined contribution plan, and is intended to qualify as an Employee Stock Ownership Plan, as defined in Section 4975(e)(7) of the Internal Revenue Code (IRC) and a stock bonus plan under section 401(a) of the IRC. The Plan covers all employees of Lin Engineering, Inc. (the Company) who have completed 1,000 hours of service except for those employees whose retirement benefits are subject to good faith collective bargaining and employees classified as leased employees. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

### b. Contributions

Company contributions are discretionary and determined annually by the Board of Directors. Contributions may be made in cash, stock of the Company, or a combination of both. As determined by the Plan Committee, contributions may be used to purchase employer securities, to pay outstanding obligations for any Securities Acquisition Loans, or directed to other investments. The Company contributed $50,000 to the Plan during the year ending December 31, 2009.

As of December 31, 2009, the Plan had not acquired common stock from the Company.

### c. Participant Accounts

Each participant's account is credited with the participant's allocations of the Company's contribution, if applicable, Plan earnings, and forfeitures of terminated participants' non-vested account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Contributions are allocated as of December 31 of each year among the participants who meet the eligibility requirements, in the relative proportion of each participant's covered compensation to the total covered compensation for all participants for that year.

Participants who have attained 55 years of age and have participated in the Plan for at least 10 years are qualified to have the option of diversifying the investment of their Company stock account. The option is available starting the following year after the year of qualification and for the subsequent five years. The option allows the participant to diversify up to 25% of the Company stock account and in the last or sixth year in which the diversification option is available, the participant may elect a distribution of the cumulative amount up to 50% of the participant's Company stock account.

d. Vesting

Participants are vested in their accounts based on years of continuous service. Participants vest 20 percent after their first two years of service, and 20 percent each year thereafter until they are 100 percent vested after six years of service. Participants become 100% vested in the event of normal retirement, disability or death while employed with the Company.

e. Distribution of Benefits

The Plan provides for the distribution of participant accounts at retirement, disability, death or termination of employment. Distributions of accounts are made in substantially equal annual installments over a period of five years, unless the value of the participant's accounts exceeds $500,000, in which case the term of the distributions increases by one year for each $100,000, or fraction thereof, by which the participant's account balance exceeds $500,000. Account balances that are $1,000 or less are distributed in lump sum to participants.

f. Forfeited Accounts

Forfeitures represent the non-vested portion of Company contributions. Forfeitures of participant's non-vested account balances are reallocated to the remaining participants. Forfeitures of $2,643 were reallocated to participants during 2009.

g. Stock Voting Rights

All Company stock held by the Plan shall be voted by the Trustee in accordance with instructions from the administrative committee. In the event of any corporate matter which would constitute a merger, consolidation, reclassification, liquidation or other related activity as specified under Section 409(e)(3) of the IRC, each participant who has been allocated shares of stock may instruct the Trustee as to the voting of those shares. As stated above, during 2009, the Plan did not own any shares of the Company's stock.

2. Summary of Significant Accounting Policies

a. Basis of Accounting

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

b. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

c. 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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

d. Payment of Benefits

Benefits are recorded when paid.

e. Net Appreciation in Fair Value of Investments

Realized gains and losses on investments are based on the market value of the asset at the beginning of the year, or at the time of purchase for assets purchased during the year, and the related fair value on the day the investments are sold during the year. Unrealized gains and losses on investments are based on the market value of the assets at the beginning of the year, or at the time of purchase for assets purchased during the year, and the related fair value at the end of the year. Net realized and unrealized appreciation in fair value of investments is reflected in the accompanying Statement of Changes in Net Assets Available for Plan Benefits.

f. Administrative Expenses

Certain administrative expenses incidental to the administration of the Plan, including fees of the administrative agent and independent public accountants, may be paid by the Plan. The Company, at its discretion, may pay for certain of these administrative expenses on behalf of the Plan. Most investment options have management fees, which were allocated to participants' accounts. The net appreciation on investments is reflected net of these fees. During 2009, the Plan paid $11,620 for asset management fees.

g. Subsequent Events

The Plan has evaluated the subsequent events through October 4, 2010, the date the financial statements were available to be issued.

h. Reclassifications

Certain reclassifications have been made to the 2008 financial statement to conform to the 2009 financial statement presentation.

3. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Plan Benefits.

4. Investments

The following presents investments that represent five percent or more of the Plan's net assets at December 31, 2009 and 2008.

| | 2009 | 2008 |
|---|---|---|
| SPDR Gold Trust | $ 54,513 | $ 42,049 |

During 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $24,760 as follows:

| | |
|---|---|
| Mutual funds | $ 21,705 |
| Common stocks | 3,055 |
| | $ 24,760 |

5. Fair Value Measurements

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

5. Fair Value Measurements (Continued)

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

| | |
|---|---|
| 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<br>• quoted prices for similar assets or liabilities in active markets<br>• quoted prices for identical or similar assets or liabilities in inactive markets<br>• inputs other than quoted prices that are observable for the asset or liability<br>• inputs that are derived principally from or corroborated by observable market data by correlation or other means<br>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. |

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

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

*Common stocks:* Valued at the closing price reported on the active market on which the individual securities are traded.

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

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

5. Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008.

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

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Mutual funds: | | | | |
| U.S. equity | $ 35,900 | $ - | $ - | $ 35,900 |
| Commodities | 54,513 | - | - | 54,513 |
| Total mutual funds | 90,413 | - | - | 90,413 |
| Common stocks: | | | | |
| Services | 92,433 | - | - | 92,433 |
| Technology | 80,528 | - | - | 80,528 |
| Financial | 32,101 | - | - | 32,101 |
| Consumer goods | 41,233 | - | - | 41,233 |
| Basic materials | 42,605 | - | - | 42,605 |
| Industrial goods | 22,052 | - | - | 22,052 |
| Healthcare | 50,596 | - | - | 50,596 |
| Total common stocks | 361,548 | - | - | 361,548 |
| Total assets at fair value | $ 451,961 | $ - | $ - | $ 451,961 |

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

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Mutual funds: | | | | |
| U.S. equity | $ 9,355 | $ - | $ - | $ 9,355 |
| Commodities | 42,049 | - | - | 42,049 |
| Total mutual funds | 51,404 | - | - | 51,404 |
| Common stocks: | | | | |
| Services | 49,793 | - | - | 49,793 |
| Technology | 54,526 | - | - | 54,526 |
| Financial | 13,347 | - | - | 13,347 |
| Consumer goods | 14,731 | - | - | 14,731 |
| Basic materials | 27,114 | - | - | 27,114 |
| Industrial goods | 24,488 | - | - | 24,488 |
| Healthcare | 27,665 | - | - | 27,665 |
| Conglomerates | 2,417 | - | - | 2,417 |
| Total common stocks | 214,081 | - | - | 214,081 |
| Total assets at fair value | $ 265,485 | $ - | $ - | $ 265,485 |

6. Tax Exempt Status

The Plan received a favorable determination letter on November 28, 2001, in which the Internal Revenue Service stated that the plan document was acceptable under the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended and restated since receiving that letter. However, the Plan Administrator believes that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC. Therefore, the Plan administrator believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

On August 3, 2009, the Plan applied for, but has not received, a determination letter from the IRS stating that the plan document, as restated, was acceptable under the applicable requirements of the IRC.

7. Plan Termination

The Company has the right under the Plan document to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts.

8. Related Party Transactions

UBS Financial Services, Inc. is the Custodian of the Plan and holds and manages investments. Transactions with UBS Financial Services, Inc. are exempt party-in-interest transactions, as defined by ERISA.

9. Reconciliation to Form 5500

The following is a reconciliation of Net Assets Available for Plan Benefits per the financial statements to the Form 5500 at December 31, 2009 and 2008.

| | 2009 | 2008 |
|---|---|---|
| Net Assets Available for Plan Benefits per the financial statements | $ 531,782 | $ 486,225 |
| Benefit claims payable accrued per Form 5500 | - | (1,043) |
| Net Assets Available for Plan Benefits per the Form 5500 | $ 531,782 | $ 485,182 |

The following is a reconciliation of the change in net assets per the financial statements to the Form 5500 for the year ending December 31, 2009.

| | |
|---|---|
| Net increase in Plan assets per the financial statements | $ 45,557 |
| Payment of benefit claims accrued per Form 5500 | 1,043 |
| Net increase in Plan assets per the Form 5500 | $ 46,600 |

**LIN ENGINEERING, INC. EMPLOYEE STOCK OWNERSHIP PLAN**
**EIN: 77-0287094 PLAN: 002**
**Schedule of Assets (Held at End of Year)**
**As of December 31, 2009**

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investment | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| **Mutual Funds:** | | | | |
| | IShares Trust Russell 2000 Index Fund | 288 shares mutual fund | $ 17,869 | $ 17,983 |
| | Midcap SPDR Trust Unit Ser 1 S&P Depositary RCPT | 136 shares mutual fund | 17,959 | 17,917 |
| | SPDR Gold Trust | 508 shares mutual fund | 40,732 | 54,513 |
| | | Total Mutual Funds | 76,560 | 90,413 |
| **Common Stocks:** | | | | |
| | Air Methods Corp. New | 52 shares common stock | 1,806 | 1,748 |
| | Aixtron AG-SPON ADR | 51 shares common stock | 1,803 | 1,710 |
| | Amer SuperConductor Corp. | 63 shares common stock | 2,214 | 2,576 |
| | Asiainfo Holdings Inc. | 70 shares common stock | 1,791 | 2,131 |
| | Best Buy Co Inc. | 65 shares common stock | 2,690 | 2,565 |
| | Bottomline Technologies Inc. | 104 shares common stock | 1,789 | 1,827 |
| | Clearwater Paper Corp. | 39 shares common stock | 1,833 | 2,144 |
| | Cognizant Tech Solutions CRP | 48 shares common stock | 1,798 | 2,176 |
| | Companhia De Bebidas Das Amers Ambev Spon ADR | 17 shares common stock | 1,732 | 1,719 |
| | Compellent Technologies Inc. | 119 shares common stock | 2,305 | 2,699 |
| | Costco Wholesale Corp. | 239 shares common stock | 12,398 | 14,142 |
| | Credit Accep Corp. Mich | 61 shares common stock | 1,862 | 2,568 |
| | Cresud Sacifya SPON ADR | 264 shares common stock | 3,543 | 3,804 |
| | Ctrip.com Intl Ltd ADS | 23 shares common stock | 1,730 | 1,653 |
| | Deer Consumer Products Inc. New | 108 shares common stock | 1,805 | 1,221 |
| | Ebay Inc. | 161 shares common stock | 2,289 | 3,788 |
| | F5 Networks Inc. | 54 shares common stock | 2,612 | 2,860 |
| | Gold Fields Ltd SPON ADR | 488 shares common stock | 6,388 | 6,398 |
| | HDFC Bank Ltd ADR Perstg 3 ORD | 13 shares common stock | 1,776 | 1,691 |
| | Holly Corp. New | 142 shares common stock | 2,794 | 3,639 |
| | Iamgold Corp. | 139 shares common stock | 1,814 | 2,174 |
| | Informatica Corp. | 103 shares common stock | 2,232 | 2,665 |
| | Intl Business Mach | 23 shares common stock | 2,812 | 3,011 |
| | JDA Software Group Inc. | 98 shares common stock | 2,215 | 2,496 |
| | Joy global Inc. | 36 shares common stock | 1,878 | 1,857 |
| | LA-Z-BOY Inc. | 167 shares common stock | 1,797 | 1,592 |
| | LHC Group Inc. | 97 shares common stock | 2,570 | 3,260 |
| | Lihir Gold Ltd SPON ADR | 70 shares common stock | 1,780 | 2,045 |
| | Lincoln Edl Services Corp. | 99 shares common stock | 1,820 | 2,144 |
| | Lumber Liquidators Inc. | 87 shares common stock | 1,848 | 2,332 |
| | M & F worldwide Corp. | 64 shares common stock | 1,806 | 2,528 |
| | Medifast Inc. | 176 shares common stock | 3,225 | 5,382 |
| | Micrel Inc. | 359 shares common stock | 2,782 | 2,944 |
| | Netflix.com Inc. | 61 shares common stock | 3,620 | 3,360 |
| | NU Skin Enterprises Inc. | 64 shares common stock | 1,770 | 1,720 |
| | Priceline.com Inc. New | 8 shares common stock | 1,716 | 1,747 |
| | Rackspace Hosting Inc. | 94 shares common stock | 1,816 | 1,960 |
| | Regal Entertainment Group CL A | 602 shares common stock | 8,022 | 8,693 |
| | Rino Intl Corp. | 54 shares common stock | 1,801 | 1,493 |
| | Smartheat Inc. | 241 shares common stock | $ 3,552 | $ 3,499 |

Continued on next page

* Represents a party-in-interest as defined by ERISA

See report of independent public accountants and accompanying notes.

**LIN ENGINEERING, INC. EMPLOYEE STOCK OWNERSHIP PLAN**
**EIN: 77-0287094 PLAN: 002**
**Schedule of Assets (Held at End of Year) Continued**
**As of December 31, 2009**

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investment | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| **Common Stocks (Continued):** | | | | |
| | Texas Instruments | 621 shares common stock | $ 10,945 | $ 16,183 |
| | Ultra Petroleum Corp. (Canada) | 53 shares common stock | 2,692 | 2,643 |
| | Vistaprint N V | 30 shares common stock | 1,762 | 1,700 |
| | Warner Chilcott PLC CL A | 88 shares common stock | 1,799 | 2,505 |
| | Wipro Ltd SPON ADR | 121 shares common stock | 1,866 | 2,695 |
| | Altria Group Inc. | 91 shares common stock | 1,815 | 1,786 |
| | Amer Express Co. | 57 shares common stock | 1,537 | 2,310 |
| | AT&T Inc. | 183 shares common stock | 6,800 | 5,129 |
| | Boeing Company | 82 shares common stock | 2,874 | 4,439 |
| | Bristol Myers Squibb Co. | 93 shares common stock | 1,979 | 2,348 |
| | Caterpillar Inc. | 153 shares common stock | 4,484 | 8,719 |
| | Coca Cola Co. Com | 96 shares common stock | 4,396 | 5,472 |
| | Du Pont DE Nemours | 154 shares common stock | 4,954 | 5,185 |
| | Gatx Corp. | 94 shares common stock | 1,792 | 2,703 |
| | Home Depot Inc. | 162 shares common stock | 3,957 | 4,687 |
| | Mcdonalds Corp. | 63 shares common stock | 3,376 | 3,934 |
| | Meadwestvaco Corp. | 188 shares common stock | 2,430 | 5,382 |
| | Merck & CO Inc. New Com | 177 shares common stock | 5,109 | 6,468 |
| | Nordstrom Inc. | 134 shares common stock | 1,493 | 5,036 |
| | NYSE Euronext | 214 shares common stock | 4,523 | 5,414 |
| | Olin Corp. | 221 shares common stock | 2,902 | 3,872 |
| | Pfizer Inc. | 303 shares common stock | 4,825 | 5,512 |
| | Philip Morris International Inc. | 91 shares common stock | 4,137 | 4,385 |
| | Verizon Communications Inc. | 61 shares common stock | 5,869 | 5,301 |
| | ACE Ltd | 97 shares common stock | 4,772 | 4,889 |
| | Activision Blizzard Inc. | 846 shares common stock | 9,487 | 9,399 |
| | Aflac Inc. | 101 shares common stock | 4,759 | 4,671 |
| | Archer Daniels Midland Co. | 138 shares common stock | 3,603 | 4,321 |
| | CA Inc. | 222 shares common stock | 3,785 | 4,986 |
| | Celgene Corp. | 177 shares common stock | 8,801 | 9,855 |
| | China Mobile Ltd SPON ADR | 82 shares common stock | 3,708 | 3,807 |
| | China Petroleum & Chemical | 82 shares common stock | 6,986 | 7,222 |
| | Cigna Corp. | 186 shares common stock | 5,740 | 6,560 |
| | Express Scripts Inc. | 133 shares common stock | 9,249 | 11,494 |
| | Gilead Sciences Inc. | 204 shares common stock | 9,717 | 8,827 |
| | Hudson City Bancorp Inc. | 739 shares common stock | 9,920 | 10,146 |
| | Medco Health Solutions Inc. | 103 shares common stock | 5,765 | 6,583 |
| | Merck & CO Inc. New Com | 193 shares common stock | 5,628 | 7,052 |
| | O'Reilly Automotive Inc. | 163 shares common stock | 5,825 | 6,214 |
| | Sowstin Energy Co. | 238 shares common stock | 9,814 | 11,472 |
| | Teva Pharmaceuticals Ind Ltd | 183 shares common stock | 9,271 | 10,281 |
| | | Total Common Stocks | $ 307,627 | 361,548 |
| | | | | $ 451,961 |

* Represents a party-in-interest as defined by ERISA

See report of independent public accountants and accompanying notes.

**LIN ENGINEERING, INC. EMPLOYEE STOCK OWNERSHIP PLAN**
**EIN: 77-0287094 PLAN: 002**
**Schedule of Reportable Transactions**
**For the 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/(loss) |
| Single transactions in excess of 5%: | | | | | | | |
| None | | | | | | | |
| Series of transactions in excess of 5%: | | | | | | | |
| IShares Trust Russell 2000 Index Fund | 665 shares mutual fund | $ 36,179 | n/a | n/a | $ 36,179 | $ 36,179 | n/a |
| IShares Trust Russell 2000 Index Fund | 447 shares mutual fund | n/a | $ 25,174 | n/a | 24,319 | 25,174 | $ 855 |
| IShares Trust Russell 2000 Index Fund | 85 shares mutual fund | n/a | 4,793 | n/a | 4,624 | 4,793 | 169 |
| IShares Trust Russell 2000 Index Fund | 133 shares mutual fund | n/a | 7,570 | n/a | 7,236 | 7,570 | 334 |
| IShares Trust Russell 2000 Index Fund | 147 shares mutual fund | 7,237 | n/a | n/a | 7,237 | 7,237 | n/a |
| IShares Trust Russell 2000 Index Fund | 147 shares mutual fund | n/a | 7,160 | n/a | 7,237 | 7,160 | (77) |
| IShares Trust Russell 2000 Index Fund | 78 shares mutual fund | n/a | 3,547 | n/a | 3,707 | 3,547 | (160) |
| IShares Trust Russell 2000 Index Fund | 112 shares mutual fund | 5,697 | n/a | n/a | 5,697 | 5,697 | n/a |
| IShares Trust Russell 2000 Index Fund | 112 shares mutual fund | n/a | 5,093 | n/a | 5,697 | 5,093 | (604) |
| Midcap SPDR Trust Unit Ser 1 S&P Depositary RCPT | 321 shares mutual fund | 35,956 | n/a | n/a | 35,956 | 35,956 | n/a |
| Midcap SPDR Trust Unit Ser 1 S&P Depositary RCPT | 257 shares mutual fund | n/a | 30,026 | n/a | 28,787 | 30,026 | 1,239 |
| Midcap SPDR Trust Unit Ser 1 S&P Depositary RCPT | 64 shares mutual fund | n/a | 7,493 | n/a | 7,169 | 7,493 | 324 |
| Diamonds Trust Ser 1 | 565 shares mutual fund | 51,173 | n/a | n/a | 51,173 | 51,173 | n/a |
| Diamonds Trust Ser 1 | 166 shares mutual fund | n/a | 15,199 | n/a | 15,035 | 15,199 | 164 |
| Diamonds Trust Ser 1 | 280 shares mutual fund | n/a | 25,637 | n/a | 25,360 | 25,637 | 277 |
| Diamonds Trust Ser 1 | 119 shares mutual fund | n/a | 11,051 | n/a | 10,778 | 11,051 | 273 |
| Diamonds Trust Ser 1 | 63 shares mutual fund | n/a | 5,104 | n/a | 5,490 | 5,104 | (386) |
| Standard & Poors Dep RCPTS Unit Ser 1 (SPDR Tr) | 373 shares mutual fund | $ 36,389 | n/a | n/a | 36,389 | 36,389 | n/a |
| Standard & Poors Dep RCPTS Unit Ser 1 (SPDR Tr) | 280 shares mutual fund | n/a | 27,944 | n/a | 27,316 | 27,944 | 628 |
| Standard & Poors Dep RCPTS Unit Ser 1 (SPDR Tr) | 93 shares mutual fund | n/a | $ 9,331 | n/a | $ 9,073 | $ 9,331 | $ 258 |

See report of independent public accountants and accompanying notes.

**Attachment to 2009 Form 5500**
**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**

**Plan Name** LIN ENGINEERING, INC. EMPLOYEE STOCK OWNERSHIP PLAN **EIN:** 77-0287094
**Plan Sponsor's Name** LIN ENGINEERING, INC. **PN:** 002

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | IsharesTrustRussell 2000 Index fd | 288 shares of mutual fd | 17,869 | 17,983 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Attachment to 2009 Form 5500**
**Schedule H, line 4j - Schedule of Reportable Transactions**

**Plan Name** LIN ENGINEERING, INC. EMPLOYEE STOCK OWNERSHIP PLAN **EIN:** 77-0287094
**Plan Sponsor's Name** LIN ENGINEERING, INC. **PN:** 002

| (a) Identity of party involved | (b) Description of asset (include interest rate and maturity in case of a loan) | (c) Purchase price | (d) Selling price | (e) Lease rental | (f) Expense incurred with transaction | (g) Cost of asset | (h) Current value of asset on transaction date | (i) Net gain or (loss) |
|---|---|---|---|---|---|---|---|---|
| Trust Russell 2000 Index Fd | 665 shares | 36,179 | 0 | 0 | 0 | 36,179 | 36,179 | 0 |
| | | | | | | | | |
| | | | | | | | | |
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