

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

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>ISOTECH / GPI / IS EMPLOYEES' PENSION PLAN</u>	1b Three-digit plan number (PN) ►	<u>003</u>	
	1c Effective date of plan	<u>01/01/1990</u>	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>ISOTECH OF ILLINOIS, INC.</u> <u>7936 42ND STREET WEST</u> <u>ROCK ISLAND, IL 61201</u>	2b Employer Identification Number (EIN) <u>36-4123454</u>	2c Sponsor's telephone number <u>309-787-4971</u>	2d Business code (see instructions) <u>332900</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>12/30/2010</u>	<u>BRANDEN CHRISTENSEN</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") ISOTECH OF ILLINOIS, INC. 7936 42ND STREET WEST ROCK ISLAND, IL 61201	3b Administrator's EIN 36-4123454 3c Administrator's telephone number 309-787-4971
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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	127
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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	93
b Retired or separated participants receiving benefits.....	6b	9
c Other retired or separated participants entitled to future benefits.....	6c	30
d Subtotal. Add lines 6a , 6b , and 6c	6d	132
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	1
f Total. Add lines 6d and 6e	6f	133
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	3

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:
 1A 1G

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) ☒ 1 **A** (Insurance Information)
 (4) ☐ **C** (Service Provider Information)
 (5) ☒ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

<div>SCHEDULE A (Form 5500) <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>	<div>Insurance 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>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan ISOTECH / GPI / IS EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500. ISOTECH OF ILLINOIS, INC.	D Employer Identification Number (EIN) 36-4123454	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-0990450	68225	006171-201-001		01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
9988	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
SUSAN M. LINDRUD

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9988	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	271005
5 Current value of plan's interest under this contract in separate accounts at year end	5	6089953

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ SELECTOR PLUS

b Balance at the end of the previous year	7b	168118
c Additions: (1) Contributions deposited during the year	7c(1)	2420322
(2) Dividends and credits	7c(2)	0
(3) Interest credited during the year	7c(3)	6552
(4) Transferred from separate account	7c(4)	503147
(5) Other (specify below)	7c(5)	0
▶		
(6) Total additions	7c(6)	2930021
d Total of balance and additions (add b and c(6))	7d	3098139
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	256932
(2) Administration charge made by carrier	7e(2)	0
(3) Transferred to separate account	7e(3)	2570202
(4) Other (specify below)	7e(4)	0
▶		
(5) Total deductions	7e(5)	2827134
f Balance at the end of the current year (subtract e(5) from d)	7f	271005

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

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

A Name of plan ISOTECH / GPI / IS EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ISOTECH OF ILLINOIS, INC.	D Employer Identification Number (EIN) 36-4123454

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2009		
2 Assets:		
a Market value	2a	4146591
b Actuarial value	2b	4561250
3 Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a 10	1526924
b For terminated vested participants	3b 32	787850
c For active participants:		
(1) Non-vested benefits	3c(1)	64792
(2) Vested benefits	3c(2)	2987525
(3) Total active	3c(3) 85	3052317
d Total	3d 127	5367091
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐		
a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	6.47 %
6 Target normal cost	6	226122

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

SIGN HERE	10/04/2010
Signature of actuary	Date
YUAN ZHENG	08-07264
Type or print name of actuary	Most recent enrollment number
RSM MCGLADREY, INC.	312-462-6862
Firm name	Telephone number (including area code)
191 N. WACKER DRIVE, SUITE 1400 CHICAGO, IL 60606-1921	
Address of the firm	

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

Part II Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8).....	0	0
10 Interest on item 9 using prior year's actual return of <u>-34.40</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		650450
b Interest on (a) using prior year's effective rate of <u>6.02</u> %		39129
c Total available at beginning of current plan year to add to prefunding balance		689579
d Portion of (c) to be added to prefunding balance.....		24962
12 Reduction in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	24962

Part III Funding percentages		
14 Funding target attainment percentage.....	14	84.52 %
15 Adjusted funding target attainment percentage.....	15	84.52 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	90.52 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/17/2009	89774				
07/16/2009	67334				
10/09/2009	67334				
10/15/2009	24703				
11/12/2009	117122				
12/31/2009	1300000				
			Totals ►	18(b) 1666267	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	1573171
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:		

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

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

21 Discount rate:				
a Segment rates:	1st segment: 5.64 %	2nd segment: 6.40 %	3rd segment: 6.56 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	226122
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	830803	149999
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	376121
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	24962
36 Additional cash requirement (item 34 minus item 35).....	36	351159
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	1573171
38 Interest-adjusted excess contributions for current year (see instructions).....	38	1222012
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

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

A Name of plan ISOTECH / GPI / IS EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ► 003
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 ISOTECH OF ILLINOIS, INC.	D Employer Identification Number (EIN) 36-4123454

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: ALL PRO DIVERSIFIED BOND FUND		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 23-0990450-418	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1374810
a Name of MTIA, CCT, PSA, or 103-12 IE: ALL PRO SMALL CAP VALUE FUND		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 23-0990450-421	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 297141
a Name of MTIA, CCT, PSA, or 103-12 IE: ALL PRO LARGE CAP VALUE FUND		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 23-0990450-422	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1698313
a Name of MTIA, CCT, PSA, or 103-12 IE: ALL PRO SMALL CAP GROWTH FUND		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 23-0990450-423	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 296972
a Name of MTIA, CCT, PSA, or 103-12 IE: ALL PRO LARGE CAP GROWTH FUND		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 23-0990450-424	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1729040
a Name of MTIA, CCT, PSA, or 103-12 IE: ALL PRO INTERNATIONAL EQUITY STRATE		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 23-0990450-406	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 693677
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)

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>ISOTECH / GPI / IS EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ISOTECH OF ILLINOIS, INC.</u>	D Employer Identification Number (EIN) <u>36-4123454</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)	<u>750000</u>	
(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)	<u>3255000</u>	<u>6089953</u>
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	<u>168118</u>	<u>271005</u>
(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	4173118	6360958

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	4173118	6360958
---	-----------	---------	---------

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)	1666267	
(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)		1666267
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)	6552	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		6552
(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)	771953	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		771953
(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2444772

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	256932	
(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)		256932
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)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		256932

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2187840
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: ANDERSON, LOWER, WHITLOW, P.C.

(2) EIN: 42-1394940

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		700000
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.		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 <u>ISOTECH / GPI / IS EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ISOTECH OF ILLINOIS, INC.</u>	D Employer Identification Number (EIN) <u>36-4123454</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>23-0990450</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>3</u>

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

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

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

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

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

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

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**ISOTECH / GPI / IS
EMPLOYEES' PENSION PLAN**

Financial Statements

December 31, 2009 and 2008

**(With Independent Accountant's
Report Thereon)**

**ISOTECH / GPI / IS
EMPLOYEES' PENSION PLAN**

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Independent Accountant's Report

To The Trustees
ISOTECH / GPI / IS
Employees' Pension Plan:

We were engaged to audit the financial statements and supplemental schedules of ISOTECH / GPI / IS Employees' Pension Plan (the Plan) as of December 31, 2009 and for the year then ended, as listed in the accompanying table of contents. These financial statements and supplemental schedules 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 Notes 2 and 3, which was certified by Nationwide Life Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and the supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2009 that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules as of and for the year ended December 31, 2009, other than that derived from the information certified by the custodian, have been audited by us in accordance with U.S. generally accepted auditing standards 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.

We have compiled the accompanying statement of net assets available for benefits of ISOTECH / GPI / IS Employees' Pension Plan as of December 31, 2008 and the related statement of changes in net assets available for benefits for the year then ended, and the statement of accumulated plan benefits as of December 31, 2008 in accordance with the Statements on Standards for Accounting and Review Service issued by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form of financial statements and supplementary schedules information that is the representation of management. We have not audited or reviewed the accompanying statement of net assets available for benefits as of December 31, 2008 and the related statement of changes in net assets available for benefits for the year then ended and the statement of accumulated plan benefits as of December 31, 2008 and supplementary information, and accordingly, do not express an opinion or any other form of assurance on them.

Anderson, Lower, Whitlow, P.C.

Bettendorf, Iowa
December 27, 2010

**ISOTECH / GPI / IS
EMPLOYEES' PENSION PLAN**

Statements of Net Assets Available for Benefits

December 31, 2009 and 2008

	2009 (Audited)	2008 (Unaudited)
Assets:		
Investments, at fair value (notes 2, 3 and 7)	\$6,360,958	3,423,118
Receivables – employer contribution	<u> -</u>	<u> 750,000</u>
Total assets	6,360,958	4,173,118
Liabilities – none	<u> -</u>	<u> -</u>
Net assets available for benefits at fair value	<u>\$6,360,958</u>	<u>4,173,118</u>

See accompanying notes to financial statements.

**ISOTECH / GPI / IS
EMPLOYEES' PENSION PLAN**

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2009 and 2008

	2009 (Audited)	2008 (Unaudited)
Additions:		
Investment income:		
Net appreciation (depreciation) in fair value of investments (note 2)	\$ 771,953	(1,417,899)
Interest and dividend income	<u>6,552</u>	<u>6,836</u>
	778,505	(1,411,063)
 Contributions - employer	 <u>1,666,267</u>	 <u>1,069,968</u>
Total additions (reductions)	2,444,772	(341,095)
 Deductions – benefits paid to participants	 <u>256,932</u>	 <u>152,817</u>
Net increase (decrease)	2,187,840	(493,912)
 Net assets available for benefits:		
Beginning of year	<u>4,173,118</u>	<u>4,667,030</u>
End of year	<u>\$6,360,958</u>	<u>4,173,118</u>

See accompanying notes to financial statements.

**ISOTECH / GPI / IS
EMPLOYEES' PENSION PLAN**

Statement of Accumulated Plan Benefits

**December 31, 2008
(unaudited)**

Actuarial Present Value of Accumulated Plan Benefits:

Vested benefits:

Participants currently receiving payments

\$1,526,924

Other participants

3,775,375

5,302,299

Nonvested benefits

64,792

Total actuarial present value of accumulated plan benefits

\$5,367,091

During 2008, the actuarial present value of accumulated plan benefits increased \$305,269 as a result of a decrease in the discount period and decreased \$301,272 as a result of changes in actuarial assumptions. The actuarial present value of accumulated plan benefits was \$5,155,721 as of December 31, 2007.

See accompanying notes to financial statements.

ISOTECH / GPI / IS
EMPLOYEES' PENSION PLAN

Notes to Financial Statements

December 31, 2009 and 2008

(1) Plan Description and Summary of Significant Accounting Policies

(a) Description of Plan

The following description of the ISOTECH / GPI / IS Employees' Pension Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit plan covering substantially all employees of ISOTECH of Illinois, Inc. and Inpro/Seal Company, (collectively referred to as the Company) who are 21 years of age with one year and 1,000 hours of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act (ERISA).

Pension Benefits

Employees with five or more years of service are entitled to annual pension benefits beginning at normal retirement age (65) equal to 1.0% of their average monthly compensation for each year of service. The Plan permits early retirement at ages 55-64. Employees may elect to receive their pension benefits in the form of a joint and survivor annuity. If employees terminate before rendering 5 years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Company's contributions. Employees may elect to receive the value of their accumulated plan benefits as a lump-sum distribution upon retirement or termination, or they may elect to receive their benefits as a life annuity payable monthly from retirement. For each employee electing a life annuity, payments will not be less than the greater of (a) the employee's accumulated contributions plus interest or (b) an annuity for five years.

Death and Disability Benefits

If an active employee dies at age 55 or older, a death benefit equal to the value of the employee's accumulated pension benefits is paid to the employee's beneficiary. Active employees who become totally disabled receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age at which time disabled participants begin receiving normal retirement benefits computed as though they had been employed to normal retirement age with their annual compensation remaining the same as at the time they became disabled.

(b) Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual basis of accounting. The Plan evaluated subsequent events through December 27, 2010, which is the date the financial statements were available to be issued.

Investments and Income Recognition

The Plan's investments in mutual funds consist of pooled separate accounts and are stated at fair value. The fair value of investments is based on quoted market prices of national securities exchanges. Where marketable securities are not listed on an exchange, price quotations are obtained from securities brokerage firms. The fixed income fund is stated at contract value which approximates fair value. The average interest rate on the contract was 3.99% in 2009 and 4.25% in 2008.

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EMPLOYEES' PENSION PLAN

Notes to Financial Statements

(1) Plan Description and Summary of Significant Accounting Policies, continued

(b) Summary of Significant Accounting Policies, continued

Investments and Income Recognition, continued

Purchases and sales of securities are recorded on a trade-date basis. Interest is recorded on the accrual basis and dividends are recorded on the ex-dividend date. The net appreciation (depreciation) in the fair value of investments includes realized and unrealized gains and losses on the fair value of investments held by the Plan.

Use of Estimates

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

Administrative Expenses

Certain expenses incurred in the general administration of the Plan are paid by the Company and therefore, are not included in the statement of changes in net assets.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during their last five years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by an actuary from the RSM McGladrey Retirement Services and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of December 31, 2008 were (a) life expectancy of participants (the IRS 2009 Combined Static Mortality Table was used), (b) retirement age assumptions (the assumed average retirement age was 64), and (c) investment return. The 2008 valuation included assumed transitional segment rates of return of 5.64% for first segment, 6.40% for second segment, and 6.56% thereafter. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

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Notes to Financial Statements

(1) Plan Description and Summary of Significant Accounting Policies, continued

(b) Summary of Significant Accounting Policies, continued

Actuarial Present Value of Accumulated Plan Benefits, continued

The 2008 actuarial valuation reflected certain changes in actuarial assumptions including (a) updates to the mortality table and interest rates as required by the Pension Protection Act of 2006 and permitted under the Worker, Retiree and Employer Recovery Act of 2008 (WRERA) and (b) a change in the method to determine actuarial value of assets from the market value of assets method to the smoothed asset method permitted by WRERA. The changes in actuarial assumptions resulted in a decrease in the present value of accumulated plan benefits of \$301,272.

Payment of Benefits

Benefit payments to participants are recorded when paid.

(2) Investments - (Unaudited)

The following information has been certified as complete and accurate by Nationwide Life Insurance Company as of and for the years ended December 31, 2009 and 2008. Investments that represent 5% or more of the Plan's net assets are separately identified.

	<u>2009</u>	<u>2008</u>
Nationwide Mutual Funds, at fair value:		
All Pro Diversified Bond Fund*	\$1,374,810	891,747
All Pro International Equity Strategy Fund*	693,678	354,374
All Pro Large Cap Growth Fund*	1,729,040	826,895
All Pro Large Cap Value Fund*	1,698,313	891,964
Other Pooled Separate Accounts*	<u>594,112</u>	<u>290,020</u>
	6,089,953	3,255,000
Investment Contract, at contract value:		
Nationwide Fixed Income Fund	<u>271,005</u>	<u>168,118</u>
	<u>\$6,360,958</u>	<u>3,423,118</u>

* Represents an asset which equals or exceeds 5% of the Plan's net assets in 2009 and/or 2008.

	<u>2009</u>	<u>2008</u>
Investment income:		
Net appreciation (depreciation) in fair value of investments	\$ 771,953	(1,417,899)
Interest and dividend income	<u>6,552</u>	<u>6,836</u>
	<u>\$ 778,505</u>	<u>(1,411,063)</u>

The Plan's mutual funds (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value by \$771,953 during 2009 and \$(1,417,899) during 2008.

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EMPLOYEES' PENSION PLAN

Notes to Financial Statements

(3) Fair Value Measurements - (Unaudited)

The fair values of the Plan's investments determined by Nationwide Life Insurance Company are reported in the accompanying statement of net assets available for benefit as follows:

	Fair Value Measurements Using:		
	Fair Value	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>December 31, 2009:</u>			
Mutual funds	\$6,089,953	6,089,953	-
Investment contract	<u>271,005</u>	<u>-</u>	<u>271,005</u>
	<u>\$6,360,958</u>	<u>6,089,953</u>	<u>271,005</u>
<u>December 31, 2008:</u>			
Mutual funds	\$3,255,000	3,255,000	-
Investment contract	<u>168,118</u>	<u>-</u>	<u>168,118</u>
	<u>\$3,423,118</u>	<u>3,255,000</u>	<u>168,118</u>

SFAS ASC 820 (formerly No. 157, *Fair Value Measurements*), establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of quoted prices in active markets of similar assets for assets in non-active markets and Level 3 inputs consist of other valuation techniques which have the lowest priority. The Plan uses appropriate valuation techniques based on the availability inputs to measure the fair value of its investments.

Level 2 Inputs

The mutual fund investments consist of pooled separate accounts maintained by Nationwide Life Insurance Company in which the underlying assets of the accounts are publically traded mutual funds with quoted market prices. Thus, the fair value of all mutual fund investments is based on the quoted market prices of the investments within the pooled separate accounts.

Level 3 Inputs

The investment contract is not actively traded and significant other observable inputs are not available. Thus, the fair value of the investment contracts is determined by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

The following tables provide further details of the Level 3 fair value measurements for the investment contract:

<u>2009:</u>	
Beginning balance	\$168,118
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	-
Purchases, sales, issuances, and settlement (net)	<u>102,887</u>
Ending balance	<u>\$271,005</u>

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EMPLOYEES' PENSION PLAN**

Notes to Financial Statements

(3) Fair Value Measurements - (Unaudited), continued

<u>2008:</u>	
Beginning balance	\$152,038
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	-
Purchases, sales, issuances, and settlement (net)	<u>16,080</u>
Ending balance	<u>\$168,118</u>

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2009 and 2008 are reported in net appreciation (depreciation) in fair value of investments.

(4) Funding Policy

The Company's funding policy is to make quarterly contributions to the Plan as determined by the Plan's independent actuary. No employee contributions are permitted. The Company's contributions for 2009 and 2008 comply with the minimum funding requirements of ERISA.

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

(5) Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- 1) Benefits attributable to employee contributions, taking into account those paid out before termination.
- 2) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- 3) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).
- 4) All other vested benefits (that is, vested benefits not insured by the PBGC).
- 5) All nonvested benefits.

Benefits to be provided via contracts under which Nationwide Life Insurance Company is obligated to pay the benefits would be excluded for allocation purposes.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2010 that ceiling is \$4,500 per month.

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Notes to Financial Statements

(5) Plan Termination, continued

That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations, and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

(6) Federal Income Taxes

A tax determination letter has been received from the Internal Revenue Service stating that the Plan qualifies for exemption from federal income taxes under the provisions of Section 401 of the Internal Revenue Code.

(7) 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 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 benefits.

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

(8) Acquisition of Sponsor

Effective December 31, 2009, the operating assets of the Company were acquired by Waukesha Acquisition, LLC (a subsidiary of Dover Corporation). In connection with the acquisition of the operating assets, Dover Corporation also assumed sponsor responsibilities of the Plan and intends on continuing the Plan under the same terms and conditions as currently provided under the Plan document. Dover Corporation reserves the right to modify or terminate the terms and conditions of benefits provided to eligible employees under the Plan as permissible under applicable law.

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Schedule 1

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets

December 31, 2009

<u>Identity of Issuer, Borrower, Lessor, or Similar Party</u>	<u>Description</u>	<u>Number of Shares</u>	<u>Current Value</u>
Nationwide Life Insurance Company	All Pro Diversified Bond Fund	66,984	\$1,374,810
Nationwide Life Insurance Company	All Pro International Equity Strategy Fund	50,204	693,678
Nationwide Life Insurance Company	All Pro Large Cap Growth Fund	225,214	1,729,040
Nationwide Life Insurance Company	All Pro Large Cap Value Fund	136,231	1,698,313
Nationwide Life Insurance Company	All Pro Small Cap Growth Fund	23,869	296,972
Nationwide Life Insurance Company	All Pro Small Cap Value Fund	21,177	297,140
Nationwide Life Insurance Company	Fixed Income Fund	271,005	271,005
			<u>\$6,360,958</u>

Cost information is not provided since the investments are pooled separate accounts of Nationwide Life Insurance Company who has filed related information for the separate accounts as a direct filing entity (DFE).

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EMPLOYEES' PENSION PLAN

Schedule 1

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets

December 31, 2008
(unaudited)

<u>Identity of Issuer, Borrower, Lessor, or Similar Party</u>	<u>Description</u>	<u>Number of Shares</u>	<u>Current Value</u>
Nationwide Life Insurance Company	All Pro Diversified Bond Fund	49,054	\$ 891,747
Nationwide Life Insurance Company	All Pro International Equity Strategy Fund	32,678	354,374
Nationwide Life Insurance Company	All Pro Large Cap Growth Fund	134,776	826,895
Nationwide Life Insurance Company	All Pro Large Cap Value Fund	86,677	891,964
Nationwide Life Insurance Company	All Pro Small Cap Growth Fund	14,225	145,588
Nationwide Life Insurance Company	All Pro Small Cap Value Fund	12,888	144,432
Nationwide Life Insurance Company	Fixed Income Fund	168,118	168,118
			<u>\$3,423,118</u>

Cost information is not provided since the investments are pooled separate accounts of Nationwide Life Insurance Company who has filed related information for the separate accounts as a direct filing entity (DFE).

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EMPLOYEES' PENSION PLAN

Schedule 2

Form 550, Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions

Years Ended December 31, 2009 and 2008

<u>Description of Assets</u>	<u>Number of Transactions</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain or (Loss)</u>
<u>2009:</u>						
No reportable transactions	-	\$ -	\$ -	\$ -	\$ -	\$ -
<u>2008 (unaudited):</u>						
No reportable transactions	-	-	-	-	-	-

Schedule SB, Line 26 – Schedule of Active Participant Data

The following table shows the distribution of the plan's active participants population by age and service and other demographic statistics.

Employer: Isotech of Illinois, Inc.

Age	Years of Credited Service										Total
	< 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	
Under 25	0	2	0	0	0	0	0	0	0	0	2
25 - 29	0	11	0	0	0	0	0	0	0	0	11
30 - 34	0	1	2	1	1	0	0	0	0	0	5
35 - 39	0	4	1	1	2	0	0	0	0	0	8
40 - 44	0	1	1	4	3	1	0	0	0	0	10
45 - 49	0	1	1	0	0	0	0	0	0	0	2
50 - 54	0	2	1	3	0	0	0	0	0	0	6
55 - 59	0	1	0	0	0	0	2	0	0	0	3
60 - 64	0	0	1	0	0	0	0	0	0	0	1
65 - 69	0	0	0	1	0	0	0	0	0	0	1
70 & up	0	0	0	0	0	0	0	0	0	0	0
Total	0	23	7	10	6	1	2	0	0	0	49
Average age 39.16											
Average past service 8.02											

Schedule SB, Line 26 – Schedule of Active Participant Data (continued)

The following table shows the distribution of the plan's active participant population by age and service and other demographic statistics.

Employer: Inpro / Seal Company

Age	Years of Credited Service										Total
	< 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 - 29	0	1	0	0	0	0	0	0	0	0	1
30 - 34	0	2	1	0	0	0	0	0	0	0	3
35 - 39	0	0	0	1	0	0	0	0	0	0	1
40 - 44	0	2	1	2	3	0	0	0	0	0	8
45 - 49	0	3	0	3	1	2	3	0	0	0	12
50 - 54	0	0	1	1	2	0	1	0	0	0	5
55 - 59	0	0	0	0	0	1	0	1	0	0	2
60 - 64	0	0	0	1	0	1	0	0	0	0	2
65 - 69	0	0	0	0	0	0	2	0	0	0	2
70 & up	0	0	0	0	0	0	0	0	0	0	0
Total	0	8	3	8	6	4	6	1	0	0	36
Average age 46.89											
Average past service 14.27											

Schedule SB, Part V – Summary of Plan Provisions

This summary of plan provisions as of January 1, 2009, has been prepared for valuation purposes only. It outlines the major plan provisions used to perform the actuarial valuation.

Summary of Plan Provisions	
Plan effective date:	January 1, 1990.
Last plan amendment:	Plan restated effective January 1, 2002; most recent amendment effective March 28, 2005.
Plan year anniversary date:	January 1.
Eligibility requirements:	Age 21 and one (1) year of service provided that the participant has completed 1,000 or more hours of service in the first 12-month consecutive period beginning with the employment date or reemployment date.
Plan entry date:	First day of the Plan year nearest the date eligibility requirements are met.
Normal retirement date:	The Anniversary Date nearest the participant's 65 th birthday, or if later, the fifth anniversary of the participant's participation commencement date.
Vesting Service:	A year of service means the completion of at least 1,000 hours in a plan year from date of hire, excluding service prior to the Effective Date. Service with Inpro Companies prior to January 1, 1977 is excluded.
Credited service:	A year of service means the completion of 1,000 hours in a plan year from date of hire. Service prior to January 1, 1977 is excluded.
Plan compensation:	Based on wages defined in Code Section 3401(a). Includes amounts which are contributed by the Employer pursuant to a salary reduction agreement and are not includible in gross income under Sections 125. Annual compensation is limited to \$120,000.
Average monthly compensation:	Monthly average of the highest five consecutive plan years out of the last ten completed years of participation. If less than five consecutive plan years of service from participation, monthly average of the total months from participation.

Schedule SB, Part V – Summary of Plan Provisions (continued)

Summary of Plan Provisions (continued)	
Normal retirement benefit:	A monthly benefit for life, commencing at normal retirement, equal to 1.00% of average monthly compensation multiplied by years of credited service at retirement.
Accrued Benefit:	The normal retirement benefit, but reflecting compensation and credited service as of the calculation date.
Early retirement benefit:	Anniversary date coinciding with or following the date on which the participant has completed at least 15 years of vesting service and attains age 55. Accrued benefit is actuarially reduced for every year the early retirement date precedes the normal retirement date.
Late retirement benefit:	Greater of: 1) the actuarial equivalent of the normal retirement benefit, or 2) the accrued benefit as of the late retirement date, reflecting compensation and credited service as of the late retirement date.
Withdrawal benefit:	Vested accrued benefit as of the date of termination.
Disability benefit:	Eligible if incapable of continuing usual and customary employment with the Employer, as determined by a licensed physician chosen by the Plan Administrator, and condition continues for six consecutive months. Benefit is the actuarial equivalent of the accrued benefit, as though the participant retired.
Death benefit:	Actuarial equivalent of the accrued benefit. Death benefit may be payable to someone other than a spouse.
Normal form of benefit:	Life only for non-married participants. Reduced 50% joint and survivor for married participants.
Actuarial Equivalence:	Pre-Retirement: 8.0% and no mortality; Post-Retirement: 8.0% and 1971 IAM Male mortality.
Optional Forms of Payment:	Single life annuity; 50%, 75% and 100% joint and survivor annuity; 10-year and 20-year certain and life annuity.
Vesting schedule:	TRA 1986 3-7 year graded schedule.

Schedule SB, Part V – Summary of Plan Provisions (continued)

Summary of any changes in principal eligibility or benefit provisions since the last valuation:
There have been no changes in principal eligibility or benefit provisions since the last valuation.

Description of any significant events:

To the best of our knowledge, there were no significant events that occurred during the year.

Benefits not included in the valuation:

Disability benefits were not explicitly valued, but the omission is not material. To the best of our knowledge, no other benefits were excluded from the valuation.

Statement of changes in assumptions and/or methods and justifications for such changes:

The funding calculations as mandated by the Pension Protection Act of 2006 (PPA) have been reflected in this valuation, as well as legislation enacted under the Worker, Retiree and Employer Recovery Act of 2008 (WRERA).

The mortality table and interest rate were updated as required by the Pension Protection Act of 2006 (PPA) and permitted under the Worker, Retiree and Employer Recovery Act of 2008 (WRERA). The mortality table was changed from the IRS 2008 Combined Static Mortality Table to the IRS 2009 Combined Static Mortality Table. The interest rate was changed from the IRC 430(h) Transitional Funding Segment Rates for January 2008 (5.72%, 5.92% and 6.09%) to the IRC 430(h) Transitional Funding Segment Rates for January 2009 (5.64%, 6.40% and 6.56%).

The method to determine the actuarial value of assets was changed from market value of assets to smoothed asset method as permitted by the Worker, Retiree and Employer Recovery Act of 2008 (WRERA).

All other assumptions and methods are identical to those used in the prior valuation.

Other information to fully and fairly disclose the actuarial position of the plan:

As the plan is a multiple employer plan, all funding requirements are calculated as if each participating employer maintained a separate plan.

Schedule SB, Part V – Statement of Actuarial Methods and Assumptions

Summary of Methods	
Valuation date:	January 1.
Actuarial cost method:	<p>Unit Credit Cost Method - Under this cost method, the costs attributable to past service and the current year's service are determined by prorating over all years of service the benefits expected to be paid from the plan. The normal cost for any year is determined equal to the present value of the current year's portion of the employee's expected pension benefit. The current year's portion is equal to the expected pension benefit divided by the total credited service at the anticipated retirement date. The accrued liability is determined equal to the present value of the past year's portion of the employee's expected pension benefit. The past year's portion is equal to the expected pension benefit times the ratio of the participant's credited service to the total credited service at the anticipated retirement date. The sum of these values for all employees determines the normal cost and the accrued liability for the plan.</p>
Actuarial value of assets:	<p>The actuarial value of assets is determined by averaging the market value as of the valuation date and the adjusted market values as of the preceding two valuation dates. The adjusted market value of assets as of a determination date is the market value of plan assets on that date adjusted for expected earnings for the year. The actuarial value of assets must be limited to the 90-110 percent corridor of the market value as of the valuation date.</p> <p>The total plan's market value of assets are allocated to each participating employer as follows:</p> <p>Step 1: The total plan's market value of assets as of January 1, 2007 was allocated to each participating employer according to section 4044 of ERISA based on FAS35 liabilities.</p> <p>Step 2: Contributions, benefit payments and investment earnings for a plan year are allocated to each participating employer as follows:</p> <ul style="list-style-type: none"> o Total plan contributions are allocated based on the ratio of each participating employer's minimum required contribution (before application of credit balances) to the plan's total minimum required contribution. o Benefit payments are allocated based on actual benefits paid to participants in each participating employer. Investment earnings are allocated to each participating employer based on the percentage of each employer's average asset value to that of the entire fund.

Schedule SB, Part V – Statement of Actuarial Methods and Assumptions (continued)

Summary of Methods (continued)	
Changes since last valuation:	<p>The funding calculations as mandated by the Pension Protection Act of 2006 (PPA) have been reflected in this valuation, as well as legislation enacted under the Worker, Retiree and Employer Recovery Act of 2008 (WRERA).</p> <p>The method to determine the actuarial value of assets was changed from market value of assets to smoothed asset method as permitted by the Worker, Retiree and Employer Recovery Act of 2008 (WRERA).</p>

Schedule SB, Part V – Statement of Actuarial Methods and Assumptions (continued)

Primary Assumptions			
Funding and FAS 35 Assumptions:			
Interest:	IRC 430(h) Transitional Funding Segment Rates for January 2009; 5.64% per year for 1 st segment, 6.40% for 2 nd segment and 6.56% thereafter.		
Mortality:	IRS 2009 Combined Static Mortality.		
Expected Rate of Return:			
For Plan Year ending December 31, 2007	6.07%		
For Plan Year ending December 31, 2008	6.54%		
Salary increases:	3% per year.		
Retirement:	Rates are as follows:		
	<u>Age</u>	<u>Males</u>	<u>Females</u>
	62	33%	33%
	65	100%	100%
Withdrawal:	Sample rates are as follows:		
	<u>Age</u>	<u>Males</u>	<u>Females</u>
	25	7.72%	7.72%
	30	7.22%	7.22%
	35	6.28%	6.28%
	40	5.15%	5.15%
	45	3.98%	3.98%
	50	2.56%	2.56%
	55	0.94%	0.94%
	60	0.09%	0.09%
Disability:	None.		
Percentage married:	Males 85%, females 100%.		
Age difference:	Husbands are assumed to be three years older than their wives.		
Maximum benefit:	Limited as set forth by IRC Section 415.		
Expenses:	None assumed.		

Schedule SB, Part V – Statement of Actuarial Methods and Assumptions (continued)

Primary Assumptions (continued)	
Changes since the last valuation:	<p>The funding calculations as mandated by the Pension Protection Act of 2006 (PPA) have been reflected in this valuation, as well as legislation enacted under the Worker, Retiree and Employer Recovery Act of 2008 (WRERA).</p> <p>The mortality table and interest rates were updated due to changes in the required mortality and interest rate per the Pension Protection Act of 2006 (PPA).</p> <p>All other assumptions are identical to the assumptions used in the prior valuation.</p>

Schedule SB, Line 32 – Schedule of Amortization Bases for Each Participating Employer

Employer: Isotech of Illinois, Inc

Shortfall Amortization Charge		
1.	1st segment rate	5.64%
	2nd segment rate	6.40%
2.	Funding target	1,337,381
3.	Adjusted plan assets	
	(a) Actuarial assets	1,138,051
	(b) Funding Standard Carryover Balance	0
	(c) Prefunding Balance (PFB)	7,739
	(d) Adjusted assets: (a)-(b)-(c), not less than 0	1,130,312
4.	Funding shortfall: (2)-(3)(d), not less than 0	207,069
5.	Current shortfall amortization installments	
	(a) Annual installments	
	(i) Year -1 base (6 years remaining)	21,410
	(ii) Year -2 base (5 years remaining)	0
	(iii) Year -3 base (4 years remaining)	0
	(iv) Year -4 base (3 years remaining)	0
	(v) Year -5 base (2 years remaining)	0
	(vi) Year -6 base (1 years remaining)	0
	(b) Total annual installments	21,410
	(c) Present value of installments to be made	
	(i) On the valuation date	21,410
	(ii) In 1 year	20,267
	(iii) In 2 years	19,185
	(iv) In 3 years	18,161
	(v) In 4 years	17,191
	(vi) In 5 years	15,700
	(d) Total present value of annual installments	111,914
6.	Exemption from new shortfall amortization base	
	(a) Target liability percentage	100%
	(b) Shortfall funding target: (2)x(a)	1,337,381
	(c) Prefunding Balance if used to reduce the Minimum Required Contribution, else 0	7,739
	(d) Exempt?: [(3)(a)-(c)]>=(b)	No
7.	Shortfall amortization base	
	(a) Adjusted funding shortfall: (6)(b)-(3)(d), not less than 0	207,069
	(b) New current year base: (a)-(5)(d), or 0 if exempt	95,155
	(c) New 7-year installment amount	16,083
8.	Shortfall amortization charge: (5)(b)+(7)(c), not less than 0	\$37,493

Schedule SB, Line 32 – Schedule of Amortization Bases for Each Participating Employer (continued)

Employer: Inpro / Seal Company

Shortfall Amortization Charge		
1.	1st segment rate	5.64%
	2nd segment rate	6.40%
2.	Funding target	4,029,710
3.	Adjusted plan assets	
	(a) Actuarial assets	3,423,199
	(b) Funding Standard Carryover Balance	0
	(c) Prefunding Balance (PFB)	17,223
	(d) Adjusted assets: (a)-(b)-(c), not less than 0	3,405,976
4.	Funding shortfall: (2)-(3)(d), not less than 0	623,734
5.	Current shortfall amortization installments	
	(a) Annual installments	
	(i) Year -1 base (6 years remaining)	60,783
	(ii) Year -2 base (5 years remaining)	0
	(iii) Year -3 base (4 years remaining)	0
	(iv) Year -4 base (3 years remaining)	0
	(v) Year -5 base (2 years remaining)	0
	(vi) Year -6 base (1 years remaining)	0
	(b) Total annual installments	60,783
	(c) Present value of installments to be made	
	(i) On the valuation date	60,783
	(ii) In 1 year	57,538
	(iii) In 2 years	54,466
	(iv) In 3 years	51,558
	(v) In 4 years	48,805
	(vi) In 5 years	44,573
	(d) Total present value of annual installments	317,723
6.	Exemption from new shortfall amortization base	
	(a) Target liability percentage	100%
	(b) Shortfall funding target: (2)x(a)	4,029,710
	(c) Prefunding Balance if used to reduce the Minimum Required Contribution, else 0	17,223
	(d) Exempt?: [(3)(a)-(c)]>=(b)	No
7.	Shortfall amortization base	
	(a) Adjusted funding shortfall: (6)(b)-(3)(d), not less than 0	623,734
	(b) New current year base: (a)-(5)(d), or 0 if exempt	306,011
	(c) New 7-year installment amount	51,723
8.	Shortfall amortization charge: (5)(b)+(7)(c), not less than 0	\$112,506

Schedule SB, Line 25 – Change in Method

The method to determine the actuarial value of assets was changed from market value of assets to smoothed asset method as permitted by the Worker, Retiree and Employer Recovery Act of 2008 (WRERA).

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The average retirement age is 64, which is developed below.

(A)	(B)	(C)	(D)	(E)
Retirement Age	Number of Remaining Lives	Rate of Retirement	Number Expected to Retire: (B) x (C)	(A) x (D)
62	100,000	33%	33,000	2,046,000
63	67,000	0%	0	0
64	67,000	0%	0	0
65	67,000	100%	67,000	4,355,000
Total			100,000	6,401,000
Average				64.0

Schedule SB, Line 19 – Discounted Employer Contributions

Employer: Isotech of Illinois, Inc.

Contributions made to the plan for the 2009 plan year

Effective Interest Rate: 6.50%
 Interest Rate for Late Quarterly Installments: 11.50%
 Required Quarterly Installments for the 2009 Plan Year: \$ 25,153

<u>Date</u>	<u>No. Days to Valuation Date</u>	<u>Employer Contributions</u>	<u>No. Days of Late Quarterly Installments</u>	<u>Interest on Late Quarterly Installments</u>	<u>Discounted Employer Contributions</u>
4/17/2009	106	28,491			27,975
7/16/2009	196	22,526			21,777
10/9/2009	281	22,526			21,460
10/15/2009	287	1,916			1,823
11/12/2009	315	32,934			31,192
12/31/2009	364	386,380			362,861
Total		494,773			467,088

Schedule SB, Line 19 – Discounted Employer Contributions (continued)

Employer: Inpro / Seal Company

Contributions made to the plan for the 2009 plan year

Effective Interest Rate: 6.45%
 Interest Rate for Late Quarterly Installments: 11.45%
 Required Quarterly Installments for the 2009 Plan Year: \$ 57,808

<u>Date</u>	<u>No. Days to Valuation Date</u>	<u>Employer Contributions</u>	<u>No. Days of Late Quarterly Installments</u>	<u>Interest on Late Quarterly Installments</u>	<u>Discounted Employer Contributions</u>
4/17/2009	106	61,283			60,181
7/16/2009	196	44,808			43,329
10/9/2009	281	44,808			42,703
10/15/2009	287	22,787			21,694
11/12/2009	315	84,188			79,767
12/31/2009	364	913,620			858,409
Total		1,171,494			1,106,083

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

Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

2009**This Form is Open to Public
Inspection**For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan IsoTech / GPI / IS Employees' Pension Plan		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF IsoTech of Illinois, Inc.		D Employer Identification Number (EIN) 36-4123454
E Type of plan: ☐ Single ☒ Multiple-A ☐ Multiple-B ☐ Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500		

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value		2a	4,146,591
b Actuarial value		2b	4,561,250
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment		3a 10	1,526,924
b For terminated vested participants		3b 32	787,850
c For active participants:			
(1) Non-vested benefits		3c(1)	64,792
(2) Vested benefits		3c(2)	2,987,525
(3) Total active		3c(3) 85	3,052,317
d Total		3d 127	5,367,091
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate		5	6.47 %
6 Target normal cost		6	226,122

Statement by Enrolled Actuary

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

**SIGN
HERE**

YUAN ZHENG

Signature of actuary

YUAN ZHENG

Type or print name of actuary

RSM MCGLADREY, INC.

Firm name
191 N. WACKER DRIVE, SUITE 1400

CHICAGO

IL 60606-1921

Address of the firm

10/4/2010

Date

08-07264

Most recent enrollment number

(312) 462-6862

Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8).....	0	0
10 Interest on item 9 using prior year's actual return of <u>(34.40)</u> %		
11 Prior year's excess contributions to be added to prefunding balance:.....		
a Excess contributions (Item 38 from prior year)		650,450
b Interest on (a) using prior year's effective rate of <u>6.02</u> %		39,129
c Total available at beginning of current plan year to add to prefunding balance		689,579
d Portion of (c) to be added to prefunding balance.....		24,962
12 Reduction in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	24,962

Part III Funding percentages

14 Funding target attainment percentage.....	14	84.52 %
15 Adjusted funding target attainment percentage.....	15	84.52 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	90.52 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/17/2009	89,774				
07/16/2009	67,334				
10/09/2009	67,334				
10/15/2009	24,703				
11/12/2009	117,122				
12/31/2009	1,300,000				
Totals ▶			18(b)	1,666,267	18(c) 0

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

a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	1,573,171

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

c If 20a is "Yes," see instructions and complete the following table as applicable:

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

Part V Assumptions used to determine funding target and target normal cost**21** Discount rate:**a** Segment rates:1st segment:
5.64 %2nd segment:
6.40 %3rd segment:
6.56 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

0

22 Weighted average retirement age**22**

64

23 Mortality table(s) (see instructions) ☒ Prescribed - combined☐ Prescribed - separate☐ Substitute**Part VI Miscellaneous items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.☒ Yes ☐ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.☒ Yes ☐ No**27** If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment**27****Part VII Reconciliation of unpaid minimum required contributions for prior years****28** Unpaid minimum required contribution for all prior years**28**

0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)**29**

0

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)**30**

0

Part VIII Minimum required contribution for current year**31** Target normal cost, adjusted, if applicable (see instructions)**31**

226,122

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

830,803

149,999

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33**

0

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)**34**

376,121

Carryover balance

Prefunding balance

Total balance

35 Balances used to offset funding requirement

0

24,962

24,962

36 Additional cash requirement (item 34 minus item 35)**36**

351,159

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)**37**

1,573,171

38 Interest-adjusted excess contributions for current year (see instructions)**38**

1,222,012

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)**39**

0

40 Unpaid minimum required contribution for all years**40**

0

Schedule SB - Information for Each Individual Employer : Inpro/Seal Company

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

▶ **Round off amounts to nearest dollar.**

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

A Name of plan IsoTech / GPI / IS Employees' Pension Plan	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF IsoTech of Illinois, Inc.	D Employer Identification Number (EIN) 36-4123454
E Type of plan: ☐ Single ☒ Multiple-A ☐ Multiple-B	
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value.....	2a		3,111,999
b Actuarial value.....	2b		3,423,199
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	6	1,289,976
b For terminated vested participants	3b	6	419,142
c For active participants:			
(1) Non-vested benefits.....	3c(1)		26,663
(2) Vested benefits.....	3c(2)		2,293,929
(3) Total active	3c(3)	36	2,320,592
d Total.....	3d	48	4,029,710
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate.....	5		6.45 %
6 Target normal cost.....	6		151,826

Statement by Enrolled Actuary

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

SIGN HERE	YUAN ZHENG Signature of actuary	<u>10/4/2010</u> Date
	YUAN ZHENG Type or print name of actuary	08-07264 Most recent enrollment number
	RSM MCGLADREY, INC. Firm name	(312) 462-6862 Telephone number (including area code)
	191 N. WACKER DRIVE, SUITE 1400 CHICAGO IL 60606-1921 Address of the firm	

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

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

Schedule SB (Form 5500) 2009
v.092308.1

Schedule SB - Information for Each Individual Employer : Inpro/Seal Company

Schedule SB (Form 5500) 2009

Page 2-

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8)	0	0
10 Interest on item 9 using prior year's actual return of <u>(34.44)%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		525,811
b Interest on (a) using prior year's effective rate of <u>6.01 %</u>		31,601
c Total available at beginning of current plan year to add to prefunding balance		557,412
d Portion of (c) to be added to prefunding balance		17,223
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	17,223

Part III Funding percentages

14 Funding target attainment percentage	14	84.52 %
15 Adjusted funding target attainment percentage	15	84.52 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	90.64 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/17/2009	61,283				
07/16/2009	44,808				
10/09/2009	44,808				
10/15/2009	22,787				
11/12/2009	84,188				
12/31/2009	913,620				
Totals ▶			18(b)	1,171,494	18(c) 0

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

a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1,106,083

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

c If 20a is "Yes," see instructions and complete the following table as applicable:

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

Schedule SB - Information for Each Individual Employer : Inpro/Seal Company

Schedule SB (Form 5500) 2009

Page **3**

Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 5.64 %	2nd segment: 6.40 %	3rd segment: 6.56 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Miscellaneous items

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

Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	151,826
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	623,734	112,506
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33).....	34	264,332
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	17,223
36 Additional cash requirement (item 34 minus item 35).....	36	247,109
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c).....	37	1,106,083
38 Interest-adjusted excess contributions for current year (see instructions).....	38	858,974
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

Schedule SB - Information for Each Individual Employer : IsoTech of Illinois, Inc.

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

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>IsoTech / GPI / IS Employees' Pension Plan</u>	B Three-digit plan number (PN) <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>IsoTech of Illinois, Inc.</u>	D Employer Identification Number (EIN) <u>36-4123454</u>
E Type of plan: ☐ Single ☒ Multiple-A ☐ Multiple-B	
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value	2a		1,034,592
b Actuarial value	2b		1,138,051
3 Funding target/participant count breakdown			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	4	236,948
b For terminated vested participants	3b	26	368,708
c For active participants:			
(1) Non-vested benefits	3c(1)		38,129
(2) Vested benefits	3c(2)		693,596
(3) Total active	3c(3)	49	731,725
d Total	3d	79	1,337,381
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		6.50 %
6 Target normal cost	6		74,296

Statement by Enrolled Actuary	
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">SIGN HERE</div> <u>YUAN ZHENG</u> <u>YZ</u> Signature of actuary <u>YUAN ZHENG</u> Type or print name of actuary <u>RSM MCGLADREY RETIREMENT, INC.</u> Firm name <u>191 N. WACKER DRIVE, SUITE 1400</u> <u>CHICAGO</u> <u>IL 60606-1921</u> Address of the firm	<u>10/4/2010</u> Date <u>08-07264</u> Most recent enrollment number <u>(312) 462-6862</u> Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2009
v.092308.1

Schedule SB - Information for Each Individual Employer : IsoTech of Illinois, Inc.

Schedule SB (Form 5500) 2009

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Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	0	0
10	Interest on item 9 using prior year's actual return of <u>34.46</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		124,639
b	Interest on (a) using prior year's effective rate of <u>6.04</u> %		7,528
c	Total available at beginning of current plan year to add to prefunding balance		132,167
d	Portion of (c) to be added to prefunding balance.....		7,739
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	7,739

Part III Funding percentages			
14	Funding target attainment percentage.....	14	84.51 %
15	Adjusted funding target attainment percentage.....	15	84.51 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	90.13 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/17/2009	28,491				
07/16/2009	22,526				
10/09/2009	22,526				
10/15/2009	1,916				
11/12/2009	32,934				
12/31/2009	386,380				
Totals ▶			18(b)	494,773	18(c)
					0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:			
a	Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	467,088
20 Quarterly contributions and liquidity shortfalls:			
a	Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b	If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c	If 20a is "Yes," see instructions and complete the following table as applicable:		

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

Schedule SB - Information for Each Individual Employer : IsoTech of Illinois, Inc.

Schedule SB (Form 5500) 2009

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Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 5.64 %	2nd segment: 6.40 %	3rd segment: 6.56 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Miscellaneous items

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

Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	74,296
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	207,069	37,493
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	111,789
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	7,739
36 Additional cash requirement (item 34 minus item 35)	36	104,050
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	467,088
38 Interest-adjusted excess contributions for current year (see instructions)	38	363,038
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

ISOTECH / GPI / IS
EMPLOYEES' PENSION PLAN

Schedule 1

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets

December 31, 2009

<u>Identity of Issuer, Borrower, Lessor, or Similar Party</u>	<u>Description</u>	<u>Number of Shares</u>	<u>Current Value</u>
Nationwide Life Insurance Company	All Pro Diversified Bond Fund	66,984	\$1,374,810
Nationwide Life Insurance Company	All Pro International Equity Strategy Fund	50,204	693,678
Nationwide Life Insurance Company	All Pro Large Cap Growth Fund	225,214	1,729,040
Nationwide Life Insurance Company	All Pro Large Cap Value Fund	136,231	1,698,313
Nationwide Life Insurance Company	All Pro Small Cap Growth Fund	23,869	296,972
Nationwide Life Insurance Company	All Pro Small Cap Value Fund	21,177	297,140
Nationwide Life Insurance Company	Fixed Income Fund	271,005	271,005
			<u>\$6,360,958</u>

Cost information is not provided since the investments are pooled separate accounts of Nationwide Life Insurance Company who has filed related information for the separate accounts as a direct filing entity (DFE).

ISOTECH / GPI / IS
EMPLOYEES' PENSION PLAN

Schedule 1

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets

December 31, 2008
(unaudited)

<u>Identity of Issuer, Borrower, Lessor, or Similar Party</u>	<u>Description</u>	<u>Number of Shares</u>	<u>Current Value</u>
Nationwide Life Insurance Company	All Pro Diversified Bond Fund	49,054	\$ 891,747
Nationwide Life Insurance Company	All Pro International Equity Strategy Fund	32,678	354,374
Nationwide Life Insurance Company	All Pro Large Cap Growth Fund	134,776	826,895
Nationwide Life Insurance Company	All Pro Large Cap Value Fund	86,677	891,964
Nationwide Life Insurance Company	All Pro Small Cap Growth Fund	14,225	145,588
Nationwide Life Insurance Company	All Pro Small Cap Value Fund	12,888	144,432
Nationwide Life Insurance Company	Fixed Income Fund	168,118	168,118
			<u>\$3,423,118</u>

Cost information is not provided since the investments are pooled separate accounts of Nationwide Life Insurance Company who has filed related information for the separate accounts as a direct filing entity (DFE).