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

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
EMI INDUSTRIES, LLC 401(K) & BONUS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/01/1987

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
EMI INDUSTRIES, LLC

1316 TECH BLVD
TAMPA, FL 33619

2b Employer Identification Number (EIN) 59-3252776

2c Sponsor's telephone number 813-626-3166

2d Business code (see instructions) 333200

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/07/2011	CHRISTINE UPP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/07/2011	CHRISTINE UPP
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
EMI INDUSTRIES, LLC

1316 TECH BLVD
TAMPA, FL 33619

3b Administrator's EIN
59-3252776

3c Administrator's telephone number
813-626-3166

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	229
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**	217
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	217
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	217
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	216
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D

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)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)		Trust
(4)		General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
EMI INDUSTRIES, LLC 401(K) & BONUS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
EMI INDUSTRIES, LLC

D Employer Identification Number (EIN)
59-3252776

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.

1 Coverage Information:

(a) Name of insurance carrier
HARTFORD LIFE INSURANCE COMPANY

(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
06-0974148	88072	GA-007286	216	01/01/2010	12/31/2010

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
18087	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

WELLS FARGO ADVISORS INS AGENCY LLC
WELLS FARGO ADVISORS LLC PCG ATTN
GLEN ALLEN, VA 23060

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18087			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	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	6949305

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.	6d	

Specify nature of costs ▶

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 ▶ GROUP ANNUITY CONTRACT

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

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. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan	**B** Three-digit plan number (PN) ▶	
EMI INDUSTRIES, LLC 401(K) & BONUS PLAN		001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
EMI INDUSTRIES, LLC	59-3252776

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

HARTFORD LIFE INS. CO.

06-0974148

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

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

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

HARTFORD LIFE INS. CO.

06-0974148

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 23 37 38 50 54 56 59 60 62 63 64 65 66 99	NONE	1050	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
HARTFORD LIFE INSURANCE COMPANY	15 23 37 38 50 54 56 59 60 62 63 64 65 66 99	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SEE ATTACHED 06-0974148	SEE ATTACHED	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
EMI INDUSTRIES, LLC 401(K) & BONUS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
EMI INDUSTRIES, LLC

D Employer Identification Number (EIN)
59-3252776

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: HARTFORD ADVANTAGE TK2

b Name of sponsor of entity listed in (a): HARTFORD LIFE INSURANCE COMPANY

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)
06-0974148-000	P	5165066

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT K2

b Name of sponsor of entity listed in (a): HARTFORD LIFE INSURANCE COMPANY

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)
06-0974148-000	P	1784239

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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

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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
EMI INDUSTRIES, LLC 401(K) & BONUS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EMI INDUSTRIES, LLC

D Employer Identification Number (EIN)
59-3252776

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)		
(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)	0	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	0	0
(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)	258842	237267
(9) Value of interest in common/collective trusts	1c(9)	980816	1224932
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(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)	4924388	5724373
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(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	6164046	7186572
	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 through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6164046	7186572

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)	151927	
	(B) Participants	2a(1)(B)	436854	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		588781
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(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)	12929	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		12929
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		648983
(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)		0
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		1250693
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	170107	
(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)		170107
f Corrective distributions (see instructions)	2f		57010
g Certain deemed distributions of participant loans (see instructions)	2g		0
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)	1050	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1050
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		228167
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1022526
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: RIVERO, GORDIMER & COMPANY, P.A. **(2)** EIN: 59-3040705

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		600000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
EMI INDUSTRIES, LLC 401(K) & BONUS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EMI INDUSTRIES, LLC

D Employer Identification Number (EIN)
59-3252776

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**

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): 06-0974148

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** 0

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year **6a** 0

b Enter the amount contributed by the employer to the plan for this plan year **6b** 0

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** 0

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORT

EMI INDUSTRIES, LLC
401(k) & BONUS PLAN

December 31, 2010 and 2009

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RG&Co

RIVERO, GORDIMER & COMPANY, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

Member
American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants

Cesar J. Rivero — Sam A. Lazzara
Richard Gordimer — Stephen G. Douglas
Herman V. Lazzara — Michael E. Helton
Marc D. Sasser

INDEPENDENT AUDITORS' REPORT

To the members of the
EMI Industries, LLC 401(k) & Bonus Plan

We were engaged to audit the accompanying statements of net assets available for benefits of EMI Industries, LLC 401(k) & Bonus Plan ("the Plan") as of December 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedules of assets held at end of year as of and for the years ended December 31, 2010 and 2009. These financial statements and 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 Note C, which was certified by Hartford Life Insurance Company, except for comparing the information with the related information included in the 2010 and 2009 financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2010 and 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan's 2010 and 2009 financial statements that we did not audit, we are unable to, and do not express an opinion on the accompanying financial statements and supplemental schedules. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Rivero, Gordimer & Company, P.A.

Tampa, Florida
August 25, 2011

ONE TAMPA CITY CENTER • SUITE 2600 • 201 N. FRANKLIN STREET • P. O. BOX 172359 • TAMPA, FLORIDA 33672 • 813- 875-7774 FAX 813-874-6785

EMI Industries, LLC
401(k) & Bonus Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

	2010	2009
ASSETS		
Investments (notes C and K)		
Mutual fund investments (notes B3, C and D)	$ 5,724,373	$ 4,924,388
Common/collective trust (notes B3, C and D)	1,224,932	980,816
	6,949,305	5,905,204
Receivables		
Employer contribution receivable	171,988	151,894
Notes receivable from participants (note B5)	237,267	258,842
	409,255	410,736
Total assets	7,358,560	6,315,940
LIABILITIES		
Benefit claims payable (notes A5 and B4)	-	-
Net assets available for benefits	$ 7,358,560	$ 6,315,940

The accompanying notes are an integral part of these statements.

EMI Industries, LLC
401(k) & Bonus Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the year ended December 31,

	2010	2009
Additions to net assets attributed to		
Investment income		
Net appreciation in fair value of separate accounts (note D)	$ 648,983	$ 1,060,669
Interest income on notes receivable from participants	12,929	16,768
	661,912	1,077,437
Contributions (notes A2 and A7)		
Participants	436,854	404,190
Employer	171,988	180,019
	608,842	584,209
Other	33	-
Total additions	1,270,787	1,661,646
Deductions from net assets attributed to		
Benefits paid directly to participants or beneficiaries (note A5)	170,107	439,105
Administrative expenses (note H)	1,050	1,120
Corrective distributions	57,010	27,475
Total deductions	228,167	467,700
Net increase	1,042,620	1,193,946
Net assets available for benefits at beginning of year	6,315,940	5,121,994
Net assets available for benefits at end of year	$ 7,358,560	$ 6,315,940

The accompanying notes are an integral part of these statements.

EMI Industries, LLC
401(k) & Bonus Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2010 and 2009

NOTE A - DESCRIPTION OF PLAN

Edwards Manufacturing, Ltd., a Florida limited partnership, acquired M & H Manufacturing, L.P., and All-State Fabricators, L.P. in 1999 and 2003, respectively. The M & H Manufacturing, L.P. and All-State Fabricators, L.P. 401(k) retirement plans were merged into the Edwards Manufacturing, Ltd. retirement plan in the reporting period subsequent to the company acquisitions in accordance with the Internal Revenue Code and its regulations relating to such mergers and consolidations. Effective January 1, 2009, the plan changed its name to EMI Industries, LLC 401(k) & Bonus Plan.

The following description of the EMI Industries, LLC ("Company") 401(k) and Bonus Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of its provisions.

1. General

The Plan is a defined contribution plan and trust covering employees of the Company. In order to be eligible for most aspects of the Plan, employees must have attained age 21 and completed one year of service, or worked 1,000 or more hours during the year. Furthermore, the Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

2. Contributions

Participants are permitted to make elective deferral contributions of their compensation, subject to the limits of the Internal Revenue Code. Employer matching and profit sharing contributions shall be made at the discretion of the employer. The Company accrued matching contributions of $171,988 and $151,894 at December 31, 2010 and 2009, respectively.

Effective January 1, 2009, the Plan was amended to constitute an Eligible Automatic Contribution Agreement (EACA) under Internal Revenue Code Section 414(w). Automatic enrollment applies (1) to employees who first become eligible for the Plan on or after January 1, 2009 and (2) to employees who became eligible for the Plan before January 1, 2009 but had never made an election. The default deferral rate shall be 3% of an employee's compensation each payroll period. The Plan includes the 90-day permissible withdrawal option as part of the eligible automatic contribution arrangement.

3. Participant Accounts

The participant accounts are participant directed investment options. The participants are allowed to change the percentage contributed to the Plan through payroll deductions on a bi-weekly basis. Participants can also move individual accounts from one mutual fund to another or change how the funds are allocated among investments. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

NOTE A - DESCRIPTION OF PLAN - Continued

Each participant in the Plan has a separate account that is credited with the annual allocation of (a) the Company's contributions, (b) the employee's elective contributions, (c) the Plan's earnings or losses, and (d) forfeitures, if any. Allocations are based on the prorated earnings of the employee compared to the total earnings of all participants.

4. Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon, is based on years of service. Participants in the Plan vest in employer contributions at a rate of 20% annually, and are fully vested after five years of credited service.

One hundred percent vesting occurs, regardless of the number of years of service, when a participant reaches normal retirement age (65), dies, or becomes totally and permanently disabled.

5. Payment of Benefits

Benefit payments are made in the form of a lump-sum distribution. Upon normal retirement, death, or becoming permanently disabled, Plan participants will be entitled to 100% of their account balance. If employment is terminated for any reason other than those previously mentioned, the participant will only be entitled to the vested portion of the employer contributions. However, participants are entitled to 100% of the account balance of any salary reduction or voluntary contributions made on their own behalf.

6. Forfeitures

Forfeitures of non-elective and matching contributions are used to reduce employer contributions. Forfeited non-vested accounts totaled approximately $13,000 and $28,000 at December 31, 2010 and 2009, respectively.

7. Basis of Participant Contributions

Participants may elect to have the Company contribute to the Plan, in lieu of compensation, for any plan year during which they are participants, such amounts expressed either in dollars or in whole percentages of their compensation as they elect, subject to Internal Revenue Code limitations.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of the Plan's significant accounting policies applied in the preparation of the accompanying financial statements follows:

1. Basis of Accounting

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

2. Estimates

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

3. Investment Valuation

Mutual fund investments and common/collective trusts are carried at fair value determined by quoted market prices, which represents the net asset value of shares held by the Plan at year end.

4. Benefit Payments

Benefits are recorded when paid.

5. Notes Receivable from Participants

Loans to participants are reported at their unpaid principal balances plus any accrued interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

6. Reclassifications

Certain amounts from the December 31, 2009 financial statements have been reclassified to conform to the current year’s presentation.

NOTE C - INVESTMENTS

The Plan's investments consist of mutual funds and common/collective trusts that are held by an insurance company administered trust fund. The fair value of the mutual fund and common/collective trust investments was $6,949,305 and $5,905,204 at December 31, 2010 and 2009 respectively.

NOTE C - INVESTMENTS - Continued

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

	2010	2009
AmCent Income and Growth	$ 467,309	$ 437,666
American Funds Europacific	$ 413,954	$ 413,114
Franklin Small Mid Cap Growth	$ 639,300	$ 490,603
Goldman Sachs Small Cap Value	$ 391,947	$ -
Hartford Capital Appreciation HLS	$ 803,965	$ 634,091
Hartford Total Return Bond HLS	$ 769,325	$ 703,564
Janus Balanced	$ -	$ 346,727
Janus Twenty	$ 764,362	$ 740,495
SEI Stable Asset	$ 1,224,932	$ 980,816

The information in this note was obtained from data that had been prepared and certified as complete and accurate by Hartford Life Insurance Company.

NOTE D - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement and Disclosures,* establishes a framework for using fair value to measure assets and liabilities and defines fair value as the price that would be received to sell an asset or paid to transfer a liability (an exit price) as opposed to the price that would be paid to acquire the asset or received to assume the liability (an entry price).

Under FASB ASC 820, a fair value measure should reflect the assumptions that market participants would use in pricing the asset or liability, including the assumptions about the risk inherent in a particular valuation technique, the effect of a restriction on the sale or use of an asset and the risk of nonperformance. FASB ASC 820 requires disclosures that stratify the statement of net assets available for benefits amounts measured at fair value based on inputs the Plan used to derive fair value measurements. These strata include:

- Level 1 inputs, where the valuation is based on quoted market prices for identical assets or liabilities traded in active markets (which include exchanges and over-the-counter markets with sufficient volume),

- Level 2 inputs, where the valuation is based on quoted market prices for similar instruments traded in active markets, quoted prices for identical or similar instruments in markets that are not active and model-based valuation techniques for which all significant assumptions are observable in the market, and

NOTE D - FAIR VALUE MEASUREMENTS - Continued

- Level 3 inputs, where the valuation is generated from model-based techniques that use significant assumptions not observable in the market, but observable based on fund-specific data. These unobservable assumptions reflect estimates or assumptions that market participants would use in pricing the asset or liability. Valuation techniques typically include option pricing models, discounted cash flow models and similar techniques, but may also include the use of market prices of assets or liabilities that are not directly comparable to the subject asset or liability.

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

Following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2010 and 2009:

Mutual funds: Valued at the net asset value ("NAV") of shares held by the Plan at year end. Investments in certain restricted mutual funds are valued at quoted market prices of the issuer.

Common/collective trust: Valued at the quoted market price of the issuer.

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

The following table presents financial assets measured at fair value on a recurring basis as of December 31,:

	Fair Value	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs
December 31, 2010				
Mutual funds				
Balanced funds	$ 1,706,800	$ 1,706,800	$ -	$ -
Growth funds	2,117,290	2,117,290	-	-
Fixed income funds	3,566	3,566	-	-
Value funds	1,896,717	1,896,717	-	-
Total mutual funds	5,724,373	5,724,373	-	-
Common/collective trust	1,224,932	-	1,224,932	-
Total	$ 6,949,305	$ 5,724,373	$ 1,224,932	$ -

NOTE D - FAIR VALUE MEASUREMENTS - Continued

	Fair Value	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs
December 31, 2009				
Mutual funds				
Balanced funds	$ 1,429,173	$ 1,429,173	$ -	$ -
Growth funds	1,855,836	1,855,836	-	-
Fixed income funds	28,132	28,132	-	-
Value funds	1,611,247	1,611,247	-	-
Total mutual funds	4,924,388	4,924,388	-	-
Common/collective trust	980,816	-	980,816	-
Total	$ 5,905,204	$ 4,924,388	$ 980,816	$ -

The net appreciation includes realized gains and losses on investments that were bought and sold during the respective year. The net appreciation in fair value of the investment accounts was $648,983 and $1,060,669 for the years ended December 31, 2010 and 2009, respectively.

NOTE E - PARTY-IN-INTEREST TRANSACTIONS

Fees paid to the Trustee for investment management services amounted to $1,050 and $1,120 for the years ended December 31, 2010 and 2009, respectively.

NOTE F - PLAN TERMINATION

Although the Company has not expressed any intent to do so, it has the right under the Plan to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE G - TAX STATUS

The trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the Internal Revenue Code and, accordingly, the trust's net investment income is exempt from income taxes. The Plan has obtained a favorable tax determination letter from the Internal Revenue Service and the Plan sponsor believes that the Plan continues to qualify and to operate as designed.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

NOTE H - ADMINISTRATION OF PLAN ASSETS

The Plan's assets are held by Hartford Life Insurance Company. Hartford Life Insurance Company manages the Company's contributions and invests cash received, interest and dividend income and makes distributions to participants.

Administrative functions are also performed by officers or employees of the Company. No officer or employee receives compensation from the Plan. Expenses for the Plan's administrative fees and the independent auditor fees are paid directly by the Company.

NOTE I - RECONCILIATION OF FORM 5500 TO FINANCIAL STATEMENTS

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

	2010	2009
Net assets available for benefits per Form 5500	$ 7,186,572	$ 6,164,046
Changes due to employer contributions receivable	171,988	151,894
Net assets available for benefits per the financial statements	$ 7,358,560	$ 6,315,940

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

	2010	2009
Net increase in net assets available for benefits per Form 5500	$ 1,022,526	$ 1,192,744
Changes due to contributions receivable		
Employer contributions for 2010	171,988	-
Employer contributions for 2009	(151,927)	151,894
Employer contributions for 2008	-	(150,692)
	20,061	1,202
Other	33	-
Net increase in net assets available for benefits per the financial statements	$ 1,042,620	$ 1,193,946

NOTE J - CERTIFICATION

Hartford Life Insurance Company has certified the Plan's investments, including participant loans, and the investment income and losses as being complete and accurate.

NOTE K - 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 value of investment securities will occur in the near term and that such changes could materially affect the participants' account balances and the amount reported in the statement of net assets available for benefits.

NOTE L - PARTICIPANT DISTRIBUTIONS

No plan participants have elected to have distributions as of December 31, 2010 and 2009, and not had their vested balances paid to them by the year end, respectively.

NOTE M - SUBSEQUENT EVENT

The Plan's management has evaluated events and transactions occurring subsequent to December 31, 2010 as of August 25, 2011, which is the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

EMI Industries, LLC
401(k) & Bonus Plan

SCHEDULE OF ASSETS HELD AT END OF YEAR

December 31, 2010

Supplemental Schedule for IRS Form 5500 - Schedule H, Part IV, Item 4i
Plan EIN 59-3252776
Plan Number 001

(a)	(b)	(c)	(d)	(e)
Party of Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
❖	Hartford Total HLS	Mutual Fund	$ -	$ 769,325
	Janus Balanced	Mutual Fund	-	311,820
❖	Hartford Capital Apprec. HLS	Mutual Fund	-	803,965
	Janus Twenty	Mutual Fund	-	764,362
	Mutual Shares	Mutual Fund	-	268,136
	Davis New York Venture	Mutual Fund	-	187,564
❖	Hartford Money Market HLS	Mutual Fund	-	3,566
	SEI Stable Asset	Common/Collective Trust	-	1,224,932
❖	Hartford Index HLS	Mutual Fund	-	207,383
	Putnam Multi Cap Growth	Mutual Fund	-	228,164
	Amcent Income & Growth	Mutual Fund	-	467,309
	Franklin Small Mid Cap Growth	Mutual Fund	-	639,300
	Goldman Sachs Small Cap Value	Mutual Fund	-	391,947
	American Funds EuroPacific	Mutual Fund	-	413,954
	Goldman Sachs Mid Cap Value	Mutual Fund	-	59,749
	Van Kampen Small Cap Growth	Mutual Fund	-	33,235
	American Funds Am Balanced	Mutual Fund	-	27,164
	T. Rowe Price Retirement 2020	Mutual Fund	-	90,509
	T. Rowe Price Retirement 2030	Mutual Fund	-	26,631
	T. Rowe Price Retirement Inc.	Mutual Fund	-	7,021
	T. Rowe Price Retirement 2040	Mutual Fund	-	23,269
	Subtotal			6,949,305
❖	Participant Loans	5.25% to 10.25%	-	237,267
			$ -	$ 7,186,572

Department of Labor Regulation 2520.130-11(d) allows the exclusion of participant directed transactions from the historical cost entry on the Schedule of Assets Held at End of Year.

(a) ❖ Party–in–interest to the Plan

EMI Industries, LLC
401(k) & Bonus Plan

SCHEDULE OF ASSETS HELD AT END OF YEAR

December 31, 2009

Supplemental Schedule for IRS Form 5500 - Schedule H, Part IV, Item 4i
Plan EIN 59-3252776
Plan Number 001

(a)	(b)	(c)	(d)	(e)
Party of Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
❖	Hartford Total HLS	Mutual Fund	$ -	$ 703,564
	Janus Balanced	Mutual Fund	-	346,727
❖	Hartford Capital Apprec. HLS	Mutual Fund	-	634,091
	Janus Twenty	Mutual Fund	-	740,495
	Mutual Shares	Mutual Fund	-	202,658
	Davis New York Venture	Mutual Fund	-	156,198
❖	Hartford Money Market HLS	Mutual Fund	-	28,132
	SEI Stable Asset	Common/Collective Trust	-	980,816
❖	Hartford Index HLS	Mutual Fund	-	165,429
	Putnam Vista	Mutual Fund	-	163,991
	Amcent Income & Growth	Mutual Fund	-	437,666
	Franklin Small Mid Cap Growth	Mutual Fund	-	490,603
	Goldman Sachs Small Cap Value	Mutual Fund	-	267,359
	American Funds EuroPacific	Mutual Fund	-	413,114
	Goldman Sachs Mid Cap Value	Mutual Fund	-	38,478
	Van Kampen Small Cap Growth	Mutual Fund	-	30,260
	American Funds Am Balanced	Mutual Fund	-	20,860
	T. Rowe Price Retirement 2020	Mutual Fund	-	79,505
	T. Rowe Price Retirement 2030	Mutual Fund	-	3,607
	T. Rowe Price Retirement Inc.	Mutual Fund	-	1,003
	T. Rowe Price Retirement 2040	Mutual Fund	-	648
	Subtotal		-	5,905,204
❖	Participant Loans	5.25% to 10.25%	-	258,842
			$ -	$ 6,164,046

Department of Labor Regulation 2520.130-11(d) allows the exclusion of participant directed transactions from the historical cost entry on the Schedule of Assets Held at End of Year.

(a) ❖ Party–in–interest to the Plan

2010 Fee and Compensation Disclosure Report

This document is intended to assist a plan administrator ("you") in understanding the fees and compensation associated with your plan. If your plan is required to complete a *Form 5500 Schedule C*, this report identifies the different types of reportable compensation paid with respect to the Hartford product utilized by the retirement plan.

As permitted under the Schedule C reporting rules, compensation is disclosed in the attached report as an actual dollar amount, an estimate, or a formula or rate.

- Where it is an actual dollar amount, no further notation is provided.
- Where it is an estimate, we have used a reasonable method to arrive at the estimate and described the method used to arrive at the estimated amount.
- Where a formula or rate is provided, the formula may be disclosed under the Schedule C reporting rules. Alternatively, for purposes of Schedule C or for your fiduciary review of the compensation paid with respect to the plan's product, you may calculate an actual or estimated dollar amount by multiplying the rate by the total assets to which it applies. Thus, much of the compensation information being provided can be expressed in the form of a formula.

Please note that all compensation is being reported for the 2010 calendar year. This report includes compensation actually paid to or by The Hartford within the 2010 calendar year as part of your Hartford product. This report does not include amounts deducted from plan assets and paid to third parties (other than The Hartford). In addition, the report does not include compensation related to investments held by the plan that are not serviced on our recordkeeping system. You should contact your other service providers for reportable compensation information. You may also receive information on the compensation reported here directly from other service providers.

Please note that we have provided suggested service codes with respect to services provided through our Hartford product. These service codes are listed in the 2010 Instructions for Schedule C (Form 5500). Please review with your experienced benefits counsel and other professionals to determine the most appropriate service codes for your plan.

Please contact your Hartford Client Service Team should you require additional information regarding the compensation paid to or by The Hartford with respect to your plan.

Information provided in this document and related materials we provide are not intended to be and shall not be deemed tax advice, tax form preparation services, legal advice or accounting or other professional services. We strongly encourage you to review all Schedule C and other Form 5500 materials with experienced benefits counsel and other professionals.

FORM 5500 SCHEDULE C REPORT
SCHEDULE C, LINE 2(h) AND LINE 3(e) FORMULA DESCRIPTION

EMI INDUSTRIES, LLC 401(K) & BONUS PLAN (007286)
PLAN YEAR END: 12/31

For use with lines 2(h), 3(c), 3(d), 3(e)

Recipient: Hartford Life Insurance Company EIN: 06-0974148

Service Codes: 15, 23, 37, 38, 54, 55, 59, 60, 62, 63, 64, 65, 66, 99, 50 (if direct compensation amount reflected below)

1. Direct Compensation **$1,050.00**

The total amount identified above reflects all fees deducted from plan assets at the plan administrator's direction. Of this amount, our records indicate that Hartford Life Insurance Company received **$1,050.00** . Please review your records to determine what other service providers (e.g., a reimbursement paid to any plan fiduciary, your employee benefits counsel, plan auditor) received all or any portion of the remaining amount.

Note: Due to system accounting protocols (including 'cash basis' accounting), amounts reported as Direct Compensation and amounts reported as paid to Hartford Life Insurance Company are the net result of aggregating direct compensation after the effects of adjustments processed in 2010, some of which may have pertained to prior years.

2. Indirect Compensation

Program & Administrative Charge
Service Code: 66

Hartford Life Insurance Company Separate Accounts, 200 Hopmeadow Road, Simsbury, CT 06089

[see fund chart below for percentage]% per annum of the daily Sub-Account values (pursuant to the group annuity contract or funding agreement)

Float compensation **$9.26**

Bank accounts and investments associated with short-term investment pool, 200 Hopmeadow Road, Simsbury, CT 06089

This is an estimate based on the annual average rate of float (0.1415% for 2010) earned on the bank accounts and investment associated with the short-term investment pool for the 2010 calendar year multiplied by an estimate of the assets related to uncashed checks. This estimate does not include float earned for any other reason (e.g., if amounts remitted to Hartford cannot be immediately invested because they are not in good order). Please review or request a copy of the current float disclosure for more information about the other circumstances in which float is earned.

Compensation paid with respect to Underlying Funds

Investment Option Name	*EIN*	*Fees Received from investment options on your Plan's Menu (rates as of 12/31/10)*	*Total Annual Expenses[2] (as of 12/31/10)*	*Program & Admin. Charge*
AMERICAN CENTURY INC & GRTH INV	43-1819235	0.35% x assets	0.70%	0.35%
AMERICAN FUNDS AMERICAN BAL R3	94-6050854	0.60% x assets	0.96%	0.35%
AMERICAN FUNDS EUROPAC GROWTH R3	95-1411037	0.60% x assets	1.15%	0.35%
DAVIS NEW YORK VENTURE A	13-2601967	0.35% x assets plus $12/participant	0.90%	0.35%
FRANKLIN SMMID CAP GROWTH A	13-3151768	0.35% x assets plus $12/participant	1.04%	0.35%
GOLDMAN SACHS MDCAP VALUE A	13-4019460	0.55% x assets	1.17%	0.35%

Investment Option Name	*EIN*	*Fees Received from investment options on your Plan's Menu (rates as of 12/31/10)*	*Total Annual Expenses[2] (as of 12/31/10)*	*Program & Admin. Charge*
GOLDMAN SACHS SMALL CAP VALUE A	13-4019460	0.55% x assets	1.48%	0.35%
HARTFORD CAPITAL APP HLS IA	22-2937447	0.25% x assets	0.68%	0.35%
HARTFORD INDEX HLS IA	22-2937447	0.25% x assets	0.35%	0.35%
HARTFORD MONEY MARKET HLS IA	22-2937447		0.48%	0.35%
HARTFORD TOTAL RET BOND HLS IA	22-2937447	0.25% x assets	0.51%	0.35%
INVESCO VAN KAMPEN S CP GROWTH A	76-0343427	0.50% x assets	1.39%	0.35%
JANUS BALANCED T	84-0592523	0.30% x assets	0.82%	0.35%
JANUS TWENTY T	84-0592523	0.30% x assets	0.94%	0.35%
MUTUAL SHARES A	22-2894171	0.35% x assets plus $12/participant	1.13%	0.35%
PUTNAM MUTLI-CAP GROWTH A	04-3091455	0.50% x assets	1.29%	0.35%
PUTNAM VISTA A	NA[1]	0.50% x assets	1.31%	0.35%
SEI STABLE ASSET 4	NA[1]	0.50% x assets	0.65%	0.35%
T. ROWE PRICE RETIRE 2020 R	52-1151266	0.65% x assets	1.21%	0.35%
T. ROWE PRICE RETIRE 2030 R	52-1151266	0.65% x assets	1.26%	0.35%
T. ROWE PRICE RETIRE 2040 R	52-1151266	0.65% x assets	1.27%	0.35%
T. ROWE PRICE RETIRE INCOME R	52-1151266	0.65% x assets	1.09%	0.35%

[1] At the time this report was generated this information was not available.

Under the variable investment options available through your plan's group annuity contract or funding agreement, contract values are invested in Hartford Life Insurance Company separate accounts that, in turn, invest in underlying registered investment companies (i.e., mutual funds) and collective investment funds.

The list includes any investment option held by the plan during the 2010 calendar year. To arrive at an estimate of the dollar amount that Hartford received from each investment option, multiply the rate of fees received from each investment option by your plan's year-end balance (or if the investment option was liquidated prior to year end, the balance on the liquidation date) and, if applicable, the per participant fee by the number of participants in the investment option at year end (or the liquidation date if earlier). This will be an estimate because your plan's balance and number of participants will vary over the course of the year, so the year-end balance and number of participants may be higher or lower than the daily balance. In addition, these fees are calculated on a daily basis.

[2] This amount is the sum of the fund's distribution, management and other fees, which are also identified in the fund's prospectus. Please note that affiliates of Hartford Life Insurance Company act as advisor to the Hartford funds. Such affiliates are identified in the fund's prospectus' and receive management fees in the following amounts:

Hartford Capital Appreciation HLS Inv Opt	0.63% x assets
Hartford Index HLS Inv Opt	0.30% x assets
Hartford Money Market HLS Inv Opt	0.40% x assets
Hartford Total Return Bond HLS Inv Opt	0.46% x assets

FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORT

EMI INDUSTRIES, LLC
401(k) & BONUS PLAN

December 31, 2010 and 2009

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RG&Co

RIVERO, GORDIMER & COMPANY, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

Member
American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants

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INDEPENDENT AUDITORS' REPORT

To the members of the
EMI Industries, LLC 401(k) & Bonus Plan

We were engaged to audit the accompanying statements of net assets available for benefits of EMI Industries, LLC 401(k) & Bonus Plan ("the Plan") as of December 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedules of assets held at end of year as of and for the years ended December 31, 2010 and 2009. These financial statements and 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 Note C, which was certified by Hartford Life Insurance Company, except for comparing the information with the related information included in the 2010 and 2009 financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2010 and 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan's 2010 and 2009 financial statements that we did not audit, we are unable to, and do not express an opinion on the accompanying financial statements and supplemental schedules. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Rivero, Gordimer & Company, P.A.

Tampa, Florida
August 25, 2011

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EMI Industries, LLC
401(k) & Bonus Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

	2010	2009
ASSETS		
Investments (notes C and K)		
Mutual fund investments (notes B3, C and D)	$ 5,724,373	$ 4,924,388
Common/collective trust (notes B3, C and D)	1,224,932	980,816
	6,949,305	5,905,204
Receivables		
Employer contribution receivable	171,988	151,894
Notes receivable from participants (note B5)	237,267	258,842
	409,255	410,736
Total assets	7,358,560	6,315,940
LIABILITIES		
Benefit claims payable (notes A5 and B4)	-	-
Net assets available for benefits	$ 7,358,560	$ 6,315,940

The accompanying notes are an integral part of these statements.

EMI Industries, LLC
401(k) & Bonus Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the year ended December 31,

	2010	2009
Additions to net assets attributed to		
Investment income		
Net appreciation in fair value of separate accounts (note D)	$ 648,983	$ 1,060,669
Interest income on notes receivable from participants	12,929	16,768
	661,912	1,077,437
Contributions (notes A2 and A7)		
Participants	436,854	404,190
Employer	171,988	180,019
	608,842	584,209
Other	33	-
Total additions	1,270,787	1,661,646
Deductions from net assets attributed to		
Benefits paid directly to participants or beneficiaries (note A5)	170,107	439,105
Administrative expenses (note H)	1,050	1,120
Corrective distributions	57,010	27,475
Total deductions	228,167	467,700
Net increase	1,042,620	1,193,946
Net assets available for benefits at beginning of year	6,315,940	5,121,994
Net assets available for benefits at end of year	$ 7,358,560	$ 6,315,940

The accompanying notes are an integral part of these statements.

EMI Industries, LLC
401(k) & Bonus Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2010 and 2009

NOTE A - DESCRIPTION OF PLAN

Edwards Manufacturing, Ltd., a Florida limited partnership, acquired M & H Manufacturing, L.P., and All-State Fabricators, L.P. in 1999 and 2003, respectively. The M & H Manufacturing, L.P. and All-State Fabricators, L.P. 401(k) retirement plans were merged into the Edwards Manufacturing, Ltd. retirement plan in the reporting period subsequent to the company acquisitions in accordance with the Internal Revenue Code and its regulations relating to such mergers and consolidations. Effective January 1, 2009, the plan changed its name to EMI Industries, LLC 401(k) & Bonus Plan.

The following description of the EMI Industries, LLC ("Company") 401(k) and Bonus Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of its provisions.

1. General

The Plan is a defined contribution plan and trust covering employees of the Company. In order to be eligible for most aspects of the Plan, employees must have attained age 21 and completed one year of service, or worked 1,000 or more hours during the year. Furthermore, the Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

2. Contributions

Participants are permitted to make elective deferral contributions of their compensation, subject to the limits of the Internal Revenue Code. Employer matching and profit sharing contributions shall be made at the discretion of the employer. The Company accrued matching contributions of $171,988 and $151,894 at December 31, 2010 and 2009, respectively.

Effective January 1, 2009, the Plan was amended to constitute an Eligible Automatic Contribution Agreement (EACA) under Internal Revenue Code Section 414(w). Automatic enrollment applies (1) to employees who first become eligible for the Plan on or after January 1, 2009 and (2) to employees who became eligible for the Plan before January 1, 2009 but had never made an election. The default deferral rate shall be 3% of an employee's compensation each payroll period. The Plan includes the 90-day permissible withdrawal option as part of the eligible automatic contribution arrangement.

3. Participant Accounts

The participant accounts are participant directed investment options. The participants are allowed to change the percentage contributed to the Plan through payroll deductions on a bi-weekly basis. Participants can also move individual accounts from one mutual fund to another or change how the funds are allocated among investments. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

NOTE A - DESCRIPTION OF PLAN - Continued

Each participant in the Plan has a separate account that is credited with the annual allocation of (a) the Company's contributions, (b) the employee's elective contributions, (c) the Plan's earnings or losses, and (d) forfeitures, if any. Allocations are based on the prorated earnings of the employee compared to the total earnings of all participants.

4. Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon, is based on years of service. Participants in the Plan vest in employer contributions at a rate of 20% annually, and are fully vested after five years of credited service.

One hundred percent vesting occurs, regardless of the number of years of service, when a participant reaches normal retirement age (65), dies, or becomes totally and permanently disabled.

5. Payment of Benefits

Benefit payments are made in the form of a lump-sum distribution. Upon normal retirement, death, or becoming permanently disabled, Plan participants will be entitled to 100% of their account balance. If employment is terminated for any reason other than those previously mentioned, the participant will only be entitled to the vested portion of the employer contributions. However, participants are entitled to 100% of the account balance of any salary reduction or voluntary contributions made on their own behalf.

6. Forfeitures

Forfeitures of non-elective and matching contributions are used to reduce employer contributions. Forfeited non-vested accounts totaled approximately $13,000 and $28,000 at December 31, 2010 and 2009, respectively.

7. Basis of Participant Contributions

Participants may elect to have the Company contribute to the Plan, in lieu of compensation, for any plan year during which they are participants, such amounts expressed either in dollars or in whole percentages of their compensation as they elect, subject to Internal Revenue Code limitations.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of the Plan's significant accounting policies applied in the preparation of the accompanying financial statements follows:

1. Basis of Accounting

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

2. Estimates

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

3. Investment Valuation

Mutual fund investments and common/collective trusts are carried at fair value determined by quoted market prices, which represents the net asset value of shares held by the Plan at year end.

4. Benefit Payments

Benefits are recorded when paid.

5. Notes Receivable from Participants

Loans to participants are reported at their unpaid principal balances plus any accrued interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

6. Reclassifications

Certain amounts from the December 31, 2009 financial statements have been reclassified to conform to the current year’s presentation.

NOTE C - INVESTMENTS

The Plan's investments consist of mutual funds and common/collective trusts that are held by an insurance company administered trust fund. The fair value of the mutual fund and common/collective trust investments was $6,949,305 and $5,905,204 at December 31, 2010 and 2009 respectively.

NOTE C - INVESTMENTS - Continued

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

	2010	2009
AmCent Income and Growth	$ 467,309	$ 437,666
American Funds Europacific	$ 413,954	$ 413,114
Franklin Small Mid Cap Growth	$ 639,300	$ 490,603
Goldman Sachs Small Cap Value	$ 391,947	$ -
Hartford Capital Appreciation HLS	$ 803,965	$ 634,091
Hartford Total Return Bond HLS	$ 769,325	$ 703,564
Janus Balanced	$ -	$ 346,727
Janus Twenty	$ 764,362	$ 740,495
SEI Stable Asset	$ 1,224,932	$ 980,816

The information in this note was obtained from data that had been prepared and certified as complete and accurate by Hartford Life Insurance Company.

NOTE D - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement and Disclosures,* establishes a framework for using fair value to measure assets and liabilities and defines fair value as the price that would be received to sell an asset or paid to transfer a liability (an exit price) as opposed to the price that would be paid to acquire the asset or received to assume the liability (an entry price).

Under FASB ASC 820, a fair value measure should reflect the assumptions that market participants would use in pricing the asset or liability, including the assumptions about the risk inherent in a particular valuation technique, the effect of a restriction on the sale or use of an asset and the risk of nonperformance. FASB ASC 820 requires disclosures that stratify the statement of net assets available for benefits amounts measured at fair value based on inputs the Plan used to derive fair value measurements. These strata include:

- Level 1 inputs, where the valuation is based on quoted market prices for identical assets or liabilities traded in active markets (which include exchanges and over-the-counter markets with sufficient volume),

- Level 2 inputs, where the valuation is based on quoted market prices for similar instruments traded in active markets, quoted prices for identical or similar instruments in markets that are not active and model-based valuation techniques for which all significant assumptions are observable in the market, and

NOTE D - FAIR VALUE MEASUREMENTS - Continued

- Level 3 inputs, where the valuation is generated from model-based techniques that use significant assumptions not observable in the market, but observable based on fund-specific data. These unobservable assumptions reflect estimates or assumptions that market participants would use in pricing the asset or liability. Valuation techniques typically include option pricing models, discounted cash flow models and similar techniques, but may also include the use of market prices of assets or liabilities that are not directly comparable to the subject asset or liability.

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

Following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2010 and 2009:

Mutual funds: Valued at the net asset value ("NAV") of shares held by the Plan at year end. Investments in certain restricted mutual funds are valued at quoted market prices of the issuer.

Common/collective trust: Valued at the quoted market price of the issuer.

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

The following table presents financial assets measured at fair value on a recurring basis as of December 31,:

	Fair Value	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs
December 31, 2010				
Mutual funds				
Balanced funds	$ 1,706,800	$ 1,706,800	$ -	$ -
Growth funds	2,117,290	2,117,290	-	-
Fixed income funds	3,566	3,566	-	-
Value funds	1,896,717	1,896,717	-	-
Total mutual funds	5,724,373	5,724,373	-	-
Common/collective trust	1,224,932	-	1,224,932	-
Total	$ 6,949,305	$ 5,724,373	$ 1,224,932	$ -

NOTE D - FAIR VALUE MEASUREMENTS - Continued

	Fair Value	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs
December 31, 2009				
Mutual funds				
Balanced funds	$ 1,429,173	$ 1,429,173	$ -	$ -
Growth funds	1,855,836	1,855,836	-	-
Fixed income funds	28,132	28,132	-	-
Value funds	1,611,247	1,611,247	-	-
Total mutual funds	4,924,388	4,924,388	-	-
Common/collective trust	980,816	-	980,816	-
Total	$ 5,905,204	$ 4,924,388	$ 980,816	$ -

The net appreciation includes realized gains and losses on investments that were bought and sold during the respective year. The net appreciation in fair value of the investment accounts was $648,983 and $1,060,669 for the years ended December 31, 2010 and 2009, respectively.

NOTE E - PARTY-IN-INTEREST TRANSACTIONS

Fees paid to the Trustee for investment management services amounted to $1,050 and $1,120 for the years ended December 31, 2010 and 2009, respectively.

NOTE F - PLAN TERMINATION

Although the Company has not expressed any intent to do so, it has the right under the Plan to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE G - TAX STATUS

The trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the Internal Revenue Code and, accordingly, the trust's net investment income is exempt from income taxes. The Plan has obtained a favorable tax determination letter from the Internal Revenue Service and the Plan sponsor believes that the Plan continues to qualify and to operate as designed.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

NOTE H - ADMINISTRATION OF PLAN ASSETS

The Plan's assets are held by Hartford Life Insurance Company. Hartford Life Insurance Company manages the Company's contributions and invests cash received, interest and dividend income and makes distributions to participants.

Administrative functions are also performed by officers or employees of the Company. No officer or employee receives compensation from the Plan. Expenses for the Plan's administrative fees and the independent auditor fees are paid directly by the Company.

NOTE I - RECONCILIATION OF FORM 5500 TO FINANCIAL STATEMENTS

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

	2010	2009
Net assets available for benefits per Form 5500	$ 7,186,572	$ 6,164,046
Changes due to employer contributions receivable	171,988	151,894
Net assets available for benefits per the financial statements	$ 7,358,560	$ 6,315,940

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

	2010	2009
Net increase in net assets available for benefits per Form 5500	$ 1,022,526	$ 1,192,744
Changes due to contributions receivable		
Employer contributions for 2010	171,988	-
Employer contributions for 2009	(151,927)	151,894
Employer contributions for 2008	-	(150,692)
	20,061	1,202
Other	33	-
Net increase in net assets available for benefits per the financial statements	$ 1,042,620	$ 1,193,946

NOTE J - CERTIFICATION

Hartford Life Insurance Company has certified the Plan's investments, including participant loans, and the investment income and losses as being complete and accurate.

NOTE K - 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 value of investment securities will occur in the near term and that such changes could materially affect the participants' account balances and the amount reported in the statement of net assets available for benefits.

NOTE L - PARTICIPANT DISTRIBUTIONS

No plan participants have elected to have distributions as of December 31, 2010 and 2009, and not had their vested balances paid to them by the year end, respectively.

NOTE M - SUBSEQUENT EVENT

The Plan's management has evaluated events and transactions occurring subsequent to December 31, 2010 as of August 25, 2011, which is the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

EMI Industries, LLC
401(k) & Bonus Plan

SCHEDULE OF ASSETS HELD AT END OF YEAR

December 31, 2010

Supplemental Schedule for IRS Form 5500 - Schedule H, Part IV, Item 4i
Plan EIN 59-3252776
Plan Number 001

(a)	(b)	(c)	(d)	(e)
Party of Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
❖	Hartford Total HLS	Mutual Fund	$ -	$ 769,325
	Janus Balanced	Mutual Fund	-	311,820
❖	Hartford Capital Apprec. HLS	Mutual Fund	-	803,965
	Janus Twenty	Mutual Fund	-	764,362
	Mutual Shares	Mutual Fund	-	268,136
	Davis New York Venture	Mutual Fund	-	187,564
❖	Hartford Money Market HLS	Mutual Fund	-	3,566
	SEI Stable Asset	Common/Collective Trust	-	1,224,932
❖	Hartford Index HLS	Mutual Fund	-	207,383
	Putnam Multi Cap Growth	Mutual Fund	-	228,164
	Amcent Income & Growth	Mutual Fund	-	467,309
	Franklin Small Mid Cap Growth	Mutual Fund	-	639,300
	Goldman Sachs Small Cap Value	Mutual Fund	-	391,947
	American Funds EuroPacific	Mutual Fund	-	413,954
	Goldman Sachs Mid Cap Value	Mutual Fund	-	59,749
	Van Kampen Small Cap Growth	Mutual Fund	-	33,235
	American Funds Am Balanced	Mutual Fund	-	27,164
	T. Rowe Price Retirement 2020	Mutual Fund	-	90,509
	T. Rowe Price Retirement 2030	Mutual Fund	-	26,631
	T. Rowe Price Retirement Inc.	Mutual Fund	-	7,021
	T. Rowe Price Retirement 2040	Mutual Fund	-	23,269
	Subtotal			6,949,305
❖	Participant Loans	5.25% to 10.25%	-	237,267
			$ -	$ 7,186,572

Department of Labor Regulation 2520.130-11(d) allows the exclusion of participant directed transactions from the historical cost entry on the Schedule of Assets Held at End of Year.

(a) ❖ Party–in–interest to the Plan

EMI Industries, LLC
401(k) & Bonus Plan

SCHEDULE OF ASSETS HELD AT END OF YEAR

December 31, 2009

Supplemental Schedule for IRS Form 5500 - Schedule H, Part IV, Item 4i
Plan EIN 59-3252776
Plan Number 001

(a)	(b)	(c)	(d)	(e)
Party of Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
❖	Hartford Total HLS	Mutual Fund	$ -	$ 703,564
	Janus Balanced	Mutual Fund	-	346,727
❖	Hartford Capital Apprec. HLS	Mutual Fund	-	634,091
	Janus Twenty	Mutual Fund	-	740,495
	Mutual Shares	Mutual Fund	-	202,658
	Davis New York Venture	Mutual Fund	-	156,198
❖	Hartford Money Market HLS	Mutual Fund	-	28,132
	SEI Stable Asset	Common/Collective Trust	-	980,816
❖	Hartford Index HLS	Mutual Fund	-	165,429
	Putnam Vista	Mutual Fund	-	163,991
	Amcent Income & Growth	Mutual Fund	-	437,666
	Franklin Small Mid Cap Growth	Mutual Fund	-	490,603
	Goldman Sachs Small Cap Value	Mutual Fund	-	267,359
	American Funds EuroPacific	Mutual Fund	-	413,114
	Goldman Sachs Mid Cap Value	Mutual Fund	-	38,478
	Van Kampen Small Cap Growth	Mutual Fund	-	30,260
	American Funds Am Balanced	Mutual Fund	-	20,860
	T. Rowe Price Retirement 2020	Mutual Fund	-	79,505
	T. Rowe Price Retirement 2030	Mutual Fund	-	3,607
	T. Rowe Price Retirement Inc.	Mutual Fund	-	1,003
	T. Rowe Price Retirement 2040	Mutual Fund	-	648
	Subtotal		-	5,905,204
❖	Participant Loans	5.25% to 10.25%	-	258,842
			$ -	$ 6,164,046

Department of Labor Regulation 2520.130-11(d) allows the exclusion of participant directed transactions from the historical cost entry on the Schedule of Assets Held at End of Year.

(a) ❖ Party–in–interest to the Plan