Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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. . . . . ▶ [X]

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
LORD CORPORATION HOURLY EMPLOYEES' PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1954

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

PO BOX 8012
CARY, NC 27512-8012

2b Employer Identification Number (EIN) 25-0626921

2c Sponsor's telephone number 919-468-5979

2d Business code (see instructions) 325500

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2011	SHAWN HYLTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2011	SHAWN HYLTON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") LORD CORPORATION PO BOX 8012 CARY, NC 27512-8012	**3b** Administrator's EIN 25-0626921 **3c** Administrator's telephone number 919-468-5979

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:	**4b** EIN
a Sponsor's name	**4c** PN

5 Total number of participants at the beginning of the plan year	**5**	707
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**	244
b Retired or separated participants receiving benefits	**6b**	217
c Other retired or separated participants entitled to future benefits	**6c**	163
d Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	624
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	74
f Total. Add lines **6d** and **6e**	**6f**	698
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	3
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B 1G

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	☐ Insurance	**(1)**	☐ Insurance
(2)	☐ Code section 412(e)(3) insurance contracts	**(2)**	☐ Code section 412(e)(3) insurance contracts
(3)	☒ Trust	**(3)**	☒ Trust
(4)	☐ General assets of the sponsor	**(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		**b General Schedules**		
(1)	☒ **R** (Retirement Plan Information)	**(1)**	☒	**H** (Financial Information)
(2)	☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	**(2)**	☐	**I** (Financial Information – Small Plan)
		(3)	☐ ___	**A** (Insurance Information)
		(4)	☒	**C** (Service Provider Information)
(3)	☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	**(5)**	☒	**D** (DFE/Participating Plan Information)
		(6)	☐	**G** (Financial Transaction Schedules)

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial 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) and section 6059 of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500 or 5500-SF.**	**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

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

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

A Name of plan
LORD CORPORATION HOURLY EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
LORD CORPORATION

D Employer Identification Number (EIN)
25-0626921

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2010

2	Assets:			
a	Market value	2a		24843315
b	Actuarial value	2b		26622136
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	3a	289	13662425
b	For terminated vested participants	3b	165	2552119
c	For active participants:			
	(1) Non-vested benefits	3c(1)		1285323
	(2) Vested benefits	3c(2)		11817009
	(3) Total active	3c(3)	253	13102332
d	Total	3d	707	29316876
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5		6.67 %
6	Target normal cost	6		640989

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary	Date 09/30/2011
LORI A VALIS Type or print name of actuary	11-07091 Most recent enrollment number
FIDELITY INVESTMENTS Firm name	617-563-7000 Telephone number (including area code)
200 SEAPORT BLVD, ZW10B BOSTON, MA 02210 Address of the firm	

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	4013904	1827395
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	485207	0
9	Amount remaining (Item 7 minus item 8)	3528697	1827395
10	Interest on item 9 using prior year's actual return of 18.46 %	651397	337337
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		1858764
b	Interest on (a) using prior year's effective rate of 8.22 %		202475
c	Total available at beginning of current plan year to add to prefunding balance		2061239
d	Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	4180094	1927785
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0	236947

Part III Funding percentages

14	Funding target attainment percentage	14	90.00 %
15	Adjusted funding target attainment percentage	15	90.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	89.49 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/14/2010	242820				
08/31/2011	1400000				
09/07/2011	1400000				
09/14/2011	1500000				
			Totals ► 18(b)	4542820	18(c) 0

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

a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	4089370

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
5.03 %	6.73 %	6.82 %	

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	**31**	640989

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1759012	296028
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	**34**	937017

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	236947	236947

36 Additional cash requirement (item 34 minus item 35)	**36**	700070
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	4089370
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	3389300
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	0
40 Unpaid minimum required contribution for all years	**40**	0

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2010
Department of Labor Employee Benefits Security Administration	▶ **File as an attachment to Form 5500.**	**This Form is Open to Public Inspection.**
Pension Benefit Guaranty Corporation		

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

A Name of plan
LORD CORPORATION HOURLY EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
LORD CORPORATION

D Employer Identification Number (EIN)
25-0626921

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

STATE STREET

51-6012443

(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)

FIDELITY INVESTMENTS

04-6567108

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	ACTUARY/CONS	19081	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SUNTRUST SEIX PROFESSIONAL

13-3673812

(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?
28 50	INV MGMT	11098	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JP MORGAN/MERCER GLOBAL

03-0282430

(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?
28 50	INV MGMT	14923	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
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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
LORD CORPORATION HOURLY EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
LORD CORPORATION

D Employer Identification Number (EIN)
25-0626921

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: SALARIED & HOURLY PENSION TRUST

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

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)
25-0626921-021	M	26299384

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)	Financial 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), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **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
LORD CORPORATION HOURLY EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
LORD CORPORATION

D Employer Identification Number (EIN)
25-0626921

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)	2126151	4300000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	838731	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	21869742	26299384
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	24834624	30599384
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	24834624	30599384

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)	4542820	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4542820
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		2895232
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		7438052

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1569722	
(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)		1569722
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	9380	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	26021	
(4) Other	2i(4)	9701	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		45102
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1614824

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		5823228
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		58468

Part III Accountant's Opinion

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

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

(1) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: MCGILL, POWER, BELL & ASSOC, LLP **(2)** EIN: 25-1031405

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		3000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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)	Retirement Plan 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 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.**	**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
LORD CORPORATION HOURLY EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
LORD CORPORATION

D Employer Identification Number (EIN)
25-0626921

Part I Distributions

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

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

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

EIN(s): 04-3275867 _____

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** 1

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

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

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

---

a Name of contributing employer

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

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

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

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

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

---

a Name of contributing employer

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

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

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

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

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

---

a Name of contributing employer

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

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

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

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

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

---

a Name of contributing employer

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

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

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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):

McGill, Power, Bell & Associates, LLP
Certified Public Accountants • Business & Financial Advisors
80 YEARS and Still Counting

1920 West 8th Street
Erie, PA 16505
814.453.6594
Fax: 814.455.3642

Independent Auditor's Report

To the Investment & Benefits Committee
LORD Corporation

We have audited the accompanying statements of net assets available for benefits of LORD Corporation Hourly Employees' Pension 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. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

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

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding LORD Corporation Hourly Employees' Pension Plan's net assets available for benefits as of December 31, 2010, and changes therein for the year then ended and its financial status as of December 31, 2009, and changes therein for the year then ended in conformity with accounting principles generally accepted in the United States of America.

McGill, Power, Bell & Associates, LLP

McGill, Power, Bell & Associates, LLP
Erie, Pennsylvania
August 24, 2011

HOURLY EMPLOYEES' PENSION PLAN

AUDITED FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

LORD CORPORATION
HOURLY EMPLOYEES' PENSION PLAN
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AUDITED FINANCIAL STATEMENTS

McGill, Power, Bell & Associates, LLP
Certified Public Accountants • Business & Financial Advisors
80 YEARS and Still Counting

1920 West 8th Street
Erie, PA 16505
814.453.6594
Fax: 814.455.3642

Independent Auditor's Report

To the Investment & Benefits Committee
LORD Corporation

We have audited the accompanying statements of net assets available for benefits of LORD Corporation Hourly Employees' Pension 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. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

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

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding LORD Corporation Hourly Employees' Pension Plan's net assets available for benefits as of December 31, 2010, and changes therein for the year then ended and its financial status as of December 31, 2009, and changes therein for the year then ended in conformity with accounting principles generally accepted in the United States of America.

McGill, Power, Bell & Associates, LLP

McGill, Power, Bell & Associates, LLP
Erie, Pennsylvania
August 24, 2011

LORD CORPORATION
HOURLY EMPLOYEES' PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2010 AND 2009

	2010	2009
ASSETS		
INVESTMENTS - AT FAIR VALUE		
Plan Interest in LORD Corporation Master Pension Trust ***(Note C)***	$26,299,384	$22,708,473
RECEIVABLES		
Employer Contribution	4,300,000	2,126,151
NET ASSETS AVAILABLE FOR BENEFITS	**$ 30,599,384**	**$ 24,834,624**

See Accompanying Notes.

LORD CORPORATION
HOURLY EMPLOYEES' PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

	2010	2009
INVESTMENT ACTIVITY		
Plan Interest in LORD Corporation Master Pension Trust ***(Note C)***	$ 2,895,232	$ 3,381,803
Investment Expenses	(26,021)	(19,527)
Increase from Investment Activity	2,869,211	3,362,276
EMPLOYER CONTRIBUTIONS	4,542,820	2,126,151
Total Investment Activity and Contributions	7,412,031	5,488,427
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits Paid to Participants	1,569,722	1,557,198
Operating Expenses	77,549	81,477
Total Deductions	1,647,271	1,638,675
NET INCREASE IN PLAN ASSETS	5,764,760	3,849,752
NET ASSETS AVAILABLE FOR BENEFITS		
BEGINNING OF YEAR	24,834,624	20,984,872
END OF YEAR	**$ 30,599,384**	**$ 24,834,624**

See Accompanying Notes.

NOTE A DESCRIPTION OF THE PLAN AND BENEFITS

The following brief description of the LORD Corporation Hourly Employees' Pension Plan (the" Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a non-contributory defined benefit pension plan covering substantially all hourly employees of LORD Corporation ("Company"). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Pension Benefits

Employees with 5 or more years of service are entitled to annual pension benefits beginning at normal retirement age (65) based on the number of years of service and the collectively bargained benefit multiplier. Employees attaining minimum age 60 and length of service combination equaling or exceeding 95 are eligible to retire at full pension. The Plan permits early retirement at ages 55-64 with benefits reduced by 5/12% for each month the early retirement date precedes the normal retirement date. If employees terminate before rendering 5 years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Company's contributions. Married employees receive their pension benefits in the form of a 50% joint and survivor annuity, unless they elect to receive other annuity options. Employees with $10,000 or less in accumulated plan benefits may elect to receive the value of their benefits as a lump-sum distribution upon retirement or termination.

Death and Disability Benefits

If an active employee dies at age 55 or older, a death benefit equal to the value of the employee's accumulated pension benefits is paid to the employee's surviving spouse. If an active employee dies on or before age 55, the benefit is based on the benefit that would have been payable at age 55. Active employees with 5 years of service who become totally disabled receive annual disability benefits starting six months after the inception date of the permanent disability that are equal to the normal retirement benefits they have accumulated as of the time they become disabled. Disabled participants with at least 10 years of service receive monthly pension benefits immediately.

NOTE B SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Use of 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 the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

NOTE B SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Payments of Benefits

Benefit payments to participants are recorded upon distribution.

Investment Valuation

The fair value of the Plan's interest in LORD Corporation Master Pension Trust is based on the beginning of year value of the Plan's interest in the trust plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses. See *Note C* - Fair Value Measurement of Investments in Master Pension Trust for a detailed description of valuation methods used by the Plan to value investments.

Funding Policy

The Company's policy is to contribute amounts recommended by its consulting actuaries as are necessary to provide the Plan with assets sufficient to fund the benefits to be paid and to meet or exceed the minimum funding requirements of ERISA. The interest rates used to determine the plan's funding target are based on a monthly yield curve of investment grade corporate bonds of varying maturities that are in the top three quality levels available, as published by the Internal Revenue Service (IRS).

Effective January 1, 2009, the asset valuation method changed. The actuarial value of assets is now equal to (a) the market value of assets (including discounted employer contributions receivable) on the valuation date, less (b) 67% of the prior years' investment gains (losses) and 33% of the second prior years' investment gains (losses), as defined in the regulations. The actuarial value of assets cannot be less than 90%, or greater than 110%, of the market value of assets (including discounted employer contributions receivable). Previously, the actuarial value of assets was equal to the market value of assets (including employer contributions receivable) on the valuation date.

The Company's contributions for 2010 and 2009 exceeded the minimum funding requirements of ERISA.

Effective January 1, 1978, the Board of Directors discontinued employee contributions and authorized that accumulated employee contributions could be withdrawn from the Plan upon requests from participants. Present employees' accumulated contributions at the actuarial valuation dates for Plan years ending December 31, 2010 and 2009 were $344,762 and $359,524, respectively, including an interest credit based on interest rates of 2.95% and 2.48% for the 2010 and 2009 plan years, respectively. Interest applied to these balances is based on annual compounding, at a rate 120% of the Federal Mid-Term AFR, and is determined each January.

Subsequent Events

The Plan has evaluated subsequent events through August 24, 2011, the date the financial statements were available to be issued.

Reclassification

Certain 2009 amounts have been reclassified in the financial statements in order for them to provide comparable presentation between years.

NOTE C INVESTMENT IN MASTER PENSION TRUST

Investments of the Plan are in the LORD Corporation Master Pension Trust, which was established for the purpose of receiving, holding, investing and disbursing the assets of the employee pension plans sponsored by LORD Corporation. Each participating retirement plan has an undivided interest in the Master Pension Trust. The assets of the Master Pension Trust were held by Bank of America, through August 21, 2009 and subsequently by State Street Bank and Trust.

Investment income earned and indirect expenses paid by the Master Pension Trust are allocated monthly to the individual plans based upon the beginning balances of each Plan. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. At December 31, 2010 and 2009 the Plan's interest in the net assets of the Master Pension Trust was 14.08% and 13.64%, respectively.

From time to time participants of the Hourly Pension Plan transfer into the Salaried Pension Plan and vice versa. Since all benefits are paid from the Plan in which the participant most recently participated, the transfer of an appropriate amount of assets is required, representing the present value of benefits for those participants transferred. There were no transfers between plans during 2010 and 2009.

The following table presents the fair values of investments of the Master Pension Trust at December 31, 2010 and 2009. Investments that represent 5 percent or more of the Plan's net assets are separately identified.

	2010	2009
Cash and Cash Equivalents	$ 631,243	$ 1,547,713
U.S. Government and Agencies	12,378,793	8,402,803
Corporate Debt	19,551,738	17,700,831
International Corporate Debt	4,148,713	5,620,569
Collective Investment Funds		
MGI US Core Opportunistic Fixed Income Portfolio	12,422,523	11,501,209
MGI Non-US Core Equity Portfolio	49,371,791	43,837,145
MGI US Large Cap Passive Equity Portfolio	59,635,678	51,789,718
All Other Collective Investment Funds	28,074,195	25,578,359
Accrued Investment Income	516,967	543,984
	$ 186,731,641	$ 166,522,331
Plan Interest in Master Pension Trust	$ 26,299,384	$ 22,708,473

NOTE C INVESTMENT IN MASTER PENSION TRUST (CONTINUED)

Investment income for Master Pension Trust for the years ended December 31, 2010 and 2009 is as follows:

	2010	2009
Net Appreciation in Fair Value of Investments:		
U.S. & Corporate Debt	$ 1,554,367	$ 1,575,020
Common Stock	-	10,841,739
Collective Investment Funds	17,507,782	7,045,869
Registered Investment Company Funds	-	3,720,589
	19,062,149	23,183,217
Interest	1,895,478	1,867,066
Dividends	-	605,151
	1,895,478	2,472,217
Total Investment Income	20,957,627	25,655,434
Investment and Trustee Expenses	(26,102)	(251,710)
Increase in Interest in Master Pension Trust	$ 20,931,525	$ 25,403,724

Fair Value Measurement of Investments in Master Pension Trust

FASB Codification No. 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under this framework are described as follows:

Level 1

Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2

Inputs to the valuation methodology include -

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

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3

Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

NOTE C INVESTMENT IN MASTER PENSION TRUST (CONTINUED)

Fair Value Measurement of Investments in Master Pension Trust (Continued)

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

Collective Investment Funds: Valued at the unit price based on the underlying assets (NAV) plus earnings less expenses of the account.

U.S. Government Securities: Valued at the closing price reported on the active market on which the individual securities are traded.

Corporate Bonds: Certain corporate bonds are valued at the closing price reported in the active market in which the bond is traded. Other corporate bonds traded in the over-the-counter market and listed securities for which no sale reported on the last business day of the Plan year are valued at the average of the last reported bid and asked prices. Other corporate bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010 and 2009:

Assets at Fair Value as of December 31, 2010

	Level 1	Level 2	Level 3	Total
Cash and Cash Equivalents	$ 631,243	$ -	$ -	$ 631,243
U.S. Government and Agencies	12,378,793	-	-	12,378,793
Corporate Bonds:				
Preferred (AA & AA-)	1,605,925	-	-	1,605,925
Preferred (A+, A & A-)	6,706,579	-	-	6,706,579
Preferred (BBB-, BBB & BBB-)	8,406,312	-	-	8,406,312
Private Placement (AA & AA-)	-	945,827	-	945,827
Private Placement (A-)	-	1,287,156	-	1,287,156
Private Placement (BBB)	-	599,940	-	599,940
International (AA-)	593,800	-	-	593,800
International (A+, A & A-)	2,942,108	-	-	2,942,108

NOTE C INVESTMENT IN MASTER PENSION TRUST (CONTINUED)

Fair Value Measurement of Investments in Master Pension Trust (Continued)

Assets at Fair Value as of December 31, 2010 (Continued)

	Level 1	Level 2	Level 3	Total
International (BBB)	612,804	-	-	612,804
Collective Investment Funds:				
International Equity Fund	-	49,371,791	-	49,371,791
Large Cap Passive Equity Fund	-	59,635,678	-	59,635,678
Fixed Income Funds	-	23,909,372	-	23,909,372
Growth Equity Fund	-	8,379,271	-	8,379,271
Value Equity Fund	-	8,208,075	-	8,208,075
Totals	$ 33,877,564	$ 152,337,110	$ -	$ 186,214,674

Assets at Fair Value as of December 31, 2009

	Level 1	Level 2	Level 3	Total
Cash and Cash Equivalents	$ 1,547,713	$ -	$ -	$ 1,547,713
U.S. Government and Agencies	8,402,803	-	-	8,402,803
Corporate Bonds:				
Preferred (AA-)	1,158,467	-	-	1,158,467
Preferred (A+, A & A-)	7,575,660	-	-	7,575,660
Preferred (BBB-, BBB & BBB-)	6,837,433	-	-	6,837,433
Preferred (BB+)	621,537	-	-	621,537
Private Placement (AA & AA-)	-	881,727	-	881,727
Private Placement (A-)	-	626,006	-	626,006
International (AA & AA-)	1,140,351	-	-	1,140,351
International (A+, A & A-)	2,888,490	-	-	2,888,490
International (BBB+)	1,591,728	-	-	1,591,728
Collective Investment Funds:				
International Equity Fund	-	43,837,145	-	43,837,145
Large Cap Passive Equity Fund	-	51,789,718	-	51,789,718
Fixed Income Funds	-	22,567,265	-	22,567,265
Growth Equity Fund	-	7,342,115	-	7,342,115
Value Equity Fund	-	7,170,188	-	7,170,188
Totals	$ 31,764,182	$ 134,214,164	$ -	$ 165,978,346

NOTE C INVESTMENT IN MASTER PENSION TRUST (CONTINUED)

Master Pension Trust Related-Party Transactions

During 2009, the Master Pension Trust held shares in a proprietary fund managed by Banc America Capital Management, a related entity to the previous trustee of the Plan, Bank of America. Investment management fees paid to Columbia Management Group for this Small Cap Enhanced Core Fund totaled $57,565 in 2009. Additionally, during 2009 the Master Trust paid investment management fees of $101,310 to Fidelity Management Trust Company to manage the Fidelity Select International Equity Fund. The Master Pension Trusts holds proprietary funds of Mercer Global Investors, an equity investment advisor for the Plan. Direct investment advisory fees paid by the Hourly Pension Plan to Mercer Global Investors totaled $14,923 and $7,084 in 2010 and 2009, respectively.

The Trustee fees paid to the previous trustee, Bank of America, totaled $87,165 through August 21, 2009. State Street Bank and Trust is the current trustee and received direct fees during 2010 and 2009 of $26,102 and $5,670, respectively. There are additional indirect fees paid for investment management and other eligible services that are netted in the return on investments.

NOTE D TERMINATION PRIORITIES

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. Should such a termination occur, each participant would become 100% vested in his earned pension to the extent then funded. The net assets of the Plan will be allocated as prescribed by ERISA, and its related regulations, first to benefits attributable to employees' net contributions accumulated in the Plan as of the termination date; second to retirees or deferred retirees who began receiving benefits three years prior to termination; third to those with benefits guaranteed under Title IV of ERISA; fourth to those with non-forfeitable benefits; and fifth to all others.

Generally, the Pension Benefit Guaranty Corporation ("PBGC") guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations through the statutory ceiling calculation. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

NOTE E ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits payable under all circumstances (retirement, death, disability and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

NOTE E ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

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

The significant actuarial assumptions utilized in determining the actuarial present value of accumulated plan benefits are as follows:

Interest Rate	8.0% in 2010 and 8.5% for 2009, compounded annually
Mortality Basis	RP-2000 Blue Collar Mortality Table - Projected to 2009
Retirement Rates	Rates varying by age and Social Security Normal Retirement Age, Plan normal retirement age is 65 years

The actuarial present value of accumulated plan benefits was calculated by the consulting actuaries as of January 1, 2010 and 2009 (the valuation dates) as follows:

	2010	2009
Vested Benefits:		
Participants Currently Receiving Payments	$ 11,947,920	$ 11,955,423
Other Participants	11,801,082	10,041,023
	23,749,002	21,996,446
Non-vested Benefits	724,059	690,575
Total Actuarial Present Value of Accumulated Plan Benefits	$ 24,473,061	$ 22,687,021

The increase in the actuarial present value of the accumulated plan benefits resulted from the following:

	2010	2009
Balance at January 1, Prior Year	$ 22,687,021	$ 21,174,120
Increase (Decrease) Attributable to:		
Benefits Accumulated	105,560	212,166
Interest Due to Decrease in the Discount Period	1,863,771	1,743,920
Assumption Changes	1,118,242	462,718
Plan Amendments	250,717	436,291
Benefits Paid	(1,552,250)	(1,342,194)
Balance at January 1,	$ 24,473,061	$ 22,687,021

NOTE E ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

NOTE F TAX STATUS

The Internal Revenue Service has determined and informed the company by a letter dated October 31, 2007, that the plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The plan has been amended since receiving the determination letter. However, the plan administrator and the plan's tax counsel believe that the plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

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 organization has taken an uncertain position that more likely than not would not be sustained upon examination by various taxing authorities. 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 G RISKS AND UNCERTAINTIES

The Master Pension Trust invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the statements of net assets available for benefits.

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

Actuarial Assumptions and Methods

Interest Rate:

PPA funding discount rate for funding target and target normal cost: 5.03% for the first 5 years, 6.73% for the next 15 years and 6.82% after that, consistent with the August 2009 segment rates published in September 2009, without the allowable phase-in (previously based on October 2008 Monthly Yield Curve rates published in November 2008).

Increase in Consumer Price Index: 3.00%.

Increase in Social Security Taxable Wage Base: 4.50%.

Mortality:

ERISA: IRS 2010 Static Mortality Table, using separate tables for annuitants and non-annuitants (previously IRS 2009 Static Mortality Table, using separate tables for annuitants and non-annuitants).

Actuarial Assumptions and Methods (continued)

Retirement Rates: Rates varying by age and Social Security Normal Retirement Age (SSNRA):

	SSNRA		
Age	**65**	**66**	**67**
55	3%	3%	3%
56	3	3	3
57	3	3	3
58	3	3	3
59	3	3	3
60	10	5	5
61	15	10	5
62	40	30	25
63	20	20	20
64	20	20	20
65	100	20	20
66	100	100	20
67	100	100	100

Termination: Rates varying by age and service. Sample rates are shown below:

Years of Service	**Age 25**	**Age 40**	**Age 50**
< 5	15.44%	10.30%	5.13%
≥ 5	7.72%	5.15%	2.56%

Disability: Rates varying by age and service. Sample rates are shown below:

Age	**Male**	**Female**
25	0.06%	0.06%
40	0.16%	0.32%
55	0.91%	0.81%

Actuarial Assumptions and Methods (continued)

Marital Status: 80% of males and females are assumed married, with females 3 years younger than males.

Maximum Benefit: $195,000 for 2010. For determining limitations under funding amounts and liabilities under FASB ASC 960, no future increases in the IRC Section 415 limit have been reflected. For FASB ASC 715 purposes, this limit was assumed to increase annually by the Consumer Price Index.

Form of Payment: It has been assumed benefits will be paid in the normal annuity form applicable to the particular benefit (5-Year Certain and Continuous Annuity). To the extent optional forms of payment are elected and conversions are determined under an actuarial basis, which differs from the basis funded in the valuation, gains or losses will occur. These gains or losses will be recognized through the routine application of the actuarial cost method.

Administrative Expenses: Plan expenses expected to be paid out of the plan's assets estimated based on the average of the non-investment administrative expenses excluding PBGC premiums paid from the Trust in the prior three years plus the current year PBGC Premium (previously estimated based on the average of the non-investment related administrative expenses paid from the Trust in the prior three years).

Actuarial Assumptions and Methods (continued)

Actuarial Value of Plan Assets for Funding Purposes: The actuarial value of assets is equal to:

a) the market value of assets (including discounted employer contributions receivable) on the valuation date, less

b) the following percentages of prior years' investment gains (losses):

1. 67% of the prior year, and
2. 33% of the second prior year,

Investment gains and losses are defined as the excess or deficiency of the expected return on the market value (at an assumed rate of 8.50%, not to exceed the third segment rate for that year) over the actual return on the market value (including employer contributions receivable) for any given year.

c) The actuarial value of assets can be neither less than 90% nor greater than 110% of the market value of assets (including discounted employer contributions receivable).

Actuarial Assumptions and Methods (continued)

Actuarial Cost Method: The unit credit cost method is used for ERISA funding target (FT) and FASB ASC 715 accumulated benefit obligation (ABO) purposes. Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service, salary and negotiated benefit increases to date. The liability is then equal to the present value of all benefits (PVAB) for inactive participants plus the PVAB for active participants.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings, or negotiated benefit increases, to date in both cases. The total normal cost is based upon the sum of the individual normal costs. The target normal cost for funding is equal to the total normal cost plus assumed administrative expenses expected to be paid from the trust.

The projected unit credit method is used for IRS maximum deductible limit cushion amount and FASB ASC 715 projected benefit obligation (PBO) purposes. Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service to date and anticipated salary and negotiated benefit increases to the assumed retirement age. The liability is then equal to the present value of all benefits for inactive participants plus the PVAB for active participants.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings and negotiated benefit increases projected to assumed retirement age in both cases. The total normal cost is based upon the sum of the individual normal costs.

Plan Provisions

Name of Plan: LORD Corporation Hourly Employees' Pension Plan.

Employer Identification Number / Plan Number: 25-0626921/002.

Effective Date: January 1, 1954. Effective date of most recent amendment, January 11, 2009.

Covered Employees: All members as of December 31, 1975. All employees who transfer from the Salaried Plan. All other hourly employees.

Participation Date: Date of becoming a covered employee.

Definitions:

Vesting service:

Prior to January 1, 1979: The greater of years & months of credited service as calculated under the previous plan <u>or</u> one year of vesting service for each year during which 1,000 or more hours were completed.

After January 1, 1979: One year of vesting service credited on completion of 900 hours or more. Under 900 hours - One month is credited for each 150 hours and an additional month is credited if the remainder is 120 hours or more.

Vesting service prior to July 1, 1978 for former employees of Nichols Engineering – credited with full years and months of continuous employment with Nichols Engineering.

Vesting service prior to July 1, 1978 for Nichols Engineering employees is credited from date of hire. Vesting service after July 1, 1978 for these employees is credited according to the previous paragraph.

Vesting service includes vesting service with the Salaried plan.

Benefit service:

Prior to January 1, 1979: Benefit service equals years and months of credited service as calculated under prior plan.

After to January 1, 1979: One year of benefit service is credited if 1,800 or more hours of service are completed. If under 1,800 hours, then one month is credited for each 150 hours and an additional one month is credited if the remaining hours are 120 or more.

Benefit Service for former Nichols Engineering employees is credited from July 1, 1978.

Plan Provisions (continued)

Pensionable pay: Total pay.

Average earnings: The greater of the average of the highest five consecutive calendar years of pensionable pay during the ten-year period preceding termination.

Normal retirement date (NRD): The participant's 65th birthday.

Monthly pension benefit: Schedule based on average earnings as follows.

Prior to January 10, 1996:

Average Earnings	Monthly Pension Benefit Per year of Benefit Service
Below $11,500	$10.00
$11,500 - $11,999	$10.50
$12,000 - $12,499	$11.25
$13,000 - $13,499	$11.75
$13,500 - $13,999	$12.25
$14,000 - $14,499	$13.00
$14,500 - $14,999	$14.00
$15,000 - $15,499	$14.75
$15,500 - $15,999	$15.25
$16,000 - $16,499	$16.00
$16,500 - $16,999	$16.50
$17,000 - $17,499	$17.00
$17,500 - $17,999	$17.50
$18,000 - $18,499	$18.00
$18,500 - $18,999	$18.50
$19,000 - $19,499	$19.00
$19,500 - $19,999	$19.50
$20,000 - $20,499	$20.00
$20,500 - $20,999	$20.50
$21,000 - $21,499	$21.00
$21,500 - $21,999	$21.50
$22,000 and over	$22.00

Plan Provisions (continued)

Monthly pension benefit: (continued)

Effective January 10, 1996:

Average Earnings	Monthly Pension Benefit Per Year of Benefit Service
$22,000 - $22,499	$22.00
$22,500 - $22,999	$22.50
$23,000 - $23,499	$23.00
$23,500 - $23,999	$23.50
$24,000 and over	$24.00

Effective January 10, 1997:

Average Earnings	Monthly Pension Benefit Per Year of Benefit Service
$24,000 - $24,499	$24.00
$24,500 - $24,999	$24.50
$25,000 - $25,499	$25.00
$25,500 - $25,999	$25.50
$26,000 - $26,499	$26.00
$26,550 - $26,999	$26.50
$27,000 and over	$27.00

Effective January 10, 1998:

Average Earnings	Monthly Pension Benefit Per Year of Benefit Service
$27,000 - $27,499	$27.00
$27,500 - $27,999	$27.50
$28,000 and over	$28.00

Plan Provisions (continued)

Monthly pension benefit: (continued)

Effective January 10, 1999:

Average Earnings	Monthly Pension Benefit Per year of Benefit Service
$28,000 - $28,499	$28.00
$28,500 - $28,999	$28.50
$29,000 - $29,499	$29.00
$29,500 - $29,999	$29.50
$30,000 - $30,499	$30.00
$30,500 - $30,999	$30.50
$31,000 and over	$31.00

Effective January 10, 2000:

Average Earnings	Monthly Pension Benefit Per year of Benefit Service
$31,000 - $31,499	$31,00
$31,500 - $31,999	$31.50
$32,000 and over	$32.00

Effective January 10, 2001:

Average Earnings	Monthly Pension Benefit Per Year of Benefit Service
$32,000 - $32,499	$32.00
$32,500 - $32,999	$32.50
$33,000 and over	$33.00

Effective January 10, 2002:

Average Earnings	Monthly Pension Benefit Per year of Benefit Service
$33,000 - $33,499	$33.00
$33,500 - $33,999	$33.50
$34,000 and over	$34.00

Plan Provisions (continued)

Monthly pension benefit: (continued)

Effective January 10, 2003:

Average Earnings	Monthly Pension Benefit Per Year of Benefit Service
$34,000 - $34,499	$34.00
$34,500 - $34,999	$34.50
$35,000 and over	$35.00

Effective March 1, 2004: All participants have a Monthly Pension Benefit Per year of Benefit Service of $36.00.

Effective January 10, 2006: All participants have a Monthly Pension Benefit Per year of Benefit Service of $37.00.

Effective January 10, 2007: All participants have a Monthly Pension Benefit Per year of Benefit Service of $38.00.

Effective January 10, 2008: All participants have a Monthly Pension Benefit Per year of Benefit Service of $39.00.

Effective January 11, 2009: All participants have a Monthly Pension Benefit Per year of Benefit Service of $41.00.

Effective January 11, 2010: All participants have a Monthly Pension Benefit Per year of Benefit Service of $42.00.

Effective January 11, 2011: All participants have a Monthly Pension Benefit Per year of Benefit Service of $43.00.

Effective January 11, 2012: All participants have a Monthly Pension Benefit Per year of Benefit Service of $44.00.

Plan Provisions (continued)

Monthly Pre-retirement Spouse Death Benefit: For participants who leave their contributions in the plan, the greatest of [(a), (b), or (c)] or (d); for participants who have no contributions have withdrawn their contributions, or are no longer active employees - (d):

a) Refund of contributions with interest.
b) Earnings for 1978.
c) If eligible for early retirement on January 1, 1978 - accrued benefit as of January 1, 1978, payable immediately for five years.
d) 50% of Monthly Pension Benefit as of the date of death, reduced for the 50% joint and survivor election and early retirement.

Eligibility for Benefits:

NRD: Retirement on NRD.

Early retirement: Optional retirement - Age 55 and five years of Vesting Service. Rule of 95 – age plus service equals 95, minimum age 60 at termination.

Postponed retirement: Retirement after NRD.

Deferred vested: Terminations for reasons other than death, disability, or retirement after completing five years of Vesting Service. All participants are 100% vested in their December 31, 1993 accrued benefit.

Pre-retirement spouse benefit: Death while eligible for Normal, Early, Postponed, or Deferred Vested Retirement benefits, with a surviving spouse.

Disability: Permanently and totally disabled.

Plan Provisions (continued)

Monthly Benefits Paid Upon the Following Events:

Normal retirement: Monthly Pension Benefit determined as of NRD.

Early retirement: The Monthly Pension Benefit payable at age 65 reduced 5/12 of 1% for each month benefit commencement precedes age 65. Rule of 95 retirements are unreduced for early commencement.

Postponed retirement: Monthly pension benefit determined as of actual retirement date.

Termination with deferred vested benefit: Monthly pension benefit determined as of termination date, reduced 5/12 of 1% for each month benefit commencement precedes the participant's NRD. Any participant who is not vested is eligible for refund of employee contributions with interest.

Death with pre-retirement spouse benefit: Monthly pre-retirement spouse benefit is payable. If the participant was eligible for early retirement, the benefit is payable immediately. Otherwise, the benefit is payable when the participant would have been eligible for early retirement. If less than five years of vesting service, participant contributions will be refunded.

Disability: If the participant has ten or more years of vesting service, then the monthly pension benefit is payable immediately.

Other Plan Provisions:

Normal form (single participants): Five year certain and continuous annuity.

Normal form (married participants): Actuarially reduced 50% joint and survivor annuity with spouse as beneficiary.

Optional forms: Participants who retire under the plan may elect a ten-year certain and continuous annuity, life annuity, joint and survivor annuity, or, if the present value of their benefit is $10,000 or less, a lump sum distribution.

Maximum on benefits and pay: All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes: No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

Change in Method

With the following exceptions, the methods used are identical to those used in last year's valuation:

As permitted under the final PPA regulations released October 2009, the valuation interest rates were updated from the October 2008 monthly yield curve published in November 2008 to the September 2009 segment rates.

2010 Form 5500 Schedule SB Attachments
Schedule SB, line 26- Schedule of Active Participant Data
Lord Corporation **EIN: 25-0626921**
Lord Corporation Hourly Employees' Pension Plan **Plan Number: 002**
For Plan Year Ended December 31, 2010

Schedule of Active Participants

	Completed Years of Service on January 1, 2010										
Attained Age	**<1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40+**	**Total**
Under 25	1	2	0	0	0	0	0	0	0	0	3
25-29	0	12	13	2	0	0	0	0	0	0	27
30-34	0	11	7	2	0	0	0	0	0	0	20
35-39	0	4	6	9	0	0	0	0	0	0	19
40-44	0	6	5	4	0	1	0	0	0	0	16
45-49	0	11	9	7	0	0	1	4	0	0	32
50-54	1	7	5	8	5	2	7	29	5	0	69
55-59	0	5	5	1	0	1	1	16	11	2	42
60-64	0	1	0	3	0	0	0	10	8	1	23
65-69	0	0	0	0	0	1	0	0	1	0	2
Over 69	0	0	0	0	0	0	0	0	0	0	0
Total	**2**	**59**	**50**	**36**	**5**	**5**	**9**	**59**	**25**	**3**	**253**

2010 Form 5500 Schedule SB Attachments
Schedule SB, Line 32 – Schedule of Amortization Bases
Lord Corporation **EIN: 25-0626921**
Hourly Employees' Pension Plan **Plan Number: 002**
For Plan Year Ended December 31, 2010

Schedule of Amortization Bases

Type of Base	Present Value of Any Remaining Installments	Valuation Date	Years Remaining	Amortization Installment
2010 Shortfall	1,759,012	1/1/2010	7	296,028

Development of Weighted Average Retirement Age

Weighted Average of the 3 Sets of Retirement Rates

	Average Retirement Age*	Weight
SSNRA = 65	62	N/A*
SSNRA = 66	62.6	50%
SSNRA = 67	63.1	50%

Weighted Average of the 3 Groups : 63
(rounded to the nearest year)

*All participants with SSNRA = 65 are eligible for Normal Retirement and are assumed to retire immediately

Development of Weighted Average Retirement Age (continued)

SSNRA = 65 Retirement Rates

Age	Rates of Retirement	lx	# Retire	# Ret x Age
55	0.03	1000	30	1650
56	0.03	970	29	1630
57	0.03	941	28	1609
58	0.03	913	27	1588
59	0.03	885	27	1567
60	0.10	859	86	5152
61	0.15	773	116	7072
62	0.40	657	263	16292
63	0.20	394	79	4966
64	0.20	315	63	4036
65	1.00	252	252	16397
			1000	61959

Weighted Average Retirement Age: 62.0

Development of Weighted Average Retirement Age (continued)

SSNRA = 66 Retirement Rates

Age	Rates of Retirement	lx	# Retire	# Ret x Age
55	0.03	1000	30	1650
56	0.03	970	29	1630
57	0.03	941	28	1609
58	0.03	913	27	1588
59	0.03	885	27	1567
60	0.05	859	43	2576
61	0.10	816	82	4976
62	0.30	734	220	13656
63	0.20	514	103	6476
64	0.20	411	82	5263
65	0.20	329	66	4276
66	1.00	263	263	17367
			1000	62635

Weighted Average Retirement Age: **62.6**

Development of Weighted Average Retirement Age (continued)

SSNRA = 67 Retirement Rates

Age	Rates of Retirement	lx	# Retire	# Ret x Age
55	0.03	1000	30	1650
56	0.03	970	29	1630
57	0.03	941	28	1609
58	0.03	913	27	1588
59	0.03	885	27	1567
60	0.05	859	43	2576
61	0.05	816	41	2488
62	0.25	775	194	12013
63	0.20	581	116	7324
64	0.20	465	93	5952
65	0.20	372	74	4836
66	0.20	298	60	3928
67	1.00	238	238	15952
			1000	63112

Weighted Average Retirement Age: 63.1

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial 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) and section 6059 of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500 or 5500-SF.**	**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

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

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

A Name of plan: LORD CORPORATION HOURLY EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF: LORD CORPORATION

D Employer Identification Number (EIN): 25-0626921

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2010

2 Assets:

a Market value	**2a**	24,843,315
b Actuarial value	**2b**	26,622,136

3 Funding target/participant count breakdown

		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	**3a**	289	13,662,425
b For terminated vested participants	**3b**	165	2,552,119
c For active participants:			
(1) Non-vested benefits	**3c(1)**		1,285,323
(2) Vested benefits	**3c(2)**		11,817,009
(3) Total active	**3c(3)**	253	13,102,332
d Total	**3d**	707	29,316,876

4 If the plan is at-risk, check the box and complete items (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	6.67 %
6 Target normal cost	**6**	640,989

Statement by Enrolled Actuary

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

SIGN HERE

LaV — Signature of actuary — 9/30/2011 Date

LORI A VALIS — Type or print name of actuary — 11-07091 Most recent enrollment number

FIDELITY INVESTMENTS — Firm name — (617)563-7000 Telephone number (including area code)

200 SEAPORT BLVD, ZW10B

BOSTON MA 02210 — Address of the firm

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	4,013,904	1,827,395
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	485,207	0
9	Amount remaining (Item 7 minus item 8)	3,528,697	1,827,395
10	Interest on item 9 using prior year's actual return of 18.46 %	651,397	337,337
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		1,858,764
b	Interest on (a) using prior year's effective rate of 8.22 %		202,475
c	Total available at beginning of current plan year to add to prefunding balance		2,061,239
d	Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	4,180,094	1,927,785
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	236,947

Part III Funding percentages

14	Funding target attainment percentage	14	90.00 %
15	Adjusted funding target attainment percentage	15	90.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	89.49 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/14/2010	242,820				
08/31/2011	1,400,000				
09/07/2011	1,400,000				
09/14/2011	1,500,000				
			Totals ▶ 18(b)	4,542,820	18(c) 0

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

a	Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	4,089,370

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
5.03 %	6.73 %	6.82 %	

b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ..... ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ..... ☒ Yes ☐ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ..... ☒ Yes ☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) **29** 0

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29) **30** 0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions) **31** 640,989

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	1,759,012	296,028
b Waiver amortization installment	0	0

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

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33) **34** 937,017

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	236,947	236,947

36 Additional cash requirement (item 34 minus item 35) **36** 700,070

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) **37** 4,089,370

38 Interest-adjusted excess contributions for current year (see instructions) **38** 3,389,300

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) **39** 0

40 Unpaid minimum required contribution for all years **40** 0