

<div>Form 5500-SF</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Short Form Annual Return/Report of Small Employee Benefit Plan</div> <div>This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A	This return/report is for: ☒ single-employer plan ☐ multiple-employer plan (not multiemployer) ☐ one-participant plan
B	This return/report is for: ☐ first return/report ☐ final return/report ☐ an amended return/report ☐ short plan year return/report (less than 12 months)
C	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan THE CLARK GRAVE VAULT COMPANY HOURLY EMPLOYEES' FROZEN PENSION PLAN AND TRUST	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 01/01/1956
2a	Plan sponsor's name and address (employer, if for single-employer plan) THE CLARK GRAVE VAULT COMPANY 375 EAST FIFTH AVENUE COLUMBUS, OH 43201	2b Employer Identification Number (EIN) 31-4149350
		2c Plan sponsor's telephone number 614-294-3761
		2d Business code (see instructions) 332900
3a	Plan administrator's name and address (if same as Plan sponsor, enter "Same") THE CLARK GRAVE VAULT COMPANY 375 EAST FIFTH AVENUE COLUMBUS, OH 43201	3b Administrator's EIN 31-4149350
		3c Administrator's telephone number 614-294-3761
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. Sponsor's name	4b EIN
		4c PN
5a	Total number of participants at the beginning of the plan year	5a 66
b	Total number of participants at the end of the plan year	5b 61
c	Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c
6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	☒ Yes ☐ No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	☒ Yes ☐ No
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.		

Part III	Financial Information		
7	Plan Assets and Liabilities	(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a 1413830	1663749
b	Total plan liabilities	7b 22866	0
c	Net plan assets (subtract line 7b from line 7a)	7c 1390964	1663749
8	Income, Expenses, and Transfers for this Plan Year	(a) Amount	(b) Total
a	Contributions received or receivable from:		
(1)	Employers	8a(1) 178961	
(2)	Participants	8a(2) 0	
(3)	Others (including rollovers)	8a(3) 0	
b	Other income (loss)	8b 340932	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	519893
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d 224701	
e	Certain deemed and/or corrective distributions (see instructions)	8e 0	
f	Administrative service providers (salaries, fees, commissions)	8f 19668	
g	Other expenses	8g 2739	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	247108
i	Net income (loss) (subtract line 8h from line 8c)	8i	272785
j	Transfers to (from) the plan (see instructions)	8j 0	

Part IV Plan Characteristics**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1B 1G 1I

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**Part V Compliance Questions**

	Yes	No	Amount
10 During the plan year:			
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c Was the plan covered by a fidelity bond?	X		1000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)		X	
f Has the plan failed to provide any benefit when due under the plan?		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))..... ☒ Yes ☐ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year.....	12b	
c Enter the amount contributed by the employer to the plan for this plan year.....	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A		

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a** _____

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2010	KENDY A. TROIANO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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

Round off amounts to nearest dollar.

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

A Name of plan THE CLARK GRAVE VAULT COMPANY HOURLY EMPLOYEES' FROZEN PENSION PLAN AND TRUST		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE CLARK GRAVE VAULT COMPANY		D Employer Identification Number (EIN) 31-4149350	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month 01 Day 01 Year 2009			
2 Assets:			
a Market value		2a	1390964
b Actuarial value		2b	1390964
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment		3a	53
b For terminated vested participants		3b	8
c For active participants:			
(1) Non-vested benefits		3c(1)	0
(2) Vested benefits		3c(2)	93731
(3) Total active		3c(3)	5
d Total		3d	66
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	6.25 %
6 Target normal cost		6	24579

Statement by Enrolled Actuary

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

<div>SIGN HERE</div>	<div>09/10/2010</div> <div>Signature of actuary</div> <div>ANDREW C. FORGRAVE</div> <div>Type or print name of actuary</div> <div>JACOB, HAXTON & BOORD, LLC</div> <div>Firm name</div> <div>100 OLD WILSON BRIDGE RD SUITE 214 WORTHINGTON, OH 43085</div> <div>Address of the firm</div>	<div>Date</div> <div>08-07226</div> <div>Most recent enrollment number</div> <div>614-888-1005</div> <div>Telephone number (including area code)</div>
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	198955	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	198955	0
10	Interest on item 9 using prior year's actual return of <u>-23.60</u> %	-46953	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>5.90</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	152002	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	82.20 %
15	Adjusted funding target attainment percentage.....	15	82.21 %
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	106.91 %
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
02/25/2009	16739		08/03/2009	15135	
03/31/2009	16739		08/31/2009	16141	
04/29/2009	17169		09/30/2009	16127	
05/29/2009	16190		10/29/2009	15720	
06/30/2009	16137		11/30/2009	15923	
07/30/2009	1000		12/30/2009	15941	
			Totals ►	178961	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 172894
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	

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

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

21 Discount rate:				
a Segment rates:	1st segment: 5.59 %	2nd segment: 6.34 %	3rd segment: 6.54 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 1
22 Weighted average retirement age				22 62
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	24579
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	177696	29992
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	54571
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	54571
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	172894
38 Interest-adjusted excess contributions for current year (see instructions).....	38	118323
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

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

Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

2009**This Form is Open to Public
Inspection**

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

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

A Name of plan Clark Grave Vault Co Hrly Ees' Frzn Pen Plan & Trust	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF The Clark Grave Vault Company	D Employer Identification Number (EIN) 31-4149350
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>		
2 Assets:		
a Market value	2a	1,390,964
b Actuarial value	2b	1,390,964
3 Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a 53	1,264,733
b For terminated vested participants	3b 8	148,617
c For active participants:		
(1) Non-vested benefits	3c(1)	0
(2) Vested benefits	3c(2)	93,731
(3) Total active	3c(3) 5	93,731
d Total	3d 66	1,507,081
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	6.25 %
6 Target normal cost	6	24,579

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***ACF*

Signature of actuary

9/10/10

Date

Andrew C. Forgrave

Type or print name of actuary

08-07226

Most recent enrollment number

Jacob, Haxton & Boord, LLC

Firm name

(614) 888-1005

Telephone number (including area code)

100 Old Wilson Bridge Rd

Suite 214

Worthington

OH 43085

Address of the firm

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

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

Schedule SB (Form 5500) 2009
v.092308.1

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)	198,955	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8).....	198,955	0
10 Interest on item 9 using prior year's actual return of <u>(23.60)</u> %	(46,951)	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>5.90</u> %		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance.....		0
12 Reduction in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	152,004	0

Part III Funding percentages

14 Funding target attainment percentage.....	14	82.21 %
15 Adjusted funding target attainment percentage.....	15	82.21 %
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	106.91 %
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
02/25/2009	16,739		08/03/2009	15,135	
03/31/2009	16,739		08/31/2009	16,141	
04/29/2009	17,169		09/30/2009	16,127	
05/29/2009	16,190		10/29/2009	15,720	
06/30/2009	16,137		11/30/2009	15,923	
07/30/2009	1,000		12/30/2009	15,941	
Totals ▶			18(b)	178,961	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	172,894

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 5.59 %	2nd segment: 6.34 %	3rd segment: 6.54 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 1
22 Weighted average retirement age				22 62
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	24,579
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	177,696	29,992
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	54,571
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	54,571
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	172,894
38 Interest-adjusted excess contributions for current year (see instructions)	38	118,323
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

Schedule SB Line 19- Discounted Employer Contributions

Clark Grave Vault Hourly Employees' Frozen Pension Plan and Trust

EIN: 31-4149350

PN: 001

Date of Contribution	Amount of Contribution	Plan Year Applied	Applicable Effective Interest Rate	Interest-Adjusted Contribution
2/25/2009	\$16,739	2009	6.25%	\$16,587
3/31/2009	\$16,739	2009	6.25%	\$16,493
4/29/2009	\$17,169	2009	6.25%	\$16,836
5/29/2009	\$16,190	2009	6.25%	\$15,797
6/30/2009	\$16,137	2009	6.25%	\$15,662
7/30/2009	\$1,000	2009	6.25%	\$966
8/3/2009	\$15,135	2009	6.25%	\$14,606
8/31/2009	\$16,141	2009	6.25%	\$15,505
9/30/2009	\$16,127	2009	6.25%	\$15,415
10/29/2009	\$15,720	2009	6.25%	\$14,953
11/30/2009	\$15,923	2009	6.25%	\$15,066
12/30/2009	\$15,941	2009	6.25%	\$15,008
Total	\$178,961			\$172,894

Schedule SB, Part V – Summary of Actuarial Assumptions/Methods (Continued)

Clark Grave Vault Hourly Employees' Frozen Pension Plan and Trust
EIN: 31-4149350 PN: 001

Actuarial Assumptions

Interest

Funding	Segment rates (5.59%, 6.34%, 6.54%)
FAS 35	5.75%
Plan Termination	Segment rates (4.41%, 4.57%, 4.27%)
PBGC	Segment rates (6.72%, 7.12%, 6.36%)

Mortality

Funding	Male and Female: IRS 2008+ Optional Small Plan Mortality (dynamic)
FAS 35	Male and Female: IRS 2008 Optional Small Plan Mortality Table
Plan Termination	Male and Female: IRS 2008 Applicable Mortality for 2009
PBGC	Male and Female: IRS 2008+ Optional Small Plan Mortality (dynamic)

Retirement- Schedule SB, Line 22- Weighted Average Retirement Age

Funding	100% at Normal Retirement Age
FAS 35	100% at Normal Retirement Age
Plan Termination	100% at Normal Retirement Age
PBGC	100% at Normal Retirement Age

Weighted average retirement age: 62

Schedule SB, Part V – Summary of Actuarial Assumptions/Methods

Clark Grave Vault Hourly Employees' Frozen Pension Plan and Trust
EIN: 31-4149350 PN: 001

Cost Methods

Funding

The actuarial cost method used for funding purposes is frequently described as the Unit Credit funding method. This method sets the accrued liability equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year. This method is required by Internal Revenue Code.

Asset Method

Funding

Assets are valued at Market Value with receivable contributions adjusted as required by law.

Other Methods

The valuation date was set as of the beginning of the plan year.

Interest rates used are the three Segment Rates as published monthly by the Internal Revenue Service for the first full month prior to the valuation date. The first Segment Rate is applicable for benefit payments made during the first 5 years from the valuation date, the second Segment Rate is applicable for benefit payments during the next 15 years, and the third segment rate is applicable for all benefits payments after 20 years.

Schedule SB, Part V – Summary of Actuarial Assumptions/Methods (Continued)

Clark Grave Vault Hourly Employees' Frozen Pension Plan and Trust
EIN: 31-4149350 PN: 001

Actuarial Assumptions

Interest

Funding	Segment rates (5.59%, 6.34%, 6.54%)
FAS 35	5.75%
Plan Termination	Segment rates (4.41%, 4.57%, 4.27%)
PBGC	Segment rates (6.72%, 7.12%, 6.36%)

Mortality

Funding	Male and Female: IRS 2008+ Optional Small Plan Mortality (dynamic)
FAS 35	Male and Female: IRS 2008 Optional Small Plan Mortality Table
Plan Termination	Male and Female: IRS 2008 Applicable Mortality for 2009
PBGC	Male and Female: IRS 2008+ Optional Small Plan Mortality (dynamic)

Retirement- Schedule SB, Line 22- Weighted Average Retirement Age

Funding	100% at Normal Retirement Age
FAS 35	100% at Normal Retirement Age
Plan Termination	100% at Normal Retirement Age
PBGC	100% at Normal Retirement Age

Weighted average retirement age: 62

Schedule SB, Part V – Summary of Actuarial Assumptions/Methods (Continued)

Clark Grave Vault Hourly Employees' Frozen Pension Plan and Trust
EIN: 31-4149350 PN: 001

Actuarial Assumptions

Turnover

Funding	T-1
FAS 35	T-3
Plan Termination	None Assumed
PBGC	T-1

Disability

Funding	None Assumed
FAS 35	None Assumed
Plan Termination	None Assumed
PBGC	None Assumed

Future Salary Increases

Funding	None Assumed
FAS 35	None Assumed
Plan Termination	None Assumed
PBGC	None Assumed

Covered Compensation Projection

Funding	None Assumed
FAS 35	None Assumed
Plan Termination	None Assumed
PBGC	None Assumed

Schedule SB, Part V – Summary of Actuarial Assumptions/Methods (Continued)

Clark Grave Vault Hourly Employees' Frozen Pension Plan and Trust
EIN: 31-4149350 PN: 001

Additional Assumptions

It is assumed that 100% of the active participants are married, with the male spouse zero years older than the female spouse

All participants are assumed to elect the normal form of payment upon exit from employment.

All participants are assumed to work full time in all future years until retirement.

The IRS limitations for compensation and benefits as of the valuation date are applied. Increases to these limits are not assumed for funding purposes.

Early Retirement was not included in the valuation of the plan.

The information for plan assets was obtained from the trust while the employee data was provided by the employer. Although the information provided was not audited by us, we have reviewed the information and determined it to be reasonable with prior information in our records.

Employee census information was collected as of December 31, 2008. All participants meeting the eligibility requirements as of this date are included in the valuation of the plan. The plan was frozen as of April 30, 1988.

Asset information was collected as of December 31, 2008.

Because plan expenses are paid from the trust, an expense load assumption must be added to the Target Normal Cost. The expense load is equal to the total fees paid in the prior year.

It is assumed there are no other employees eligible to participate in the plan.

The employer is not part of a control group.

Schedule SB, Line 24 – Change in Assumption and Schedule SB, Line 25 – Change in Method

Funding	The prescribed segment interest rates and mortality table for funding purposes were updated from the prior year in accordance with the required rates published by the Treasury. The prior year segment rates and mortality table were 5.70%/5.90%/6.07% and the IRS 2008 Combined Static Mortality Table. An expense load equal to the amount paid from the trust was added to the Target Normal Cost as required by law.
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Schedule SB, Part V – Summary of Actuarial Assumptions/Methods (Continued)

Clark Grave Vault Hourly Employees' Frozen Pension Plan and Trust
EIN: 31-4149350 PN: 001

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Schedule SB, Part V – Summary of Actuarial Assumptions/Methods (Continued)

Clark Grave Vault Hourly Employees' Frozen Pension Plan and Trust
EIN: 31-4149350 PN: 001

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Schedule SB, Line 26 – Schedule of Active Participant Data

Clark Grave Vault Hourly Employees' Frozen Pension Plan and Trust

EIN: 31-4149350

PN: 001

Years of Service										
Attained Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25										
25 to 29										
30 to 34										
35 to 39										
40 to 44										
45 to 49		1								
50 to 54			1							
55 to 59				1	1					
60 to 64			1							
65 to 69										
70 & up										

Schedule SB, Line 32 – Schedule of Amortization Bases

Clark Grave Vault Hourly Employees' Frozen Pension Plan and Trust
EIN: 31-4149350 PN: 001

Type of Base	Valuation Date Established	Present Value of Remaining Installments	Amortization Years Remaining	Amortization Installment
Shortfall	01/01/2009	\$177,696	7	\$29,992
Total		\$177,696		\$29,992

Schedule SB, Part V – Summary of Plan Provisions

Clark Grave Vault Hourly Employees' Frozen Pension Plan and Trust
EIN: 31-4149350 PN: 001

Plan Effective Date

January 1, 1956

Plan Year

From January 1 to December 31

Eligibility

Not applicable. The plan was frozen for benefit accrual and participation as of April 30, 1988. As of this date, no new participants are allowed to enter the plan.

Normal Retirement Age

All participants are eligible to retire with their full Normal Retirement Benefit upon attainment of age 62.

Normal Retirement Benefit

Upon Normal Retirement Age each participant will be entitled to a monthly benefit payable in the Normal Form of Benefit equal to one-twelfth of (a) multiplied by (b) below:

- (a) \$240.00, times
- (b) years of credited service as of April 30, 1988 up to a maximum of 30 years. Credited service is granted on the completion of at least 1620 hours of service during the plan year. Partial credit is granted if at least 1000 hours are completed.

Benefits are limited by law when applicable.

Normal Form of Benefit

The normal form of payment is a monthly benefit payable for the life of the participant with no additional payments after death.

Accrued Benefit

The benefit as described under the Normal Retirement Benefit section above based on service as of April 30, 1988.

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

Clark Grave Vault Hourly Employees' Frozen Pension Plan and Trust
EIN: 31-4149350 PN: 001

Termination Benefit

Upon termination for any reason other than death, disability or retirement, a participant shall be entitled to a portion of the actuarial equivalent of his Accrued Benefit in accordance with the following vesting schedule payable at Normal Retirement:

Vesting Years of Service	Vesting Percent
0 to 4	0%
5 or more	100%

Vesting years of service are the plan years in which 1000 hours of service are worked commencing with the date of hire and ending with the date of separation from service.

Early Retirement Benefit

Upon attaining age 60 and ten years of service a participant may elect to retire, receiving his vested Accrued Benefit reduced by 5/8 of 1% for each month by which the date of first payment precedes his normal retirement date.

Death Benefit

Actuarial equivalent of the vested accrued benefit earned to date of death. Participants must be married at the time of death in order to qualify for this benefit.

This is merely a basic summary of the some of the provisions and is not intended to be the governing document. The plan sponsor reserves the right to amend or terminated the plan. Please refer to the Plan Document and Adoption Agreement for details and additional provisions.