

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

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>HOURLY RATE PENSION PLAN OF GMI HOLDINGS, INC. ALLIANCE, OHIO FACILITY</u>	1b Three-digit plan number (PN) ►	<u>002</u>	
	1c Effective date of plan	<u>01/01/1991</u>	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>GMI HOLDINGS, INC.</u> <u>22790 LAKE PARK BLVD</u> <u>ALLIANCE, OH 44601-3498</u>	2b Employer Identification Number (EIN) <u>31-1302102</u>	2c Sponsor's telephone number <u>469-549-7100</u>	2d Business code (see instructions) <u>335900</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/15/2010</u>	<u>MARC JENKINS</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/15/2010</u>	<u>MARC JENKINS</u>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") GMI HOLDINGS, INC. 22790 LAKE PARK BLVD ALLIANCE, OH 44601-3498	3b Administrator's EIN 31-1302102 3c Administrator's telephone number 469-549-7100
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	233
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	100
b Retired or separated participants receiving benefits.....	6b	86
c Other retired or separated participants entitled to future benefits.....	6c	43
d Subtotal. Add lines 6a , 6b , and 6c	6d	229
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	3
f Total. Add lines 6d and 6e	6f	232
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	15

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

<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 HOURLY RATE PENSION PLAN OF GMI HOLDINGS, INC. ALLIANCE, OHIO FACILITY		B Three-digit plan number (PN)	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GMI HOLDINGS, INC.		D Employer Identification Number (EIN) 31-1302102	
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	2789560
b Actuarial value		2b	3068516
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment		3a	83 1147261
b For terminated vested participants		3b	49 488049
c For active participants:			
(1) Non-vested benefits		3c(1)	11393
(2) Vested benefits		3c(2)	1553177
(3) Total active		3c(3)	101 1564570
d Total		3d	233 3199880
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	8.17 %
6 Target normal cost		6	76842

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>Signature of actuary</div> <div>GREGORY YOUNG</div> <div>Type or print name of actuary</div> <div>PRICEWATERHOUSECOOPERS LLP</div> <div>Firm name</div> <div>2001 ROSS AVENUE, SUITE 1800 DALLAS, TX 75201-2997</div> <div>Address of the firm</div>	<div>Date</div> <div>08-03761</div> <div>Most recent enrollment number</div> <div>214-754-5212</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 ☐

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)	203048	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	109268	0
9	Amount remaining (Item 7 minus item 8).....	93780	0
10	Interest on item 9 using prior year's actual return of <u>-23.95</u> %	-22460	
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>6.13</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).....	71320	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	93.66 %
15	Adjusted funding target attainment percentage.....	15	95.89 %
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	99.31 %
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
09/15/2010	6321				
			Totals ►	18(b)	0
				6321	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	5529
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
0	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
b Applicable month (enter code)				21b 3
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	76842
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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	76842
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	71320	0
36 Additional cash requirement (item 34 minus item 35).....	36	5522
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	5529
38 Interest-adjusted excess contributions for current year (see instructions).....	38	7
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

<div>SCHEDULE C</div> <div>(Form 5500)</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>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	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

<div>A Name of plan</div> <div>HOURLY RATE PENSION PLAN OF GMI HOLDINGS, INC. ALLIANCE, OHIO FACILITY</div>	<div>B Three-digit plan number (PN)</div> <div>▶ 002</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>GMI HOLDINGS, INC.</div>	<div>D Employer Identification Number (EIN)</div> <div>31-1302102</div>

Part I

Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PNC BANK, NATIONAL ASSOCIATION
25-1211909

(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)

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

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

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

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

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

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

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

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

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

(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:	HARTMAN LEITO & BOLT, LLP	b EIN:	75-2407989
c Position:	ACCOUNTANT		
d Address:	105 DECKER COURT IRVING, TX 75062	e Telephone:	972-579-0822

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan <u>HOURLY RATE PENSION PLAN OF GMI HOLDINGS, INC. ALLIANCE, OHIO FACILITY</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GMI HOLDINGS, INC.</u>	D Employer Identification Number (EIN) <u>31-1302102</u>	

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	<u>3557</u>	<u>3220</u>
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	<u>23626</u>	<u>81647</u>
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	<u>2762377</u>	<u>3162666</u>
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2789560	3247533

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2789560	3247533
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(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)		0

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)	101771	
(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)		101771

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		494290
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		596061

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	138088	
(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)		138088
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		138088

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		457973
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: GRANT THORTON LLP

(2) EIN: 36-6055558

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
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.			

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

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

A Name of plan <u>HOURLY RATE PENSION PLAN OF GMI HOLDINGS, INC. ALLIANCE, OHIO FACILITY</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GMI HOLDINGS, INC.</u>	D Employer Identification Number (EIN) <u>31-1302102</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>25-1211909</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3 <u>0</u>

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

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

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

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

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

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

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): _____



Report of Independent Certified Public Accountants

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Pension Plans Administrative Committee
of Overhead Door Corporation

We were engaged to audit the financial statements of the Hourly Rate Pension Plan of GMI Holdings, Inc. Alliance, Ohio Facility (the "Plan") as of December 31, 2009 and for the year then ended, and the supplemental schedules (1) Schedule H, Line 4i – Schedule of Assets (Held at End of Year), and (2) Schedule of Reportable Transactions as of and for the year ended December 31, 2009. These financial statements and supplemental schedules are the responsibility of the Plan's management. The financial statements of the Plan as of December 31, 2008, were audited by other auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed the other auditors not to perform and they did not perform, any auditing procedures with respect to the information certified by the Trustee. Their report, dated October 13, 2009, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Trustee were presented in compliance with the department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by PNC Bank, N.A., the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2009 and 2008 and for the year ended December 31, 2009 that the information provided to the plan administrator by the custodian is complete and accurate.

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

A handwritten signature in dark ink that reads "Grant Thornton LLP".

Dallas, Texas
October 14, 2010

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

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

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

A Name of plan Hourly Rated Pension Plan of GMI Holdings, Inc. Alliance	B Three-digit plan number (PN) <u>002</u>	
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GMI Holdings, Inc.	D Employer Identification Number (EIN) 31-1302102	
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	2,789,560
	b Actuarial value.....	2b	3,068,516
3	Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a	83
	b For terminated vested participants	3b	49
	c For active participants:		
	(1) Non-vested benefits.....	3c(1)	11,393
	(2) Vested benefits.....	3c(2)	1,553,177
	(3) Total active	3c(3)	101
	d Total.....	3d	233
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	8.17 %
6	Target normal cost.....	6	76,842

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	<div style="text-align: center;"> Signature of actuary </div>	<div style="text-align: center;"> <u>10/11/10</u> Date 08-03761 Most recent enrollment number (214) 754-5212 Telephone number (including area code) </div>
Gregory Young Type or print name of actuary PricewaterhouseCoopers LLP Firm name 2001 Ross Avenue, Suite 1800 Dallas TX 75201-2997 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

Overhead Door Corporation
Hourly Rate Pension Plan of GMI Holdings, Inc. Alliance, OH
EIN: 31-1302102; Plan Number: 002
2009 Schedule SB, Line 22 - Description of Weighted Average Retirement Age

<u>Age</u>	<u>Assumed Ret Rate</u>	<u>P_{x+t}</u>	<u>Q_{x+t}</u>	<u>tP_x</u>	<u>tP_x*Q_{x+t}</u>	<u>Ret Age Age*tP_x*Q_{x+t}</u>
55	5%	95%	5%	1.000	0.050	2.750
56	2%	98%	2%	0.950	0.019	1.064
57	2%	98%	2%	0.931	0.019	1.061
58	2%	98%	2%	0.912	0.018	1.058
59	2%	98%	2%	0.894	0.018	1.055
60	8%	92%	8%	0.876	0.070	4.206
61	8%	92%	8%	0.806	0.064	3.934
62	20%	80%	20%	0.742	0.148	9.197
63	8%	92%	8%	0.593	0.047	2.990
64	8%	92%	8%	0.546	0.044	2.795
65	75%	25%	75%	0.502	0.377	24.482
66	50%	50%	50%	0.126	0.063	4.143
67	50%	50%	50%	0.063	0.031	2.103
68	50%	50%	50%	0.031	0.016	1.067
69	50%	50%	50%	0.016	0.008	0.541
70	100%	0%	100%	0.008	0.008	0.549
				Totals	1.000	62.996

For this case, the retirement age for Schedule SB, Line 22 is

63

Overhead Door Corporation
Hourly Rate Pension Plan of GMI Holdings, Inc. Alliance, OH
EIN: 31-1302102; Plan Number: 002
2009 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

A. Actuarial Assumptions for Funding Purposes

Valuation Interest Rate Yield Curve published for the month of October 2008

Mortality Static separate, sex-distinct RP-2000 Healthy Annuitant tables projected 7 years from the valuation date and Non-Annuitant tables projected 15 years from the valuation date using projection scale AA.

Salary Scale Not applicable.

Withdrawal Percentages of Employees Withdrawing from employment during the year of age shown.

Age	Rate	Age	Rate
20	13.2%	40	7.6%
25	10.6%	45	6.4%
30	9.6%	50	3.0%
35	9.0%	55	0.6%
		60	0.0%

Retirement Age Percentage of employees retiring from employment during the year shown.

Age	Rate
55	5%
56-59	2%
60-61	8%
62	20%
63-64	8%
65	75%
66-69	50%
70	100%

Disability None assumed.

B. Actuarial Methods for Funding Purposes

1. Actuarial Cost Method

The actuarial cost method is the Unit Credit Actuarial Cost Method.

Under this cost method, the target liability is defined as the present value of the accrued benefits on the valuation date. The funding shortfall is the excess, if any, of the amount by which the target liability exceeds the actuarial value of Plan Assets.

The target normal cost, determined on the valuation date, is the amount required to fund the benefit expected to be earned in the current year plus expected expenses.

2. Asset Valuation Method

Under this method the Plan Assets are equal to the average of the fair market value on the valuation date and the adjusted fair market value on each of the preceding two valuation dates, but not less than 90% nor more than 110% of the Fair Value of Assets. The adjusted fair market value as of any preceding valuation date is equal to the fair market value as of such date increased for contributions reflected in the fair market value of assets on the current valuation that were not reflected in the fair market value of assets as of such preceding valuation date, decreased for benefits payments and expenses reflected in the fair market value of assets on the current valuation that were not reflected in the fair market value of assets as of such preceding valuation date, and adjusted for expected earnings (not in excess of the third segment rate, with no phase-in, applicable to the corresponding valuation date).

Overhead Door Corporation
Hourly Rate Pension Plan of GMI Holdings, Inc. Alliance, OH
EIN: 31-1302102; Plan Number: 002
2009 Schedule SB, Part V - Summary of Plan Provisions

Effective Date Originally effective January 1, 1991. The plan was restated effective January 1, 1998 and most recently amended as of February 1, 2008.

Eligibility Any employee in the bargaining unit represented by International Union of Electronic, Electrical, Technical, Salaried and Machine Workers, AFL-CIO Local No. 750, shall become a plan participant on the later of January 1, 1991 or date of hire.

Credited Service Service is computed for each calendar year on the basis of compensated hours in the year according to the following schedule:

Hours	Years of credited service	Hours	Years of credited service
0 - 74.9	0.0000	975 - 1124.9	0.5833
75 - 224.9	0.0833	1125 - 1274.9	0.6667
225 - 374.9	0.1667	1275 - 1424.9	0.7500
375 - 524.9	0.2500	1425 - 1574.9	0.8333
525 - 674.9	0.3333	1575 - 1724.9	0.9167
675 - 824.9	0.4167	1725 - over	1.0000
825 - 974.9	0.5000		

No credit will be given for years prior to September 15, 1990. However, for purposes of determining eligibility for benefits only, one year of credited vesting service is granted if an employee works at least 1,000 hours. Partial credit will be given for years in which less than 1,000 hours are worked.

Retirement Date

Normal The first day of the month coincident with or next following the participant's 65th birthday.

Early A participant may elect to retire early on the first day of any month after attainment of age 55 and completing ten years of credited service.

Disability A participant is eligible for disability after completing ten years of credited service.

Overhead Door Corporation
Hourly Rate Pension Plan of GMI Holdings, Inc. Alliance, OH
EIN: 31-1302102; Plan Number: 002
2009 Schedule SB, Part V - Summary of Plan Provisions

Monthly Pension Benefit	A monthly benefit for life equal to \$18.25 multiplied by credited service, up to a maximum of 45 years.
Retirement Income at Early Retirement	The monthly pension benefit reduced by 1/15th for each of the first 5 years and by 1/30th for each of the next 5 years by which the benefit commencement date precedes the Normal Retirement Date.
Retirement Income at Disability Retirement	Monthly pension benefit at date of Disability Retirement and parable to the Normal Retirement Date.
Pre-Retirement Death Benefit	
After Early Retirement Date	Upon the death of a participant, the qualifying spouse is entitled to an immediate monthly life annuity equal to one-half of the monthly 50% qualified joint and survivor annuity which the participant would have received had the participant started receiving benefits immediately prior to the date of death.
Before Early Retirement Date	Upon the death of a participant, the qualifying spouse is entitled to a monthly life annuity equal to one-half of the monthly 50% qualified joint and survivor annuity payable at the participant's 55th birthday. The monthly annuity is reduced according to the Early Retirement Percentage Schedule.

Overhead Door Corporation
Hourly Rate Pension Plan of GMI Holdings, Inc. Alliance, OH
EIN: 31-1302102; Plan Number: 002
2009 Schedule SB, Line 24 - Change in Actuarial Assumptions

The following is a summary of the assumptions updated from the assumptions used in the 2008 Plan Year valuation to the assumptions used in the 2009 Plan Year valuation.

1. Effective January 1, 2009, the interest rate used to determine the liability for funding purposes was changed from January 2008 segment rates to the October 2008 yield curve.
2. Effective January 2, 2009, the mortality assumption used to determine the target liability for funding purposes was changed from the 2008 Static Mortality Table to the 2009 Static Mortality Table.

Overhead Door Corporation
Hourly Rate Pension Plan of GMI Holdings, Inc. Alliance, OH
EIN: 31-1302102; Plan Number: 002
2009 Schedule SB, Line 26 - Schedule of Active Participant Data

Age and Service Distribution of Active Participants as of January 1, 2009

Attained Age	Completed Years of Service on January 1, 2009																				Total	
	Under 1 year		1 to 4 years		5 to 9 years		10 to 14 years		15 to 19 years		20 to 24 years		25 to 29 years		30 to 34 years		35 to 39 years		Over 40 years		No.	Avg Pay
	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg Pay
<25																						
25-29					1																1	
30-34							1														1	
35-39					1		3		1												5	
40-44					1		3		3		4										11	
45-49					1		3		3		6										13	
50-54					4		4		8		7										23	
55-59					1				3		9				1		1				15	
60-64							2		4		9				3		2		6		26	
65-69									1		1						1		2		5	
70&Up																			1			
Total					9		16		23		36				4		4		9		101	

Overhead Door Corporation
Hourly Rate Pension Plan of GMI Holdings, Inc. Alliance, OH
EIN: 31-1302102; Plan Number: 002
2009 Schedule SB, Line 26 - Schedule of Active Participant Data

Age and Service Distribution of Active Participants as of January 1, 2009

Attained Age	Completed Years of Service on January 1, 2009																				Total	
	Under 1 year		1 to 4 years		5 to 9 years		10 to 14 years		15 to 19 years		20 to 24 years		25 to 29 years		30 to 34 years		35 to 39 years		Over 40 years		No.	Avg Pay
	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg Pay
<25																						
25-29					1																1	
30-34							1														1	
35-39					1		3		1												5	
40-44					1		3		3		4										11	
45-49					1		3		3		6										13	
50-54					4		4		8		7										23	
55-59					1				3		9				1		1				15	
60-64							2		4		9				3		2		6		26	
65-69									1		1						1		2		5	
70&Up																			1			
Total					9		16		23		36				4		4		9		101	

The Genuine. The Original.



Overhead Door Corporation
2501 S. State Hwy 121, Suite 200
Lewisville, TX 75067
Phone 469 549 7100
Fax 469 549 7281
www.overheaddoor.com

October 14, 2010

Hartman Leito & Bolt, LLC
105 Decker Court
Irving, Tx 75062

**Notice To Terminated Accountant
or Enrolled Actuary**

I, as plan administrator, verify that the explanation that is reproduced below or attached to this notice is the explanation concerning your termination reported on the Schedule C (Form 5500) attached to the 2009 Form 5500 Annual Return/Report of Employee Benefit Plan, for the Hourly Rate Pension Plan of GMI Holdings, Inc. Alliance, Ohio Facility. This Form 5500 is identified in line 2b by the nine-digit EIN 31-1302102, and in line 1b by the three-digit PN 002.

You have the opportunity to comment to the Department of Labor concerning any aspect of this explanation. Comments should include the name, EIN, and PN of the plan and be submitted to: Office of Enforcement, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, DC 20210.

Sincerely,

A handwritten signature in black ink, appearing to read "Marcus L. Jenkins".

Marcus L Jenkins

Explanation provided on Form 5500 Schedule C Part III:
VENDOR SEARCH FOR PRICE/QUALITY

Overhead Door Corporation A Subsidiary of Sanwa Holdings Corporation



HOURLY RATE PENSION PLAN OF GMI HOLDINGS, INC.
ALLIANCE, OHIO FACILITY
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
As of the Year Ended December 31, 2009

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	Artisan Funds, Inc.	International Fund	\$ 125,379	\$ 123,484
	Artisan Funds, Inc.	Small Cap Value Fund	38,237	33,816
	Baird Funds	Aggregate Bond Fund	782,628	769,941
	Baron Asset Funds	Mid-Cap Growth Fund	72,293	71,998
	Baron Asset Funds	Small Cap Fund	28,629	30,677
	Blackrock Funds	Total Return Portfolio II Fund	794,040	754,947
	Blackrock Liquidity Funds	Tempfund	81,647	81,647
	Harbor Funds	International Fund	114,941	125,794
	iShares Trust	S&P 500 Index Fund	469,348	417,722
	MFS	Value Fund	481,112	375,314
	T. Rowe Price	Growth Stock Fund	309,749	372,320
	T. Rowe Price	Mid-Cap Value Fund	67,110	86,653
			<u>\$ 3,365,113</u>	<u>\$ 3,244,313</u>

HOURLY PENSION PLAN OF GMI HOLDINGS, INC.
ALLIANCE, OHIO FACILITY
Schedule H, Part IV Line 4j - Schedule of Reportable Transactions
For the Year Ended December 31, 2009

(a) Identity of party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current value of asset on transaction date	(i) Net Gain or (Loss)
<u>Category (i) - Single transactions in excess of 5% of beginning Plan assets:</u>						
None						
<u>Category (iii) - Series of transactions in excess of 5% of beginning Plan assets:</u>						
T Rowe Price	Growth Stock					
	2 Sale		\$ 193,350	\$ 166,974	\$ 140,435	\$ 26,376
	1 Purchase	\$ 794		794	794	-
Blackrock Liquidity Funds	Blackrock - Total Return Portfolio					
	24 Sale		204,064	204,064	204,064	-
	22 Purchases	262,084		262,084	262,084	-

Note: Columns (e) and (f) are not applicable.
There was no category (ii) or (iv) transactions for 2009.

**HOURLY RATE PENSION PLAN OF GMI HOLDINGS, INC.
ALLIANCE, OHIO FACILITY**

Financial Statements and Supplemental Schedules

**As of December 31, 2009 and 2008
And For the Year Ended December 31, 2009**

(With Report of Independent Certified Public Accountant)

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HOURLY RATE PENSION PLAN OF GMI HOLDINGS, INC.
ALLIANCE, OHIO FACILITY
Statements of Net Assets Available for Benefits
December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Investments at fair value		
Cash equivalents	\$ 81,647	\$ 23,626
Registered investment companies	<u>3,162,666</u>	<u>2,762,377</u>
Total investments	3,244,313	2,786,003
Receivables		
Interest	<u>3,220</u>	<u>3,557</u>
Net assets available for plan benefits	<u>\$ 3,247,533</u>	<u>\$ 2,789,560</u>

The accompanying notes are an integral part of these financial statements.

HOURLY RATE PENSION PLAN OF GMI HOLDINGS, INC.
ALLIANCE, OHIO FACILITY
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2009

	<u>2009</u>
ADDITIONS:	
Investment income	
Net appreciation in fair value of investments	\$ 494,290
Interest and dividends	<u>101,771</u>
Total investment income	596,061
 DEDUCTIONS:	
Benefits paid to participants	138,088
 Net increase	<u>457,973</u>
 Net assets available for benefits at beginning of year	2,789,560
Net assets available for benefits at end of year	<u><u>\$ 3,247,533</u></u>

The accompanying notes are an integral part of these financial statements.

HOURLY RATE PENSION PLAN OF GMI HOLDINGS, INC.
ALLIANCE, OHIO FACILITY
Notes to Financial Statements
As of the Years Ended December 31, 2009 and 2008
And for the Year Ended December 31, 2009

1. DESCRIPTION OF THE PLAN

The following description of the Hourly Rate Pension Plan of GMI Holdings, Inc. Alliance, Ohio Facility (the “Plan”) provides only general information. Participants should refer to the plan document, available from the Alliance Employee Relations Office, for a more complete description of the Plan’s provisions.

(a) General

The Plan is a noncontributory defined benefit pension plan for employees of the Alliance, Ohio facility of GMI Holdings, Inc. (the “Company”) who are employed within the collective bargaining unit represented by the International Union of Electronic, Electrical, Salaried, Machine and Furniture Workers AFL-CIO Local No. 750 (the “Union”). The Company is a wholly-owned subsidiary of Overhead Door Corporation, which is a wholly-owned subsidiary of Sanwa Shutter Corporation. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

(b) Plan Administration

The Plan is administered by a committee (the “Pension Plans Administrative Committee”) whose members are appointed by the Company’s board of directors. Under the plan agreement, PNC Bank, N.A. (the “Trustee”) is responsible for the custody of all trust assets and trust financial matters.

(c) Eligibility and Vesting

Qualifying union employees become participants in the Plan on their date of hire. Benefits are fully vested after five full years of credited vesting services. A participant receives one year of credited vesting service for each calendar year in which he or she is paid for at least 1,000 hours. The eligibility requirements for benefits are as follows:

Normal retirement	-	Age 65
Early retirement	-	Age 55 and ten years of credited vesting service
Disability retirement	-	After ten years of credited vesting service
Termination	-	Deferred or lump-sum benefits with five years of credited vesting service

(d) Funding Policy

The funding policy of the Company is to contribute such amounts as are necessary for purposes of meeting the minimum funding standards of ERISA on an actuarially determined basis to provide the Plan with assets sufficient to meet the benefits to be paid to Plan participants. The Company uses the unit credit actuarial cost method.

HOURLY RATE PENSION PLAN OF GMI HOLDINGS, INC.
ALLIANCE, OHIO FACILITY
Notes to Financial Statements
As of the Years Ended December 31, 2009 and 2008
And for the Year Ended December 31, 2009

Contributions to the Plan by the Company are generally paid in quarterly minimum required payments subsequent to January 1 of each year with the balance due on or before the extended due date of the federal income tax return of the Company, which is the September 15th immediately following the end of the plan year. The Plan has met the minimum funding requirements of ERISA for the plan years ended December 31, 2009 and 2008.

(e) Benefit Payments

The basic monthly single life benefit for life at the normal retirement date is equal to the number of years of credited benefit service, up to a maximum of 45 years, multiplied by \$18.00. In February 2009, the Plan was amended to increase the normal retirement benefits for participants eligible as of February 1, 2009 and thereafter to equal to the applicable years of benefit service multiplied by a rate of \$18.25.

The basic monthly benefit for early retirement or disability retirement is equal to the accrued normal retirement benefit reduced by a life-expectancy factor, as defined by the Plan. In the event of death, a married participant's spouse will receive a monthly life annuity equal to one-half of the monthly 50% qualified joint and survivor annuity.

(f) Plan Termination

The Plan can be terminated by the Company in certain limited situations. If the Plan is terminated, the net assets of the Plan will be distributed to the participants in order of priority as outlined in the plan document and determined in accordance with ERISA and its applicable regulations.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") should the Plan terminate. Generally, the PBGC guarantees most vested, normal-age retirement benefits, early retirement benefits, and certain disability and survivors pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit. The monthly statutory limits during 2009 and 2008 were \$4,500 and \$4,312, respectively.

Whether all participants receive benefits, should the Plan be terminated at some future time, will depend on the sufficiency, at that time, of the Plan's net assets to provide such benefits, the priority of the benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

HOURLY RATE PENSION PLAN OF GMI HOLDINGS, INC.
ALLIANCE, OHIO FACILITY
Notes to Financial Statements
As of the Years Ended December 31, 2009 and 2008
And for the Year Ended December 31, 2009

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

(a) Basis of Accounting

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

(b) Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

(c) Valuation of Investments and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for a discussion of fair value measurements.

Purchase and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date, and interest income is recorded on the accrual basis. Net appreciation (depreciation) in fair value of investments includes realized gains and losses on investments sold during the year as well as appreciation (depreciation) of the investments held at the end of the year.

(d) Benefits Paid to Participants

Benefit payments to participants are recorded upon distribution from the Plan.

(e) Administrative Expenses

Certain administrative expenses of the Plan are paid by the Company, and totaled approximately \$23,000 for the year ended December 31, 2009. In addition, all legal and actuarial fees incurred by the Plan are paid by the Company. These expenses, if not paid by the Company would be paid by the Plan.

3. ACCUMULATED PLAN BENEFITS

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by participants to the valuation date. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries and (b) present participants or their beneficiaries. Retirement benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included to the extent they are deemed attributable to employee

HOURLY RATE PENSION PLAN OF GMI HOLDINGS, INC.
ALLIANCE, OHIO FACILITY
Notes to Financial Statements
As of the Years Ended December 31, 2009 and 2008
And for the Year Ended December 31, 2009

service rendered to the benefit valuation date as specifically defined in the Plan document or clearly implied by the Plan's provisions.

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

The information below is presented as of December 31, 2008 for the valuation date as of January 1, 2009. The actuary has confirmed to the Company that the one day difference would not cause a significant difference in the valuation had it been performed as of December 31, 2008.

The following significant assumptions used in the valuation are presented in the following table as of December 31:

	<u>2008</u>	<u>2007</u>
Discount rate	8.00%	8.50%
Mortality basis	2009 Static Mortality Table	2008 Static Mortality Table
Retirement age	Age-graded retirement rates pay from 5% at age 55 to 100% at age 70	Age-graded retirement rates pay from 5% at age 55 to 100% at age 70

The actuarial present value of accumulated Plan benefits as of December 31 is as follows:

	<u>2008</u>	<u>2007</u>
Vested benefits		
Participants currently receiving payments	\$ 1,200,310	\$ 1,103,054
Other participants	2,040,307	1,795,963
Non-vested benefits	16,742	21,242
	<u>\$ 3,257,359</u>	<u>\$ 2,920,259</u>

HOURLY RATE PENSION PLAN OF GMI HOLDINGS, INC.
ALLIANCE, OHIO FACILITY
Notes to Financial Statements
As of the Years Ended December 31, 2009 and 2008
And for the Year Ended December 31, 2009

The change in the actuarial present value of accumulated Plan benefits from December 31, 2007 to December 31, 2008 is as follows:

Actuarial present value of accumulated plan benefits as of December 31, 2007	\$ 2,920,259
Increase/(decrease) during the plan year attributable to:	
Benefits Paid	(131,289)
Net benefits accumulated, including actuarial gains and losses	53,993
Change in assumptions	171,754
Increase for interest due to decrease in the discount period	<u>242,642</u>
Net increase/(decrease)	337,100
Actuarial present value of accumulated plan benefits as of December 31, 2008	<u><u>\$ 3,257,359</u></u>

The mortality assumption used to determine the liability for funding purposes was changed from the 2008 Static Mortality Table to the 2009 Static Mortality Table. Effective January 1, 2009, the interest rate used to determine the liability for funding purposes was changed from January 2008 segment rates to the October 2008 yield curve.

4. INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE

The plan administrator elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator limited auditing procedures with respect to the information which was certified by PNC Bank, N.A., the trustee, as being complete and accurate, including investments at fair value reported in the statements of net assets available for benefits, total investment income/(loss) as reported in the statements of changes in net assets available for benefits, the information disclosed in Note 4, and all information presented in the supplemental schedules, Schedule H, line 4i – schedule of assets (held at end of year) and Schedule H, line 4j – schedule of reportable transactions. The Plan's auditors performed no auditing procedures other than agreeing these amounts to the certified custodian statements.

HOURLY RATE PENSION PLAN OF GMI HOLDINGS, INC.
ALLIANCE, OHIO FACILITY
Notes to Financial Statements
As of the Years Ended December 31, 2009 and 2008
And for the Year Ended December 31, 2009

5. INVESTMENTS

The fair value of individual investments at December 31, 2009 and 2008, that represent 5% or more of the Plan's net assets is as follows:

	<u>2009</u>	<u>2008</u>
Baird Aggregate Bond Fund	\$ 769,941	\$ 715,772
Blackrock Total Return Portfolio II Fund	754,947	656,932
iShares Trust S&P 500 Index Fund	417,722	305,970
MFS Value Fund	375,314	364,982
T Rowe Price Growth Stock Fund	372,320	400,230

6. FAIR VALUE MEASUREMENTS

Valuation techniques used to measure fair value use a hierarchy, which 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 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;
- 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.

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

HOURLY RATE PENSION PLAN OF GMI HOLDINGS, INC.
ALLIANCE, OHIO FACILITY
Notes to Financial Statements
As of the Years Ended December 31, 2009 and 2008
And for the Year Ended December 31, 2009

value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Separate Accounts: Fair value of each separate account is computed by using closing prices of the underlying securities, on nationally recognized stock exchanges or over-the-counter markets where no formal exchange exists. Where the investment is in shares of a mutual fund or portfolio, fair value is computed by using the net asset value per share provided by that mutual fund or portfolio. The value of each separate account is expressed in "units".

The "unit value" is the dollar value of one unit and is determined at the close of each business day by dividing the value of the entire account by the total number of units in the accounts.

Guaranteed Interest Accounts: Fair value of each guaranteed interest contract represents contributions made under the contract, plus earnings, less withdrawals and expenses.

The methods described above 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 set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

Assets at Fair Values as of December 31, 2009

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered investment companies	\$ 3,162,666	\$ -	\$ -	\$ 3,162,666
Total assets at fair value	<u>\$ 3,162,666</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 3,162,666</u>

Assets at Fair Values as of December 31, 2008

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered investment companies	\$ 2,762,376	\$ -	\$ -	\$ 2,762,376
Total assets at fair value	<u>\$ 2,762,376</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 2,762,376</u>

7. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with

HOURLY RATE PENSION PLAN OF GMI HOLDINGS, INC.
ALLIANCE, OHIO FACILITY
Notes to Financial Statements
As of the Years Ended December 31, 2009 and 2008
And for the Year Ended December 31, 2009

certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statement of net assets available for benefits.

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

8. INCOME TAX STATUS

The Plan obtained its latest determination letter on September 3, 2002, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter; however, the plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

9. SUBSEQUENT EVENTS

Subsequent events have been evaluated up to October 14, 2010, the date the financial statements were available to be issued, as required by ASC Section 855, Subsequent Events.