

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>SUMMITVILLE TILES, INC. PENSION PLAN AND TRUST</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1977</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/1977</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>01/01/1977</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>SUMMITVILLE TILES, INC.</u> <u>P.O. BOX 73</u> <u>SUMMITVILLE, OH 43962</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-1694540</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>330-223-1511</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>423990</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-1694540</u>	2c Sponsor's telephone number <u>330-223-1511</u>	2d Business code (see instructions) <u>423990</u>	
2b Employer Identification Number (EIN) <u>34-1694540</u>					
2c Sponsor's telephone number <u>330-223-1511</u>					
2d Business code (see instructions) <u>423990</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	Filed with authorized/valid electronic signature.	10/14/2010	J MARK WEBB
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	J MARK WEBB
	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") SUMMITVILLE TILES, INC. P.O. BOX 73 SUMMITVILLE, OH 43962	3b Administrator's EIN 34-1694540 3c Administrator's telephone number 330-223-1511
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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	436
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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	124
b Retired or separated participants receiving benefits.....	6b	8
c Other retired or separated participants entitled to future benefits.....	6c	304
d Subtotal. Add lines 6a , 6b , and 6c	6d	436
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	436
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	0

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:
 1G 1I 1B

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)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department 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
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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

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

A Name of plan <u>SUMMITVILLE TILES, INC. PENSION PLAN AND TRUST</u>	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 <u>SUMMITVILLE TILES, INC.</u>	D Employer Identification Number (EIN) <u>34-1694540</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>	
2 Assets:	
a Market value	2a <u>3862778</u>
b Actuarial value	2b <u>4249050</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>8</u> <u>532509</u>
b For terminated vested participants	3b <u>304</u> <u>2157503</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>206037</u>
(2) Vested benefits	3c(2) <u>1834033</u>
(3) Total active	3c(3) <u>124</u> <u>2040070</u>
d Total	3d <u>436</u> <u>4730082</u>
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 <u>8.10</u> %
6 Target normal cost	6 <u>61125</u>

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	<u>09/20/2010</u>
Signature of actuary <u>THOMAS G. SCHRYER, A.S.A.</u>	Date <u>08-02957</u>
Type or print name of actuary <u>FINDLEY DAVIES, INC.</u>	Most recent enrollment number <u>216-875-1900</u>
Firm name <u>1300 EAST NINTH STREET, SUITE 850</u> <u>CLEVELAND, OH 44114-1516</u>	Telephone number (including area code)
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)	14397	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).....	14397	0
10	Interest on item 9 using prior year's actual return of <u>-26.80</u> %	-3858	
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>6.17</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.....		
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	10539	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	89.60 %
15	Adjusted funding target attainment percentage.....	15	89.60 %
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	82.11 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2009	53138				
07/15/2009	53138				
10/14/2009	38495				
12/30/2009	5000				
01/15/2010	46992				
09/15/2010	38146				
			Totals ►	18(b)	234909
				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 220533
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: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 65
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	61125
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	312358	71532
b Waiver amortization installment	179213	98415
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	231072
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	10539	10539
36 Additional cash requirement (item 34 minus item 35).....	36	220533
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	220533
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan SUMMITVILLE TILES, INC. PENSION PLAN AND TRUST	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 SUMMITVILLE TILES, INC.	D Employer Identification Number (EIN) 34-1694540	

Part I	Service Provider Information (see instructions)
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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

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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)

KEY BANK NATIONAL ASSOCIATION

34-1974250

(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?
19 21 72	CUSTODIAN OF ASSETS	5243	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FINDLEY DAVIES, INC.

34-1213174

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17	NONE	33396	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COHEN & COMPANY

34-1912961

(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?
10	NONE	6000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 01/01/2009 and ending 12/31/2009		
A Name of plan SUMMITVILLE TILES, INC. PENSION PLAN AND TRUST	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 SUMMITVILLE TILES, INC.	D Employer Identification Number (EIN) 34-1694540	

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)	106518	85138
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	4143	3416
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	18453	46092
(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)	1437	2361
(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)	3740227	4370248
(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	3870778	4507255

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	3870778	4507255
---	-----------	---------	---------

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)	230062	
(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)		230062

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)	34	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	166475	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		166509

(3) Rents	2b(3)		
-----------------	--------------	--	--

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

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	927	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		927
(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)		820457
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1217955

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	519584	
(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)		519584
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)	39396	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	5243	
(4) Other	2i(4)	17255	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		61894
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		581478

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		636477
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: COHEN & CO

(2) EIN: 34-1912961

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		700000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

A Name of plan <u>SUMMITVILLE TILES, INC. PENSION PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SUMMITVILLE TILES, INC.</u>	D Employer Identification Number (EIN) <u>34-1694540</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>34-1974250</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
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
--	-----------------------------------	-----------------------------------	-------------------------------	--

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

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

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SUMMITVILLE TILES, INC.
PENSION PLAN AND TRUST
INDEPENDENT AUDITORS' REPORT
DECEMBER 31, 2009 AND 2008

SUMMITVILLE TILES, INC.
PENSION PLAN AND TRUST

DECEMBER 31, 2009 AND 2008

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TRUSTEE
SUMMITVILLE TILES, INC. PENSION PLAN AND TRUST

Independent Auditors' Report

We were engaged to audit the financial statements and supplemental schedules of the Summitville Tiles, Inc. Pension Plan and Trust as of December 31, 2009 and 2008, and for the year ended December 31, 2009, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Keybank National Association, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of 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 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.

Cohen & Company Ltd.

October 6, 2010
Akron, Ohio

STATEMENT OF NET ASSETS
AVAILABLE FOR BENEFITS

DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
ASSETS		
Cash and cash equivalents	\$ 46,092	\$ 18,453
Investments - At fair value		
Common stock	2,361	1,437
Mutual funds	<u>4,370,248</u>	<u>3,740,227</u>
	<u>4,372,609</u>	<u>3,741,664</u>
Receivables		
Interest and dividends	3,416	4,143
Employer contributions	<u>85,138</u>	<u>106,518</u>
	<u>88,554</u>	<u>110,661</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 4,507,255</u>	<u>\$ 3,870,778</u>

The accompanying notes are an integral part of these statements.

STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2009

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Dividends and interest	\$ 166,509
Employer contributions	<u>230,062</u>
	<u>396,571</u>
Net unrealized and realized appreciation in fair value of:	
Common stock	927
Mutual funds	<u>820,457</u>
	<u>821,384</u>
Total additions	<u>1,217,955</u>

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefit payments	519,584
Administrative expenses	<u>61,894</u>
Total deductions	<u>581,478</u>

INCREASE IN NET ASSETS	636,477
NET ASSETS AVAILABLE FOR BENEFITS	
- BEGINNING OF YEAR	<u>3,870,778</u>
NET ASSETS AVAILABLE FOR BENEFITS	
- END OF YEAR	<u>\$ 4,507,255</u>

The accompanying notes are an integral part of these statements.

STATEMENT OF ACCUMULATED BENEFITS

DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
Vested benefits		
Participants currently receiving payments	\$ 660,544	\$ 664,016
Other participants	<u>5,314,595</u>	<u>5,352,222</u>
	5,975,139	6,016,238
Non-vested benefits	<u>193,427</u>	<u>206,011</u>
Total actuarial present value of accumulated benefits	<u>\$ 6,168,566</u>	<u>\$ 6,222,249</u>

STATEMENT OF CHANGES IN ACCUMULATED BENEFITS

YEAR ENDED DECEMBER 31, 2009

Actuarial present value of accumulated benefits	
- Beginning of year	\$ 6,222,249
Increase (decrease) during the year attributable to:	
Benefits paid	(519,584)
Discount period	475,227
Benefits accumulated (including gains and losses)	<u>(9,326)</u>
Actuarial present value of accumulated benefits	
- End of year	<u>\$ 6,168,566</u>

The accompanying notes are an integral part of these statements.

NOTES TO THE FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN

The Summitville Tiles, Inc. (the Company) Pension Plan and Trust (the Plan) provides retirement benefits for eligible employees. The Plan conforms with the standards for eligibility, vesting, and funding required by the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Effective April 30, 2004, the Plan was restated to freeze all accrued benefits as of such date and to disallow any further benefit accruals and any new participants.

The significant provisions of the Plan are listed below. For more complete information regarding the general provisions of the Plan, participants are encouraged to refer to the Plan agreement.

Administration

A committee appointed by the Board of Directors of the Company is responsible for the administration of the Plan. The Company has entered into an agreement with Keybank National Association (Key) whereby Key acts as custodian for the investment portfolio. Certain administrative expenses have been paid by the Company, with the balance borne by the Plan.

Eligibility

Each employee of the Company hired on or before August 31, 2003, was eligible to become a participant the January 1 following the completion of four months of service. Employees will remain active participants for any subsequent Plan year in which the employee has worked at least 1,000 hours of service, as defined by the Plan.

Vesting

Participants become 100% vested in their benefits after five years of credited service.

Pension Benefits

A participant becomes eligible to receive normal retirement benefits upon attainment of age 65. The monthly pension payments at normal retirement age are equal to the greater of \$16 multiplied by the number of years of credited service or .65% of the participant's average monthly compensation plus .65% of the participant's average monthly compensation in excess of the participant's social security covered compensation, as defined, multiplied by years of service rendered, up to a maximum of 35 years. The benefit accrual was frozen effective April 30, 2004. The Plan pays lump sum benefits less than \$5,000 automatically. Participants whose actuarial value is between \$5,000 and \$10,000 can elect a lump sum at termination. Lump sums greater than \$10,000 are only payable at retirement eligibility.

Early retirement benefits are available to participants who have attained age 55 and have completed 10 years of credited service. The standard early retirement benefit shall be a deferred normal monthly retirement benefit commencing on the participant's normal retirement date equal to his accrued benefit on his early retirement date. A participant may elect to receive an immediate early retirement benefit which shall be a pension payable in the same form as the normal monthly retirement benefit equal to his accrued benefit, reduced by 1/15 for each of the first five years, by 1/30 for each of the next five years, by which the commencement of his benefit precedes his normal retirement date.

NOTES TO THE FINANCIAL STATEMENTS

1. DESCRIPTION OF PLAN (Continued)

Death and Disability Benefits

If the employment of a participant terminates due to a permanent disability, such participant is not receiving payments from the employer provided disability insurance, and if the participant has completed at least 10 years of service with the employer as of the date the disability was incurred, the participant shall be 100% vested in his accrued benefit and shall be entitled to payment of his accrued benefit.

If a participant dies while still an employee, the participant shall be 100% vested in his accrued benefit. If a participant dies after his employment terminates, the participant shall not be entitled to any additional vesting on account of his death. If a participant dies and the present value of his vested accrued benefit derived from employer contributions is equal to or less than the applicable limit, the normal form of death benefit shall be a single-sum payment of the participant's vested accrued benefit, as adjusted.

Plan Termination

The Company reserves the right to terminate the Plan. Benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC). In the event that the Plan terminates, the net assets of the Plan shall be allocated among the participants and beneficiaries in accordance with the priorities mandated by ERISA. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

A full description of the defined benefit plan termination priorities is available in the Plan agreement.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Plan Sponsor Operations

On December 12, 2003, the Company filed a petition for relief under Chapter 11 of the federal bankruptcy laws in the United States Bankruptcy Court of the Northern District of Ohio. On December 12, 2004, the Company emerged from Chapter 11 of the federal bankruptcy laws in the United States Bankruptcy Court and is operating under a reorganization plan, approved by the Court and its creditors, which places certain restrictions on the Company until certain obligations to creditors are met.

NOTES TO THE FINANCIAL STATEMENTS

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Accounting Estimates

The preparation of the 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 reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Cash Equivalents

The Plan considers all highly liquid, short-term investments with an original maturity of three months or less to be cash equivalents.

Contributions

Annual contributions from the Company are subject to the minimum funding standards imposed by ERISA. These amounts are determined by an independent consulting actuary.

Waiver of Minimum Funding Requirement

The Internal Revenue Service (IRS) waived the minimum funding requirement in 2003 and a portion of the minimum funding requirement in 2004 and 2005. As a result of these waivers, the actuarially determined minimum funding requirements for 2006 and forward have increased significantly. No additional waivers are available to the Company until 2018.

Investments

Investments, in general, are exposed to various risks, such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

At December 31, 2009 and 2008, the Plan investments, which are held by Key, are stated at fair value as determined by quoted market prices, as reported to the Plan by Key.

Purchases and sales of investments are recorded on a trade-date basis.

NOTES TO THE FINANCIAL STATEMENTS

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investments (Continued)

The Plan's investments, which exceed 5% of net assets available for benefits as of December 31, 2009 and 2008, are as follows:

	<u>2009</u>	<u>2008</u>
American Fundamental Investors Fund	\$ 396,354	\$ 297,210
American Funds High Income Trust Fund	\$ 226,860	\$ 204,141
American Funds The Bond Fund of America	\$ 315,238	\$ 411,320
American Wash Mutual Inv. Fund		\$ 213,612
Intermediate Bond Fund of America	\$ 513,818	\$ 483,114
Lord Abbett Large Cap Core Fund		\$ 318,041
Lord Abbett Bond Debenture Fund	\$ 504,906	\$ 372,752
Lord Abbett Classic Stock Fund	\$ 401,381	\$
Lord Abbett Fundamental Equity Fund	\$ 338,274	
Lord Abbett All Value Fund		\$ 268,775
Lord Abbett Investments Core Fixed Income Fund	\$ 292,711	\$ 260,210
Natixis Loomis Sayles Stratified Income Fund	\$ 258,137	
New World American Fund	\$ 384,706	\$ 252,752
Thornburg Income Builder Fund	\$ 646,112	\$ 472,990

Actuarial Present Value of Accumulated Benefits

Accumulated benefits are those future periodic payments that are attributable under the Plan's provisions to the service participants have rendered. Accumulated benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries.

The actuarial present value of accumulated benefits was determined by Findley Davies, Inc., consulting actuaries, using the Unit Credit Cost Method. The significant actuarial assumptions used in the valuations as of December 31, 2009 and 2008, were:

- (a) Mortality rate - For 2009 and 2008, Healthy - 2007 Current Liability Blended Mortality Table; Disabled - 1965 Ultimate Disabled Mortality Rate; Disability - 11th Railroad Retirement Board Valuation.
- (b) Retirement age - 65, or age on the valuation date if older.
- (c) Investment return - For 2009 and 2008, pre-decrement 8%, post-decrement 6%.

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

NOTES TO THE FINANCIAL STATEMENTS

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Subsequent Events

Management has evaluated subsequent events through October 6, 2010, the date the financial statements were available to be issued.

3. TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated December 1, 2004, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended subsequent to receiving the determination letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and is therefore tax exempt.

4. INFORMATION CERTIFIED BY THE CUSTODIAN

In accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator has elected to restrict the scope of the auditors' examination with regard to statements or information prepared and certified by Key, the custodian.

Key has certified as to the completeness and accuracy of the investments it holds, changes in net assets arising from said investment activity and the schedules of assets held for investment purposes at end of year and reportable transactions as of December 31, 2009 and 2008, and for the year ended December 31, 2009.

5. ASSETS MEASURED AT FAIR VALUE ON A RECURRING BASIS

The various inputs that may be used to determine the fair value of the Plan's assets are summarized in three broad levels:

Level 1	Quoted prices in active markets for identical securities
Level 2	Other significant observable inputs (including quoted prices for similar securities, interest rates, credit risk, etc.)
Level 3	Significant unobservable inputs (including the Plan's own assumptions used to determine value)

Generally, the Plan utilizes quoted market prices, and other relevant information generated by market transactions, to measure fair value when available. If quoted prices are not available, fair values are measured using independent pricing models or other model-based valuation techniques. In certain cases, the Plan may be required to make judgments about assumptions that market participants would use in estimating the fair value of financial instruments (Level 3 valuations).

NOTES TO THE FINANCIAL STATEMENTS

5. ASSETS MEASURED AT FAIR VALUE ON A RECURRING BASIS (Continued)

Assets measured at fair value are comprised of the following at December 31, 2009:

<u>Description</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Mutual funds:			
Blended funds	\$ 1,136,009		
Bond funds	2,111,670		
Growth funds	384,706		
Value funds	737,863		
Common stock	2,361		
Cash and cash equivalents	46,092		
	<u>\$ 4,418,701</u>	<u>\$</u>	<u>\$</u>

Assets measured at fair value are comprised of the following at December 31, 2008:

<u>Description</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Mutual funds	\$ 3,740,227		
Common stock	1,437		
Cash and cash equivalents	18,453		
	<u>\$ 3,760,117</u>	<u>\$</u>	<u>\$</u>

The Plan held no Level 3 assets during 2009.

6. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of funds managed by Key. Key is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest.

SCHEDULE OF ASSETS
HELD FOR INVESTMENT PURPOSES AT END OF YEAR

DECEMBER 31, 2009

EIN: 34-1694540

PLAN NUMBER: 002

(a)	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Market
Cash and Cash Equivalents				
*	Employee Benefits Money Market Fund	Money Market	\$ 44,782	\$ 44,782
	Checking Account	Cash	<u>1,310</u>	<u>1,310</u>
			<u>46,092</u>	<u>46,092</u>
Common Stock				
	Millicom International Cellular	Common Stock	<u>1,000</u>	<u>2,361</u>
Mutual Funds				
	American Fundamental Investors Fund	Mutual Fund	367,334	396,354
	American Funds High Income Trust			
	Fund	Mutual Fund	257,638	226,860
	American Funds The Bond Fund of			
	America	Mutual Fund	352,514	315,238
	American Wash Mutual Inv. Fund	Mutual Fund	82,777	91,751
	Lord Abbett Bond Debenture Fund	Mutual Fund	571,849	504,906
	Lord Abbett Classic Stock Fund	Mutual Fund	452,276	401,381
	Lord Abbett Fundamental Equity Fund	Mutual Fund	339,226	338,274
	New World American Fund	Mutual Fund	228,080	384,706
	Intermediate Bond Fund of America	Mutual Fund	533,606	513,818
	Thornburg Income Builder Fund	Mutual Fund	641,887	646,112
	Natixis Loomis Sayles Strategic			
	Income Fund	Mutual Fund	286,795	258,137
	Lord Abbett Investments Core			
	Fixed Income Fund	Mutual Fund	<u>282,390</u>	<u>292,711</u>
			<u>4,396,372</u>	<u>4,370,248</u>
			<u>\$ 4,443,464</u>	<u>\$ 4,418,701</u>

*A party-in-interest as defined by ERISA.

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2009

EIN: 34-1694540

PLAN NUMBER: 002

(a) Identity of Party Involved	(b) Asset Description	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred	(g) Cost of Asset	(h) Current Value	(i) Net Gain (Loss)
E B Money Market Fund	Money Market							
	8 Purchases	<u>\$ 349,344</u>				<u>\$ 349,344</u>	<u>\$ 349,344</u>	
	20 Sales		<u>\$ 317,487</u>			<u>\$ 317,487</u>	<u>\$ 317,487</u>	

*A party-in-interest as defined by ERISA.

**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

2009This 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 Summitville Tiles, Inc. Pension Plan and Trust	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Summitville Tiles, Inc.	D Employer Identification Number (EIN) 34-1694540
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>		
2 Assets:		
a Market value.....	2a	3,862,778
b Actuarial value.....	2b	4,249,050
3 Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	8
b For terminated vested participants.....	3b	304
c For active participants:		
(1) Non-vested benefits.....	3c(1)	206,037
(2) Vested benefits.....	3c(2)	1,834,033
(3) Total active.....	3c(3)	124
d Total.....	3d	436
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	8.10 %
6 Target normal cost.....	6	61,125

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	<u>TGS</u>	<u>9/20/10</u>
	Signature of actuary	Date
Thomas G. Schryer, A.S.A.		08-02957
	Type or print name of actuary	Most recent enrollment number
Findley Davies, Inc.		(216) 875-1900
	Firm name	Telephone number (including area code)
1300 East Ninth Street, Suite 850		
Cleveland	OH 44114-1516	
	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)	14,397	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)	14,397	0
10 Interest on item 9 using prior year's actual return of <u>(26.80)%</u>	(3,858)	
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>6.17 %</u>		
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		
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	10,539	0

Part III Funding percentages

14 Funding target attainment percentage	14	89.60 %
15 Adjusted funding target attainment percentage	15	89.60 %
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	82.11 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2009	53,138				
07/15/2009	53,138				
10/14/2009	38,495				
12/30/2009	5,000				
01/15/2010	46,992				
09/15/2010	38,146				
Totals ▶			18(b)	234,909	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	220,533

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:
%2nd segment:
%3rd segment:
%☒ N/A, full yield curve used

b Applicable month (enter code)

21b

2

22 Weighted average retirement age**22**

65

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** 61,125**32** Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

312,358

71,532

b Waiver amortization installment

179,213

98,415

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**

231,072

Carryover balance

Prefunding balance

Total balance

35 Balances used to offset funding requirement

10,539

10,539

36 Additional cash requirement (item 34 minus item 35) **36** 220,533**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)**37**

220,533

38 Interest-adjusted excess contributions for current year (see instructions) **38** 0**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 22 – Description of Weighted Average Retirement Age
Summitville Tiles, Inc. Pension Plan and Trust
January 1, 2009 Valuation
EIN/PN: 34-1694540 / 002

Rates of Retirement

<u>Age(s)</u>	<u>Rate</u>
55	2%
56-59	1
60	3
61	8
62	13
63	10
64	28
65	40
66-68	20
69-74	28
75	100

The weighted average retirement age is 65. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

Schedule SB, Line 26 - Schedule of Active Participant Data

January 1, 2009 Valuation
Summitville Tiles, Inc. Pension Plan
(EIN: 34-1694540; PN: 002)

Attained Age	Years of Credited Service									
	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	-	1 (*)	-	-	-	-	-	-	-	-
30 to 34	-	2 (*)	2 (*)	-	-	-	-	-	-	-
35 to 39	-	1 (*)	4 (*)	2 (*)	-	-	-	-	-	-
40 to 44	-	4 (*)	3 (*)	1 (*)	1 (*)	-	-	-	-	-
45 to 49	-	2 (*)	3 (*)	1 (*)	1 (*)	8 (*)	2 (*)	-	-	-
50 to 54	-	3 (*)	1 (*)	2 (*)	2 (*)	7 (*)	17 (*)	5 (*)	-	-
55 to 59	-	1 (*)	2 (*)	2 (*)	1 (*)	6 (*)	4 (*)	6 (*)	2 (*)	-
60 to 64	-	1 (*)	1 (*)	-	1 (*)	2 (*)	2 (*)	2 (*)	3 (*)	-
65 to 69	-	1 (*)	-	-	-	-	1 (*)	-	1 (*)	-
70 & up	-	-	-	1 (*)	-	-	-	-	-	-

* Average compensation is not shown since there are fewer than 1,000 active participants in this plan

Schedule SB, line 32 – Schedule of Amortization Bases
Summitville Tiles, Inc. Pension Plan and Trust
January 1, 2009 Valuation
EIN/PN: 34-1694540 / 002

EXHIBIT VII
SCHEDULE OF AMORTIZATION BASES

	Plan Year Beginning			1/01/2009
	Date Established	Present Value of Payments	Remaining Years	Amortization Installment
<i>Shortfall Amortization Bases</i>	1/01/2009	\$ (412,216)	7	\$ (73,415)
	1/01/2008	724,574	6	<u>144,947</u>
	Total	\$ 312,358		\$ 71,532
<i>Waiver Amortization Bases</i>	1/01/2005	\$ 12,098	1	\$ 12,098
	1/01/2006	<u>167,115</u>	2	<u>86,317</u>
	Total	\$ 179,213		\$ 98,415

Schedule SB, line 24 – Change in Actuarial Assumptions
Summitville Tiles, Inc. Pension Plan and Trust
January 1, 2009 Valuation
EIN/PN: 34-1694540 / 002

***Changes in
Assumptions and
Methods since the
Last Actuarial
Valuation***

The mortality table for the funding target was changed as required under PPA' 06.

These changes were made due to statutory requirements and/or to better anticipate plan experience.

***Justification for
Changes in Actuarial
Assumptions***

No assumption changes other than those relating to mandatory interest rates and mortality tables, if any, were made and, therefore, there is no need for justification.

Schedule SB, line 25 – Change in Method
Summitville Tiles, Inc. Pension Plan and Trust
January 1, 2009 Valuation
EIN/PN: 34-1694540 / 002

Change in Methods

The 24-month segment rates for September were used last year.

Expenses were included in the Target Normal Cost.

The asset method was changed to smoothing as allowed under the Worker Retiree and Employer Recovery Act of 2008.

APPENDIX A

SUMMARY OF PRINCIPAL PLAN PROVISIONS

<i>Plan Sponsor</i>	Summitville Tiles, Inc.
<i>EIN/PN</i>	34-1694540/002
<i>Effective Date and History</i>	January 1, 1977; restated effective January 1, 1997; last amended effective April 30, 2004. Funding Waivers were granted for 2003, 2004 and 2005.
<i>Plan Year</i>	The 12-month period beginning each January 1.
<i>Participation</i>	Each employee becomes a participant on the January 1 following completion of four months of employment. Participation with respect to new employees was frozen effective April 30, 2004.
<i>Compensation</i>	W-2 earnings as limited by IRC Section 401(a)(17).
<i>Average Monthly Compensation</i>	1/60th of Compensation for the highest 5 consecutive years of the last 10 years of employment.
<i>Social Security Covered Compensation</i>	1/12 of the average of the Social Security Taxable Wage Bases in effect for each calendar year during the 35-year period ending with the calendar year in which the employee attains Social Security Retirement Age. The Covered Compensation in effect in the year prior to the year of termination is used to determine accrued benefit. Social Security Retirement Age is 65 for employees born before 1938, 67 for those born after 1954, and 66 for those born in between.
<i>Year of Service</i>	Any plan year during which an employee has at least 1,000 hours of service with the employer.
<i>Accrued Benefit</i>	A monthly life annuity equal to the greater of i) .65% of average monthly compensation plus .65% of average monthly compensation in excess of covered compensation with the sum multiplied by the number of years of service since January 1, 1977 up to 35, and ii) \$16.00 multiplied by the number of years of service since January 1, 1977. Benefit Accrual was frozen effective April 30, 2004.

APPENDIX A (Continued)

Normal or Late Retirement Benefit

Eligibility:

Age 65.

Monthly Benefit:

The accrued benefit determined at normal retirement date. If late retirement, the greater of i) the accrued benefit at late retirement date and ii) the actuarial equivalent of the accrued benefit at normal retirement date.

Early Retirement Benefit

Eligibility:

Age 55 and 10 years of service.

Monthly Benefit:

The Accrued Benefit determined at the early retirement date, reduced by .00555 for each of the first 60 months and by .00277 for each of the additional months by which commencement of benefits precedes normal retirement date.

Disability Retirement Benefit

Eligibility:

10 years of service.

Monthly Benefit:

The accrued benefit determined at date of disablement.

Termination Benefit

Eligibility:

Termination of employment prior to retirement.

Monthly Benefit:

100% of the accrued benefit for participants with at least five Years of Service.

APPENDIX A (Continued)

Termination Benefit (Continued)

For participants with at least one Year of Service as of January 1, 1998 the following schedule applies.

<u>Years of Service</u>	<u>Vested Percent of Accrued Benefit</u>
0	0%
1	10
2	20
3	40
4	60
5	100

Participants with at least ten years of service can elect to receive benefits at any time after age 55 using the reduction factors described above for early retirement benefits.

Death Benefit

Eligibility:

Death of participant prior to benefit commencement.

Benefit:

If the participant was active at date of death the present value of the accrued benefit.

If the participant had terminated with a vested benefit prior to death the present value of the vested benefit.

Optional Forms of Annuity Payment

Life Annuity –monthly payments for the life of the participant.

Joint and 50% Survivor Annuity –monthly payments for the life of the participant with either 50% or 75% of the benefit continuing to the surviving spouse (if any).

The conversion factors for the optional forms of benefit are based on the 1951 Group Annuity Mortality (male) projected to 1985 by Scale C and setback 3 years for all, combined with 7% interest.

Benefits Payable as Lump Sums

The plan pays small benefits (lump sums not greater than \$5,000) automatically. Participants whose actuarial value is between \$5,000 and \$10,000 can elect a lump sum at termination. Lump sums greater than \$10,000 are only payable at retirement eligibility.

The conversion factors for calculating lump sums are based on the Applicable Mortality Table and the Applicable Interest Rate as defined in IRC Section 417(e)(3).

APPENDIX A (Continued)

***Maximum Benefit
Limit***

The Internal Revenue Code Section 415 Maximum Benefit payable as a life annuity at Social Security Normal Retirement Age is assumed to remain unchanged in future years for contribution purposes. For FAS 87 Expense purposes it is assumed to increase using the Cost of Living Index.

***Plan Compensation
Limit***

The Section 401(a)(17) Maximum Compensation that can be recognized for benefit calculation purposes is assumed to remain unchanged in future years for contribution purposes. For FAS 87 Expense purposes it is assumed to increase using the Cost of Living Index.

Funding of the Plan

Employer pays all costs.

***Changes in Plan
Provisions***

None.

APPENDIX B

STATEMENT OF ACTUARIAL ASSUMPTIONS AND METHODS

Interest Rates

Funding: Full Yield Curve with the interest rates for October which are published in the November preceding the valuation date:

- | | |
|--|-------|
| a. Effective Interest Rate using the above rates | 8.10% |
|--|-------|

FAS 35:

Present Value of Vested and Accumulated Benefits

- | | |
|-------------------|-------|
| a. Pre-decrement | 8.00% |
| b. Post-decrement | 6.00% |

FAS 87 Expense:

- | | |
|----------------------------------|-------|
| a. Discount Rate (liabilities) | 6.00% |
| b. Long-Term Rate (trust income) | 7.75% |

Salary Scale

For the frozen accrued benefits actual individual pay histories were used.

Mortality

Funding:

- a. Healthy: Mandated RP-2000 Static Mortality Table for valuation year (male and female) combined annuitant/nonannuitant.
- b. Disabled: All four Disabled Tables of Revenue Ruling 96-7. These are applied conditionally as specified in 96-7.
- c. Lump sum settlements are reflected by using the unisex mortality rates for such purposes as of the valuation date.

FAS 35 and 87:

- a. Healthy: 2007 Current Liability Blended Mortality Table.
- b. Disabled: 1965 Ultimate Disabled Mortality Table.

Rates of Retirement

<u>Age(s)</u>	<u>Rate</u>
55	2%
56-59	1
60	3
61	8
62	13
63	10
64	28
65	40
66-68	20
69-74	28
75	100

The weighted average retirement age is 65. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

APPENDIX B (Continued)

Rates of Disability

43% of Table S-10 of the 11th Railroad Retirement Board Valuation (modified). Sample rates and ages are as follows.

<u>Age(s)</u>	<u>Rate</u>
25	0.026%
40	0.052
55	0.461

Rates of Turnover

Based on age and length of service as follows:

<u>Age</u>	<u>Rate Per Year of Employment</u>					
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6+</u>
25	43.60%	37.06%	19.62%	15.26%	13.10%	13.10%
35	45.50	38.68	20.48	15.93	11.38	5.80
40	42.65	36.25	19.19	14.93	10.66	5.80
45	39.80	33.83	17.91	13.93	9.95	5.80
55	26.50	22.53	11.93	9.28	6.63	5.80

Assumptions Made In Valuing Spouse's Benefit

Eighty-five percent of employees included in the valuation are assumed to be married. The wife is assumed to be three years younger than the husband.

Optional Form Election

All participants are assumed to elect a lump sum distribution at termination.

Annual Increases to IRC 415 Limit

Funding: 0.00%

FAS 87 Expense: 3.00%

Provision for Expenses

Administrative expenses expected to be paid during the year were added to the Target Normal Cost.

FAS 87 Measurement Date

January 1

Fiscal Year

The 12-month period ending each December 31.

Asset Method

Funding: Market Value of Assets plus interest adjusted accrued but unpaid contributions as of the valuation date plus an adjustment to defer full recognition of investment losses and gains over a two-year period. The investment (gain)/loss for every year equals the market value at the beginning of the year projected to the end of the year using the interest rate above, but no greater than the third segment rate for the plan year, minus the end of the year actual market value. The actuarial value of assets will be no less than 90% and no more than 110% of the market value (including interest-adjusted accrued but unpaid contributions). Note that due to the regulatory constraint on the interest rate, a characteristic of this asset valuation method is that, over time, it may be more likely to produce an actuarial value of assets that is less than the market value of assets.

||

APPENDIX B (Continued)

*Asset Method
(continued)*

FAS 35: Market Value of Assets (per paragraph 11 of FAS 35) plus any contributions for the prior year that were unpaid as of the Valuation Date (per paragraph 10 of FAS 35). No other methods are allowed.

FAS 87: Market Value of Assets. Other methods are allowed.

Employees Valued

Only participants as of the valuation date were valued.

SCHEDULE OF ASSETS
HELD FOR INVESTMENT PURPOSES AT END OF YEAR

DECEMBER 31, 2009

EIN: 34-1694540

PLAN NUMBER: 002

(a)	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Market
Cash and Cash Equivalents				
*	Employee Benefits Money Market Fund	Money Market	\$ 44,782	\$ 44,782
	Checking Account	Cash	<u>1,310</u>	<u>1,310</u>
			<u>46,092</u>	<u>46,092</u>
Common Stock				
	Millicom International Cellular	Common Stock	<u>1,000</u>	<u>2,361</u>
Mutual Funds				
	American Fundamental Investors Fund	Mutual Fund	367,334	396,354
	American Funds High Income Trust Fund	Mutual Fund	257,638	226,860
	American Funds The Bond Fund of America	Mutual Fund	352,514	315,238
	American Wash Mutual Inv. Fund	Mutual Fund	82,777	91,751
	Lord Abbett Bond Debenture Fund	Mutual Fund	571,849	504,906
	Lord Abbett Classic Stock Fund	Mutual Fund	452,276	401,381
	Lord Abbett Fundamental Equity Fund	Mutual Fund	339,226	338,274
	New World American Fund	Mutual Fund	228,080	384,706
	Intermediate Bond Fund of America	Mutual Fund	533,606	513,818
	Thornburg Income Builder Fund	Mutual Fund	641,887	646,112
	Natixis Loomis Sayles Strategic Income Fund	Mutual Fund	286,795	258,137
	Lord Abbett Investments Core Fixed Income Fund	Mutual Fund	<u>282,390</u>	<u>292,711</u>
			<u>4,396,372</u>	<u>4,370,248</u>
			<u>\$ 4,443,464</u>	<u>\$ 4,418,701</u>

*A party-in-interest as defined by ERISA.

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2009

EIN: 34-1694540

PLAN NUMBER: 002

(a) Identity of Party Involved	(b) Asset Description	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred	(g) Cost of Asset	(h) Current Value	(i) Net Gain (Loss)
E B Money Market Fund	Money Market							
	8 Purchases	<u>\$ 349,344</u>				<u>\$ 349,344</u>	<u>\$ 349,344</u>	
	20 Sales		<u>\$ 317,487</u>			<u>\$ 317,487</u>	<u>\$ 317,487</u>	

*A party-in-interest as defined by ERISA.