

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>ASBESTOS WORKERS LOCAL 84 ANNUITY PLAN</u> 2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>ASBESTOS WORKERS LOCAL 84 ANNUITY PLAN</u> <u>36 EAST WARNER ROAD</u> <u>AKRON, OH 44319</u>	1b Three-digit plan number (PN) ►	<u>002</u>	
	1c Effective date of plan	<u>07/01/1986</u>	
	2b Employer Identification Number (EIN)	<u>34-1540318</u>	
	2c Sponsor's telephone number	<u>330-644-1196</u>	
	2d Business code (see instructions)	<u>238900</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.	<u>10/15/2010</u>	<u>LEE Q.BARNES</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	<u>10/15/2010</u>	<u>AL STRODTBECK</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") ASBESTOS WORKERS LOCAL 84 ANNUITY PLAN 36 EAST WARNER ROAD AKRON, OH 44319	3b Administrator's EIN 34-1540318 3c Administrator's telephone number 330-644-1196
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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	107
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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	126
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	0
d Subtotal. Add lines 6a , 6b , and 6c	6d	126
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	126
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	126
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	

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:
 2C

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 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 ASBESTOS WORKERS LOCAL 84 ANNUITY PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 ASBESTOS WORKERS LOCAL 84 ANNUITY PLAN	D Employer Identification Number (EIN) 34-1540318	

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)

LEE Q. BARNES

34-1540318

(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?
13	NONE	22200	Yes ☐ No ☒	Yes ☐ No ☒	0	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:	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 ASBESTOS WORKERS LOCAL 84 ANNUITY PLAN	B Three-digit plan number (PN)	002
C Plan sponsor's name as shown on line 2a of Form 5500 ASBESTOS WORKERS LOCAL 84 ANNUITY PLAN	D Employer Identification Number (EIN) 34-1540318	

Part I	Asset and Liability Statement
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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)	31913	25409
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		6487
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	914924	722781
(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)	1341630	1943625
(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	197	714
f Total assets (add all amounts in lines 1a through 1e)	1f	2288664	2699016

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	2162	708
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	2162	708

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2286502	2698308
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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)	282231	
(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)		282231

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1366	
(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)	630	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1996

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	27141	
(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)		27141

(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)		

		(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)		
(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)		360311
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		671679

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	222792	
(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)		222792
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)	7496	
(2) Contract administrator fees	2i(2)	22200	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	7385	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		37081
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		259873

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		411806
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: LOMAX SOFUL FOSTER INC

(2) EIN: 34-1167895

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		350000
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)

Asbestos Workers Local #84 Annuity Plan

Audited Financial Statements

December 31, 2009 and 2008

Asbestos Workers Local # 84 Annuity Plan

TABLE OF CONTENTS

Accountant's Report	1
Financial Statements	
Statements of Net Assets Available for Benefits	2
Statements of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4 - 7
Supplementary Information	
Schedule of Administrative Expenses	8
Schedule of Assets (Held at End of Year)	9
Schedule of Reportable Transactions (5%)	10

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*American Institute of Certified Public Accountants
& Ohio Society of Certified Public Accountants.*



**Lomax,
Soful,
& Foster**

Since 1929

**Certified Public
Accountants**

September 10, 2010

**To the Board of Trustees of
Asbestos Workers Local #84 Annuity Plan
Akron, Ohio 44319**

Independent Auditor's Report

We have audited the accompanying statements of net assets available for benefits of Asbestos Workers Local # 84 Annuity Plan as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatements. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Asbestos Workers Local #84 Annuity Plan as of December 31, 2009 and 2008, and the changes in net assets available for benefits for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audit was conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental Schedule H (IRS Form 5500) schedule of assets (held at the end of the year), schedule of reportable transactions and schedule of assets acquired and sold during the year, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Lomax, Soful & Foster, Inc.

**Lomax, Soful & Foster, Inc.
Certified Public Accountants**

Akron, OH

Asbestos Workers Local #84 Annuity Plan
Statements of Net Assets Available for Benefits
December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Assets:		
Cash	\$ 722,781	\$ 914,924
Investments at FMV (See Note F)		
Mutual Funds:		
Loomis Sayles Stock Funds	1,563,226	1,133,065
Loomis Sayles Bond Funds	171,773	145,535
Vanguard Stock Funds	<u>208,626</u>	<u>63,030</u>
Total Investments	<u>1,943,625</u>	<u>1,341,630</u>
Receivables		
Employers' Contribution Receivable	25,409	31,913
Other Receivable	<u>4,857</u>	<u>-</u>
Total Receivables	<u>30,266</u>	<u>31,913</u>
Prepays		
Prepaid Expense	<u>1,630</u>	<u>-</u>
Property and Equipment		
Equipment	793	2,901
Less Accumulated Depreciation	<u>(79)</u>	<u>(2,704)</u>
Net Property and Equipment	<u>714</u>	<u>197</u>
Total Assets	<u>2,699,016</u>	<u>2,288,664</u>
Liabilities:		
Payables		
Accounts Payable	<u>708</u>	<u>2,161</u>
Total Payables	<u>708</u>	<u>2,161</u>
Total Liabilities	<u>708</u>	<u>2,161</u>
Net Assets Available for Benefits	<u><u>\$ 2,698,308</u></u>	<u><u>\$ 2,286,503</u></u>

See Accompanying Notes.

Asbestos Workers Local #84 Annuity Plan
Statements of Changes in Net Assets
Available for Benefits
For the Years Ended December 31, 2009 and 2008

	<u>Dec. 31, 2009</u>	<u>Dec. 31, 2008</u>
Additions to Net Assets Attributed To:		
Investment Income		
Net Appreciation (Depreciation)		
of Investments	\$ 360,311	\$ (746,412)
Interest	1,996	7,018
Dividends	<u>27,141</u>	<u>44,933</u>
Total Investment Income	<u>389,448</u>	<u>(694,461)</u>
Contributions		
Employers	<u>282,231</u>	<u>275,071</u>
Total Contributions	<u>282,231</u>	<u>275,071</u>
Total Additions	<u>671,679</u>	<u>(419,390)</u>
Deductions from Net Assets Attributed		
Benefits Paid to Participants	222,792	419,776
Depreciation Expense	114	286
Administrative Expenses	<u>36,968</u>	<u>37,397</u>
Total Deductions	<u>259,874</u>	<u>457,459</u>
Net Increase (Decrease)	411,805	(876,849)
Net Assets Available for Benefits:		
Beginning of Year	<u>2,286,503</u>	<u>3,163,352</u>
End of Year	<u>\$ 2,698,308</u>	<u>\$ 2,286,503</u>

See Accompanying Notes.

Asbestos Workers Local #84 Annuity Plan
Notes to Financial Statements
December 31, 2009 and 2008

Note A. Description of Plan

The following description of the Asbestos Workers Local #84 Annuity Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

The Plan was formed under a Collective Bargaining Agreement between the Master Insulators Association of Akron, Ohio and Local #84 of the International Association of Heat and Frost Insulators and Asbestos Workers. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan is financed entirely by employer contributions as specified in the Collective Bargaining Agreement. The hourly contribution rate increased from \$1.75 to \$2.00 on July 1, 1999.

Note B. Summary of Significant Accounting Policies

1. Basis of Accounting

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

2. Cash

The Plan considers cash and cash equivalents to include amounts that mature in twelve months or less.

3. Estimates

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

4. Valuation of Investments

Quoted market prices are used to value investments.

5. Property and Equipment

Property and equipment is valued at cost or estimated cost if actual cost is not available. Depreciation is computed using the straight-line method over the estimated useful lives of the assets, which is five to ten years. Acquisitions of property and equipment in excess of \$500 are capitalized.

Note C. Plan Termination

In the event of plan termination, the trustees shall continue to use the plan assets to provide the benefits provided by the Plan until all assets have been exhausted.

Note D. Funding Policy

The Plan is non-contributory and employer contributions are subject to multiple-employer collective bargaining agreement. The employers' contributions for the year ended December 31, 2009 and 2008 were current.

Note E. Investments

The Plan's investments are held by a self-administered trust fund. They are invested with the Loomis Sayles Funds, which is a group of mutual funds with Loomis Sayles & Company, L.P. as the investment advisor, and with Vanguard.

Asbestos Workers Local #84 Annuity Plan
Notes to Financial Statements
December 31, 2009 and 2008

Note E. Investments (Continued)

Investments that represent 5% or more of the Plan's net assets at the beginning of the Plan year are separately identified below:

	2009	2008
Loomis Sayles Bond Fund	\$ 171,773	\$ 145,535
Loomis Sayles Small Cap Value Fund	910,367	662,683
Loomis Sayles Core Value I	519,603	341,240
Loomis Sayles Growth Fund	133,256	129,142
Vanguard STAR Fund	208,626	63,030 *
	<u>\$ 1,943,625</u>	<u>\$ 1,341,630</u>

* Investment did not represent 5% or more of net assets for 2008. Shown for reference purposes only.

During the years ended December 31, 2009 and 2008, the Plan's Investments, including investments bought and sold, as well as held during the year, changed in value as follows:

	2009	2008
Net Appreciation (Depreciation) of:		
Mutual Funds	\$ 360,311	\$ (746,412)
	<u>\$ 360,311</u>	<u>\$ (746,412)</u>

Note F. Fair Value Measurements

FASB ASC 820-10 (formerly SFAS No. 157), "Fair Value Measurements," establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels. Level 1 inputs are unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date. Level 2 inputs are inputs, other than quoted prices included in Level 1, that are observable for the asset or liability, either directly or indirectly. If the asset or liability has a specified (contractual) term, a Level 2 input must be observable for substantially the full term of the asset or liability. Level 3 inputs are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Mutual Funds: Valued at the net asset value of shares held by the plan at year end.

The following tables set forth by level, within the fair value hierarchy, the assets at fair value for the Asbestos Local 84 Annuity Plan at December 31, 2009 and 2008.

Asbestos Workers Local #84 Annuity Plan
Notes to Financial Statements
December 31, 2009 and 2008

Note F. Fair Value Measurements (Continued)

December 31, 2009		Fair Value Measurements Using:		
	Investments at Fair Value as determined by Quoted Prices in active markets (Level 1)	Valuation techniques based on observable market data (Level 2)	Valuation techniques incorporating information other than observable market data (Level 3)	Total
Mutual Funds	\$ 1,943,625	\$ -	\$ -	\$ 1,943,625
Total Investments	\$ 1,943,625	\$ -	\$ -	\$ 1,943,625

December 31, 2008		Fair Value Measurements Using:		
	Investments at Fair Value as determined by Quoted Prices in active markets (Level 1)	Valuation techniques based on observable market data (Level 2)	Valuation techniques incorporating information other than observable market data (Level 3)	Total
Mutual Funds	\$ 1,341,630	\$ -	\$ -	\$ 1,341,630
Total Investments	\$ 1,341,630	\$ -	\$ -	\$ 1,341,630

Note G. Income Tax Status

The trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the Internal Revenue Code, and accordingly, the trust's net investment income is exempt from income taxes.

The Plan obtained its latest determination letter on January 31, 2003, in which the Internal Revenue Service stated that the Plan, as designed, was in compliance with the applicable requirements of the Internal Revenue Code. The plan has been amended since receiving the determination letter. However, Plan sponsor believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Note H. Subsequent Events

Management has evaluated subsequent events through September 10, 2010, the date which the financial statements were available to be issued.

Note I. Recent Plan Amendments

On December 21, 2009, an amended and restated plan document, retroactively effective January 1, 2009, was adopted by the Board of Trustees. The amended and restated plan included all changes listed below:

Asbestos Workers Local #84 Annuity Plan
Notes to Financial Statements
December 31, 2009 and 2008

Note I. Recent Plan Amendments (Continued)

1. The Plan was amended to add language, required by the Internal Revenue Service, to determine if the Plan is "top-heavy."
2. The Plan was amended to further define the procedures for distributing a terminated participant's account.
3. The Plan was amended to require all explanations of benefits to include an explanation of the relative value of optional forms of benefits.
4. The Plan was amended to allow participants to elect or waive (certain types of) benefits up to one hundred eighty (180) prior to the Annuity Starting Date.
5. The Plan was amended to allow rollovers from the Plan to non-taxable ROTH IRA's.
6. The Plan was amended to allow properly designated non-spouse beneficiaries to rollover their accounts.
7. The Plan was amended to require all notices relating to distributions to include the consequences of failure to defer receipt of the distribution.
8. The Plan was amended to further define the term "Qualified Domestic Relations Order."
9. The Plan was amended to comply with Internal Revenue Code §415 Limitations under Final §415 Regulations.

Asbestos Workers Local # 84 Annuity Plan
Schedule of Administrative Expenses
For the Years Ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Administration Expense	\$ 415	\$ 464
Audit & Accounting	5,390	5,220
Bank Service Charges	263	340
Insurance	1,282	2,097
Legal	2,996	3,790
Office Expenses	1,861	1,465
Third-Party Administrator	22,200	21,300
Trustee Travel & Meeting Expense	<u>2,561</u>	<u>2,721</u>
 TOTAL	 <u><u>\$ 36,968</u></u>	 <u><u>\$ 37,397</u></u>

Asbestos Workers Local 84 Annuity Plan

EIN: 34-1540318

Plan No. 002

Schedule H, Line 4i, Schedule of Assets (Held at End of Year)

December 31, 2009

(a)	(b)	(c)	(d)	(e)
	Identity of issues, borrower, Lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	Loomis Sayles	Bond Fund	\$ 195,770	\$ 171,773
	Loomis Sayles	Small Cap Fund	1,161,901	910,367
	Loomis Sayles	Core Value I	699,555	519,603
	Loomis Sayles	Growth Fund	170,902	133,256
	Vanguard	STAR Fund	181,055	208,626
		Total Investments:	<u>\$ 2,409,183</u>	<u>\$ 1,943,625</u>

Note: Column (a) is blank as there were no parties-in-interest.

Asbestos Workers Local # 84 Annuity Plan

EIN: 34-1540318

Plan No. 002

Schedule H, Line 4j, Schedule of Reportable Transactions (5%)

December 31, 2009

(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in the case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Vanguard	STAR Fund	\$ 115,397	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

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).

OMB Nos. 1210 - 0110
1210 - 0089

2009

This Form is Open to Public
Inspection

Complete all entries in accordance with
the instructions to the Form 5500.

Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning

and ending

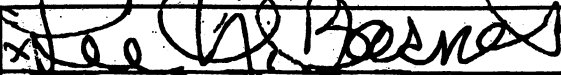
- A** This return/report is for: ☒ a multiemployer plan; ☐ a multiple-employer plan; or
☐ a single-employer plan; ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report; ☐ the final return/report;
☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
- 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) _____

Basic Plan Information — enter all requested information

1a Name of plan Asbestos Workers Local 84 Annuity Plan	1b Three-digit plan number (PN) ▶ 002
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) Asbestos Workers Local 84 Annuity Plan 36 East Warner Road Akron OH 44319	1c Effective date of plan 07/01/1986 2b Employer Identification Number (EIN) 34-1540318 2c Sponsor's telephone number 330-644-1196 2d Business code (see instructions) 235900

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.

	x 10/10/2010	Lee Q. Barnes
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
	x 10/14/2010	Al Strodbeck
Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
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)

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")**Asbestos Workers Local 84**
Annuity Plan**36 East Warner Road****Akron****OH 44319****3b** Administrator's EIN**34-1540318****3c** Administrator's telephone
number**330-644-1196****4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:**a** Sponsor's name**4b** EIN**4c** PN**5** Total number of participants at the beginning of the plan year**5****107****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****126****b** Retired or separated participants receiving benefits**6b****0****c** Other retired or separated participants entitled to future benefits**6c****0****d** Subtotal. Add lines **6a**, **6b**, and **6c****6d****126****e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits**6e****0****f** Total. Add lines **6d** and **6e****6f****126****g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)**6g****126****h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested**6h****7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7****8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:**2C****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

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)

PARTY IN INTEREST -
IDENTITY - Loomis Sayles
DESCRIPTION - Bond Fund
COST - 195770
CURRENT VALUE - 171773

PARTY IN INTEREST -
IDENTITY - Loomis Sayles
DESCRIPTION - Small Cap Fund
COST - 1161901
CURRENT VALUE - 910367

PARTY IN INTEREST -
IDENTITY - Loomis Sayles
DESCRIPTION - Core Value I
COST - 699555
CURRENT VALUE - 519603

PARTY IN INTEREST -
IDENTITY - Loomis Sayles
DESCRIPTION - Growth Fund
COST - 170902
CURRENT VALUE - 133256

PARTY IN INTEREST -
IDENTITY - Vanguard
DESCRIPTION - Star Fund
COST - 181055
CURRENT VALUE - 208626