# 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**

## Part I Annual Report Identification Information

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

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
SMITH MOUNTAIN INDUSTRIES, INC. 401(K) PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/2008

**2a** Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
SMITH MOUNTAIN INDUSTRIES, INC.

1000 DILLARD DRIVE
FOREST, VA 24551

**2b** Employer Identification Number (EIN)
01-0581784

**2c** Sponsor's telephone number
434-385-1305

**2d** Business code (see instructions)
423990

**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. | 10/15/2010 | JOE SOKOLOWSKI |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address (if same as plan sponsor, enter "Same")
SMITH MOUNTAIN INDUSTRIES, INC.

1000 DILLARD DRIVE
FOREST, VA 24551

**3b** Administrator's EIN
01-0581784

**3c** Administrator's telephone number
434-385-1305

**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** | 151 |
| **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** | 118 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 9 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 127 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 127 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 76 |
| **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** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D

**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)** | X | 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)** | X | 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)** | X | **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)** | X | **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 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
SMITH MOUNTAIN INDUSTRIES, INC. 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
SMITH MOUNTAIN INDUSTRIES, INC.

**D** Employer Identification Number (EIN)
01-0581784

## 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) | 1844 | |
| **(2)** Participant contributions | 1b(2) | 2638 | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | 4306 |
| **(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) | 184324 | 505223 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 188806 | 509529 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 188806 | 509529 |

## Part II Income and Expense Statement

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| | Income | | (a) Amount | (b) Total |
|---|---|---|---|---|
| **a** | **Contributions:** | | | |
| | **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 90208 | |
| | **(B)** Participants | 2a(1)(B) | 133567 | |
| | **(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) | | 223775 |
| **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) | 74 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 74 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 9573 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 9573 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **2b** (5) Unrealized appreciation (depreciation) of assets: (A) Real estate | 2b(5)(A) | | |
| (B) Other | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | 0 |
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (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) | | 97679 |
| **c** Other income | 2c | | |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 331101 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 10038 | |
| (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) | | 10038 |
| **f** Corrective distributions (see instructions) | 2f | | |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | |
| **h** Interest expense | 2h | | |
| **i** Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | 340 | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 340 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 10378 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line 2j from line 2d | 2k | | 320723 |
| **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) [X] Unqualified (2) [ ] Qualified (3) [ ] Disclaimer (4) [ ] Adverse

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

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

(1) Name: MCGLADREY & PULLEN, LLP (2) EIN: 42-0714325

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | X | | 76291 |
| **b** | Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |
| **c** | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| **d** | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| **e** | Was this plan covered by a fidelity bond? | 4e | X | | 50000 |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| **g** | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| **h** | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| **i** | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| **j** | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| **k** | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| **n** | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

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

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2009**

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

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

**A** Name of plan
SMITH MOUNTAIN INDUSTRIES, INC. 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
SMITH MOUNTAIN INDUSTRIES, INC.

**D** Employer Identification Number (EIN)
01-0581784

## Part I Distributions

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

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

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

EIN(s): 95-6817943

**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**

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

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

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

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**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):

# Smith Mountain Industries, Inc. 401(k) Plan

Financial Report
December 31, 2009

McGladrey & Pullen
Certified Public Accountants

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# McGladrey & Pullen
**Certified Public Accountants**

**Independent Auditor's Report**

Smith Mountain Industries, Inc. 401(k) Plan
1000 Dillard Drive
Forest, Virginia 24551

We have audited the accompanying statement of net assets available for benefits of the Smith Mountain Industries, Inc. 401(k) Plan (the Plan) as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009, and supplemental schedules, as listed in the accompanying table of contents. These financial statements and supplemental schedules 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 misstatement. 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 the Smith Mountain Industries, Inc. 401(k) Plan as of December 31, 2009 and 2008, and the changes in net assets available for benefits for the year ended December 31, 2009, in conformity with accounting principles generally accepted in the United States of America.

Our audit was made for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules of Delinquent Participant Contributions and Assets (Held At End Of Year) as of or for the year ended December 31, 2009, 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 United States Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. These supplemental schedules are the responsibility of the Plan's management. The supplemental schedules have been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

McGladrey & Pullen, LLP

Richmond, Virginia
October 14, 2010

McGladrey & Pullen, LLP is a member firm of RSM International,
an affiliation of separate and independent legal entities.

Smith Mountain Industries, Inc. 401(k) Plan

Statements Of Net Assets Available For Benefits
December 31, 2009 and 2008

| | 2009 | 2008 |
|---|---|---|
| Assets | | |
| Investments at fair value | $ 505,223 | $ 184,324 |
| Loans to participants | 4,306 | - |
| | 509,529 | 184,324 |
| Receivables: | | |
| Employee contributions | - | 2,638 |
| Employer contributions | - | 1,844 |
| | - | 4,482 |
| **Total assets** | 509,529 | 188,806 |
| Liabilities | - | - |
| **Net assets available for benefits** | $ 509,529 | $ 188,806 |

See Notes To Financial Statements.

**Smith Mountain Industries, Inc. 401(k) Plan**

**Statement Of Changes In Net Assets Available For Benefits**
**Year Ended December 31, 2009**

| | | |
|---|---|---|
| Additions: | | |
| Investment income: | | |
| Net appreciation in fair value of instruments | $ | 97,681 |
| Interest and dividends | | 9,646 |
| **Net investment income** | | 107,327 |
| Contributions: | | |
| Participants | | 133,567 |
| Employer | | 90,207 |
| | | 223,774 |
| **Total additions** | | 331,101 |
| Deductions: | | |
| Benefits paid to participants | | 10,038 |
| Administrative expenses | | 340 |
| **Total deductions** | | 10,378 |
| **Net increase** | | 320,723 |
| Net assets available for benefits, beginning of year | | 188,806 |
| **Net assets available for benefits, end of year** | $ | 509,529 |

See Notes To Financial Statements.

## Notes To Financial Statements

### Note 1. Plan Description

The following description of the Smith Mountain Industries, Inc. 401(k) Plan (the Plan) provides only general information. The Plan agreement should be referenced for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan established on January 1, 2008 by Smith Mountain Industries, Inc. for the benefit of its eligible employees. All assets of the Plan are held by American Funds Retirement Resources. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Eligibility: The Plan covers the employees of Smith Mountain Industries, Inc., (the Company) who have completed a Year of Service and are at least 21 years of age. A Year of Service is defined as working at least 1,000 hours during the 12-month period immediately after hire date. Each employee who becomes eligible to participate shall enter the Plan effective as of January 1, April 1, July 1, or October 1, coinciding with or following the date the employee obtains eligibility as defined above.

Contributions: Each year, participants may contribute a portion of their pre-tax annual compensation, as defined by the Plan, up to the maximum amount allowed by law. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined contribution or defined benefit plans. The Company provides a safe harbor matching contribution each Plan year in an amount equal to 100% of the first 3% of compensation and 50% of between 4% and 5% of compensation that a participant contributes to the Plan. The Company also may make a matching contribution at its discretion. There was no discretionary match during the year. The employee deferrals and Company matching contributions may be invested in selected participant directed investment choices. Contributions are subject to certain limitations.

Participant accounts: Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution, if any, (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Participant loans: Participants may borrow a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. All loans shall be considered investments of the trust and shall be evidenced by a promissory note signed by the participant. Loans are secured by the balance in the participant's account and bear an interest rate of prime plus 1.25%. Principal and interest are paid ratably through payroll deductions. A participant may only receive a loan upon demonstration of a hardship event.

Vesting: Participants are immediately vested in their contributions and Company safe harbor matching contributions plus actual earnings. The discretionary Company matching contributions vest on a six-year graded vesting schedule.

Payments of benefits: Upon termination of service, retirement, death or disability, participants may receive their vested benefits in a single lump-sum amount equal to the value of the participant's vested interest in his or her account. The Plan also provides for hardship distributions if certain conditions are met as outlined in the Plan document. Hardship distributions may be made from only employee deferral amounts. Participants age 59 ½ and older may request an in-service withdrawal from either their salary deferral or matching contribution balances.

## Note 1. Plan Description (Continued)

Forfeited accounts: These accounts may be used to reduce future employer contributions and administrative expenses. There were no Plan forfeitures during 2009.

Expenses of the Plan: The Plan's administrative expenses are paid by either the Plan or the Plan Sponsor as provided by the Plan agreement.

## Note 2. Summary of Accounting Policies

Basis of accounting: The accrual basis of accounting has been adopted by the Plan.

Use of estimates: The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Investment valuation and income recognition: The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurement.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net depreciation/appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of benefits: Benefit payments to participants are recorded when paid.

Subsequent events: The Plan Sponsor has evaluated whether any subsequent events that require recognition or disclosure in the accompanying financial statements and notes thereto have taken place through the dates these financial statements were issued (October 14, 2010). As discussed in Note 10, the Plan Sponsor has identified subsequent events for disclosure.

Recent Accounting Pronouncements: The Financial Accounting Standards Board issued new guidance on accounting for uncertainty in income taxes. The Plan adopted this new guidance for the year ended December 31, 2009. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. Since the Plan commenced on January 1, 2008, all years are subject to income tax examinations by U.S. federal, state or local tax authorities.

FSP 157-4, *Determining Fair Value When the Volume and Level of Activity for the Asset or Liability Have Significantly Decreased and Identifying Transactions That Are Not Orderly*, amended ASC 820, having significant impact on investment disclosures effective for years ended after June 15, 2009. It requires disclosure of inputs and valuation techniques used to measure fair value and discussion of changes in valuation techniques and related inputs, if any, and includes guidance on determining major security type ("category") for debt and equity securities required to be disclosed on the basis of "nature and risks" of the investments. See Note 3 for the impact of adoption.

**Note 2. Summary of Accounting Policies (Continued)**

In September 2009, FASB issued an amendment, *Investments in Certain Entities That Calculate Net Asset Value per Share (or its Equivalent)* (ASU 2009-12), which provides guidance on how entities should estimate fair value of certain alternative investments. The fair value of investments within the scope of this guidance can now be determined using net asset value (NAV) per share as a practical expedient, when the fair value is not readily determinable, unless it is probable that investment will be sold at something other than NAV. It also requires disclosure of certain attributes by major category of alternate investments, regardless of whether the practical expedient was used. See Note 3 for the impact of adoption.

In January 2010, FASB issued an amendment, *Fair Value Measurements and Disclosures – Improving Disclosures about Fair Value Measurements* (ASU 2010-06), which requires new disclosures and reasons for transfers of financial assets and liabilities between Levels 1 and 2. This amendment also clarifies that fair value measurement disclosures are required for each class of financial assets and liabilities, and those disclosures should include a discussion of inputs and valuation techniques. It further clarifies that the reconciliation of Level 3 measurements should separately present purchases, sales, issuances, and settlements instead of netting these changes. With respect to matters other than Level 3 measurements, the amendment was effective and adopted for periods beginning on or after December 15, 2009. The guidance related to Level 3 measurements is effective for periods on or after December 15, 2010. See Note 3 for the impact of the Plan's early adoption.

**Note 3. Fair Value Measurements**

Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, provides a framework for measuring fair value. That framework produces a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The measurements hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB Statement No. 157 are described below:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

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

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

**Note 3. Fair Value Measurements (Continued)**

Level 3: Inputs to the valuation methodology 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.

*Mutual Funds*: Valued at the net asset value (NAV), of shares held by the Plan at year-end.

*Participant loans*: Valued at amortized cost, which approximates fair value.

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

**Note 3. Fair Value Measurements (Continued)**

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

| Description | December 31, 2009 | Level 1 | Level 2 | Level 3 |
|---|---|---|---|---|
| Target Date Funds: | | | | |
| American Funds 2015 Target Date | $ 24,346 | $ 24,346 | $ - | $ - |
| American Funds 2020 Target Date | 27,098 | 27,098 | - | - |
| American Funds 2025 Target Date | 86,174 | 86,174 | - | - |
| American Funds 2030 Target Date | 71,134 | 71,134 | - | - |
| American Funds 2035 Target Date | 25,593 | 25,593 | - | - |
| American Funds 2040 Target Date | 51,944 | 51,944 | - | - |
| American Funds 2045 Target Date | 38,119 | 38,119 | - | - |
| American Funds 2050 Target Date | 27,535 | 27,535 | - | - |
| International Funds: | | | | |
| SMALLCAP World Fund | 71,850 | 71,850 | - | - |
| EuroPacific Growth Fund | 18,031 | 18,031 | - | - |
| Capital Income Builder | 9,967 | 9,967 | - | - |
| Capital World Growth and Income | 17,693 | 17,693 | - | - |
| Large Growth Funds: | | | | |
| The Growth Fund of America | 20,732 | 20,732 | - | - |
| The New Economy Fund | 15,007 | 15,007 | - | - |
| Participant Loans | 4,306 | - | - | 4,306 |
| Total | $ 509,529 | $ 505,223 | $ - | $ 4,306 |

**Note 3. Fair Value Measurements (Continued)**

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2008:

| Description | December 31, 2008 | Level 1 | Level 2 | Level 3 |
|---|---|---|---|---|
| Target Date Funds: | | | | |
| American Funds 2015 Target Date | $ 7,912 | $ 7,912 | $ - | $ - |
| American Funds 2020 Target Date | 10,885 | 10,885 | - | - |
| American Funds 2025 Target Date | 32,091 | 32,091 | - | - |
| American Funds 2030 Target Date | 26,925 | 26,925 | - | - |
| American Funds 2035 Target Date | 7,338 | 7,338 | - | - |
| American Funds 2040 Target Date | 19,726 | 19,726 | - | - |
| American Funds 2045 Target Date | 14,353 | 14,353 | - | - |
| American Funds 2050 Target Date | 17,523 | 17,523 | - | - |
| International Funds: | | | | |
| SMALLCAP World Fund | 22,341 | 22,341 | - | - |
| EuroPacific Growth Fund | 4,808 | 4,808 | - | - |
| Capital Income Builder | 3,912 | 3,912 | - | - |
| Capital World Growth and Income | 5,897 | 5,897 | - | - |
| Large Growth Funds: | | | | |
| The Growth Fund of America | 6,148 | 6,148 | - | - |
| The New Economy Fund | 4,465 | 4,465 | - | - |
| **Total** | $ 184,324 | $ 184,324 | $ - | $ - |

Level 3 gains and losses: The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2009:

| | Participant Loans |
|---|---|
| Balance, January 1, 2009 | $ - |
| Loans initiated | 5,200 |
| Principal payments | (894) |
| Balance, December 31, 2009 | $ 4,306 |

During 2009, the Plan's investments appreciated in value by $97,681 and $9,646 of interest and dividends were earned on the aforementioned investments.

### Note 4. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, foreign currency, market and credit risks.

Interest rate risk refers to the impact of interest rate changes on the Plan's financial position. Interest rate changes directly impact the fair value of fixed income securities held in the Plan. Interest rate changes will also have an indirect impact on the other investments held by the Plan.

Foreign currency risk is the risk that the value of a foreign currency denominated asset or liability will fluctuate due to changes in foreign exchange rates.

Market risk is the risk that the market value of an investment will fluctuate as a result of changes in market price.

Credit risk arises from the potential for an issuer or other counterparty to default on its contractual obligations to the Plan. Investments are recorded at fair value. This represents the maximum credit risk exposure of the Plan.

### Note 5. Party-In-Interest Transactions

Certain Plan investments are managed by American Funds Retirement Resources, which is the custodian of the Plan. Therefore, investment transactions within the Plan qualify as party-in-interest transactions.

### Note 6. Income Tax Status And Plan Amendments

Effective January 1, 2008, the Plan adopted a prototype standardized profit-sharing and safe harbor plan sponsored by ASC Institute, LLC. The prototype plan received an opinion letter from the Internal Revenue Service as to the prototype plan's qualified status. The prototype plan opinion letter has been relied upon by this Plan. The Plan has been amended since receiving the determination letter; however, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code (IRC).

### Note 7. Plan Termination

Although it has not expressed any intent to do so, the Company has the right, under the Plan, to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Company may determine.

### Note 8. Prohibited Transactions

During 2009, the Plan Sponsor inadvertently failed to deposit approximately $76,291 of participant deferrals within the required timeframe as stated by the United States Department of Labor (DOL). The DOL considers late deposits to be prohibited transactions. The Plan Sponsor will file Form 5330 and pay applicable excise tax related to the late deposits during 2010. The excise tax payments will be made from the Plan Sponsor's assets and not from assets of the Plan.

## Notes To Financial Statements

### Note 9. Plan Amendments

Effective June 1, 2009, the Plan was amended to update the trustees that are responsible for the Plan.

### Note 10. Subsequent Event

The Plan was amended effective May 21, 2010 to revoke the safe harbor status of the Plan.

**Smith Mountain Industries, Inc. 401(k) Plan**

**Schedule Of Delinquent Participant Contributions**
**Form 5500 – Schedule H, Line 4a**
**Year Ended December 31, 2009**

Employer Identification Number: 01-0581784
Plan Number: 001

| Participant Contributions Transferred Late to Plan | Total That Constitute Non-Exempt Prohibited Transactions | | | Total Fully Corrected |
|---|---|---|---|---|
| Check here if late participant loan repayments are included [ x ] | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | Under VFCP and PTE 2002-51 |
| $ 76,291 | - | - | $ 76,291 | - |

Participant contributions were remitted untimely during the year ended December 31, 2009. Lost earnings are to be remitted in 2010. Form 5330 will be filed with the applicable excise tax in 2010.

**Smith Mountain Industries, Inc. 401(k) Plan**

**Schedule Of Assets (Held At End Of Year)**
**December 31, 2009**

Employer Identification Number: 01-0581784
Plan Number: 001

| (a) | (b) Identity Of Issuer, Borrower, Lessor, Or Similar Party | (c) Description Of Investment, Including Maturity Date, Rate Of Interest, Collateral, Par, Or Maturity Value | (d) Cost** | (e) Number of Shares | (f) Current Value Value |
|---|---|---|---|---|---|
| * | American Funds Retirement Resources | The Growth Fund of America | | 765 | $ 20,732 |
| * | American Funds Retirement Resources | Capital Income Builder | | 208 | 9,967 |
| * | American Funds Retirement Resources | The New Economy Fund | | 670 | 15,007 |
| * | American Funds Retirement Resources | EuroPacific Growth Fund | | 478 | 18,031 |
| * | American Funds Retirement Resources | Capital World Growth and Income | | 520 | 17,693 |
| * | American Funds Retirement Resources | SMALLCAP World Fund | | 2,293 | 71,850 |
| * | American Funds Retirement Resources | American Funds 2015 Target Date | | 2,818 | 24,346 |
| * | American Funds Retirement Resources | American Funds 2020 Target Date | | 3,203 | 27,098 |
| * | American Funds Retirement Resources | American Funds 2025 Target Date | | 10,282 | 86,174 |
| * | American Funds Retirement Resources | American Funds 2030 Target Date | | 8,379 | 71,134 |
| * | American Funds Retirement Resources | American Funds 2035 Target Date | | 3,017 | 25,593 |
| * | American Funds Retirement Resources | American Funds 2040 Target Date | | 6,104 | 51,944 |
| * | American Funds Retirement Resources | American Funds 2045 Target Date | | 4,453 | 38,119 |
| * | American Funds Retirement Resources | American Funds 2050 Target Date | | 3,266 | 27,535 |
| * | Participant loans | Interest rates are 4.25%, maturity dates to 2011 | | | 4,306 |
| | | | | | $ 509,529 |

*American Funds Retirement Resources is the custodian of Plan assets and therefore represents a party-in-interest.
**Cost is not required for participant directed investments.

**Smith Mountain Industries, Inc. 401(k) Plan**

**Schedule Of Assets (Held At End Of Year)**
**December 31, 2009**

Employer Identification Number: 01-0581784
Plan Number: 001

| (a) | (b) Identity Of Issuer, Borrower, Lessor, Or Similar Party | (c) Description Of Investment, Including Maturity Date, Rate Of Interest, Collateral, Par, Or Maturity Value | (d) Cost** | (e) Number of Shares | (f) Current Value Value |
|---|---|---|---|---|---|
| * | American Funds Retirement Resources | The Growth Fund of America | | 765 | $ 20,732 |
| * | American Funds Retirement Resources | Capital Income Builder | | 208 | 9,967 |
| * | American Funds Retirement Resources | The New Economy Fund | | 670 | 15,007 |
| * | American Funds Retirement Resources | EuroPacific Growth Fund | | 478 | 18,031 |
| * | American Funds Retirement Resources | Capital World Growth and Income | | 520 | 17,693 |
| * | American Funds Retirement Resources | SMALLCAP World Fund | | 2,293 | 71,850 |
| * | American Funds Retirement Resources | American Funds 2015 Target Date | | 2,818 | 24,346 |
| * | American Funds Retirement Resources | American Funds 2020 Target Date | | 3,203 | 27,098 |
| * | American Funds Retirement Resources | American Funds 2025 Target Date | | 10,282 | 86,174 |
| * | American Funds Retirement Resources | American Funds 2030 Target Date | | 8,379 | 71,134 |
| * | American Funds Retirement Resources | American Funds 2035 Target Date | | 3,017 | 25,593 |
| * | American Funds Retirement Resources | American Funds 2040 Target Date | | 6,104 | 51,944 |
| * | American Funds Retirement Resources | American Funds 2045 Target Date | | 4,453 | 38,119 |
| * | American Funds Retirement Resources | American Funds 2050 Target Date | | 3,266 | 27,535 |
| * | Participant loans | Interest rates are 4.25%, maturity dates to 2011 | | | 4,306 |
| | | | | | $ 509,529 |

*American Funds Retirement Resources is the custodian of Plan assets and therefore represents a party-in-interest.
**Cost is not required for participant directed investments.

**Smith Mountain Industries, Inc. 401(k) Plan**

**Schedule Of Delinquent Participant Contributions**
**Form 5500 – Schedule H, Line 4a**
**Year Ended December 31, 2009**

Employer Identification Number: 01-0581784
Plan Number: 001

| Participant Contributions Transferred Late to Plan | Total That Constitute Non-Exempt Prohibited Transactions | | | Total Fully Corrected |
|---|---|---|---|---|
| Check here if late participant loan repayments are included [ x ] | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | Under VFCP and PTE 2002-51 |
| $ 76,291 | - | - | $ 76,291 | - |

Participant contributions were remitted untimely during the year ended December 31, 2009. Lost earnings are to be remitted in 2010. Form 5330 will be filed with the applicable excise tax in 2010.

# 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

## Part I Annual Report Identification Information

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

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ___

**B** This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

**C** If the plan is a collectively-bargained plan, check here. ▶ [ ]

**D** Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan Smith Mountain Industries, Inc. 401(k) Plan

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/2008

**2a** Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
Smith Mountain Industries, Inc.

1000 Dillard Drive

Forest VA 24551

**2b** Employer Identification Number (EIN) 01-0581784

**2c** Sponsor's telephone number (434)385-1305

**2d** Business code (see instructions) 423990

**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 | Joe Sokolowski | 9/10/10 | Joe Sokolowski |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | Joe Sokolowski | 9/10/10 | Joe Sokolowski |
| | 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 |

**3a** Plan administrator's name and address (if same as plan sponsor, enter "Same")
Smith Mountain Industries, Inc.

1000 Dillard Drive

Forest VA 24551

**3b** Administrator's EIN
01-0581784

**3c** Administrator's telephone number
(434)385-1305

**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** | 151 |
| **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** | 118 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 9 |
| **d** | Subtotal. Add lines 6a, 6b, and 6c | **6d** | 127 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines 6d and 6e | **6f** | 127 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 76 |
| **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** | |

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

2E 2F 2G 2J 2K 2T 3D

**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) | [X] | 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) | [X] | 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) | [X] | 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) | [X] | 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) |