

<div>Form 5500-SF</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Short Form Annual Return/Report of Small Employee Benefit Plan</div> <div>This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010	
A	This return/report is for: ☒ single-employer plan ☐ multiple-employer plan (not multiemployer) ☐ one-participant plan
B	This return/report is for: ☐ first return/report ☐ final return/report ☐ an amended return/report ☐ short plan year return/report (less than 12 months)
C	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan WALTER USA, INC. PENSION PLAN	1b Three-digit plan number (PN) ▶ 002
		1c Effective date of plan 10/01/1966
2a	Plan sponsor's name and address (employer, if for single-employer plan) WALTER USA, INC. N22 W23855 RIDGEVIEW PKWY W WAUKESHA, WI 53188	2b Employer Identification Number (EIN) 39-0925180
		2c Plan sponsor's telephone number 262-347-2420
		2d Business code (see instructions) 333510
3a	Plan administrator's name and address (if same as Plan sponsor, enter "Same") WALTER USA, INC. N22 W23855 RIDGEVIEW PKWY W WAUKESHA, WI 53188	3b Administrator's EIN 39-0925180
		3c Administrator's telephone number 262-347-2420
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name	4b EIN
		4c PN
5a	Total number of participants at the beginning of the plan year	5a 53
b	Total number of participants at the end of the plan year	5b 50
c	Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c
6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	☒ Yes ☐ No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	☒ Yes ☐ No
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.		

Part III	Financial Information		
7	Plan Assets and Liabilities	(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a 609905	546463
b	Total plan liabilities	7b	
c	Net plan assets (subtract line 7b from line 7a)	7c 609905	546463
8	Income, Expenses, and Transfers for this Plan Year	(a) Amount	(b) Total
a	Contributions received or receivable from:		
(1)	Employers	8a(1) 62023	
(2)	Participants	8a(2)	
(3)	Others (including rollovers)	8a(3)	
b	Other income (loss)	8b 21012	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	83035
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d 146477	
e	Certain deemed and/or corrective distributions (see instructions)	8e	
f	Administrative service providers (salaries, fees, commissions)	8f	
g	Other expenses	8g	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	146477
i	Net income (loss) (subtract line 8h from line 8c)	8i	-63442
j	Transfers to (from) the plan (see instructions)	8j	

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

1B 1G 3H

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

	Yes	No	Amount
10 During the plan year:			
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c Was the plan covered by a fidelity bond?	X		3000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	X		367
f Has the plan failed to provide any benefit when due under the plan?		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3		X	

Part VI Pension Funding Compliance

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

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

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

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

b Enter the minimum required contribution for this plan year.....	12b	
c Enter the amount contributed by the employer to the plan for this plan year.....	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	

e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

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

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

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

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

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	06/29/2011	TOM GORR
	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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010

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

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

A Name of plan <u>WALTER USA, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>WALTER USA, INC.</u>	D Employer Identification Number (EIN) <u>39-0925180</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2009</u>	
2 Assets:	
a Market value	2a <u>630248</u>
b Actuarial value	2b <u>630248</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>0</u> <u>0</u>
b For terminated vested participants	3b <u>30</u> <u>232944</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>24511</u>
(2) Vested benefits	3c(2) <u>559565</u>
(3) Total active	3c(3) <u>23</u> <u>584076</u>
d Total	3d <u>53</u> <u>817020</u>
4 If the plan is at-risk, check the box and complete items (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.76 %</u>
6 Target normal cost	6 <u>44849</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>06/15/2011</u>
Signature of actuary <u>BRENDA HARDY, A.S.A., E.A.</u>	Date <u>11-04885</u>
Type or print name of actuary <u>NORTHERN CONSULTING ACTUARIES INC</u>	Most recent enrollment number <u>612-596-5962</u>
Firm name <u>840 LUMBER EXCHANGE,10 S 5TH STREET</u> <u>MINNEAPOLIS, MN 55402</u>	Telephone number (including area code)
Address of the firm	

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

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	79	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	79	0
10	Interest on item 9 using prior year's actual return of <u>2.92</u> %	2	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.17</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	81	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	77.12 %
15	Adjusted funding target attainment percentage.....	15	80.47 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	80.01 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/13/2010	13862				
04/14/2010	13862				
07/09/2010	13862				
10/08/2010	13862				
05/02/2011	19304				
06/10/2011	70004				
			Totals ►	18(b)	144756
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 133221
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	

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

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

21 Discount rate:				
a Segment rates:	1st segment: 5.28 %	2nd segment: 6.72 %	3rd segment: 6.84 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	44849
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	137832	25710
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	70559
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	70559
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	133221
38 Interest-adjusted excess contributions for current year (see instructions).....	38	62662
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

WALTER USA, INC. PENSION PLAN

SCHEDULE SB, Part V – Statement of Actuarial Assumptions/Methods
WALTER USA, INC. PENSION PLAN
EIN: 39-0925180 PN: 002

A “unit credit actuarial cost” method and contributing “normal cost” plus a “shortfall” contributions. No shortfall contribution is required in 2008, 2009 and 2010 if minimum funding thresholds of 92%, 94% and 96% respectively (ignoring any pre-2008 credit balances) are met (a plan new after 2007 is not eligible for this transition and must start at 100%). After 2008, shortfalls are recalculated each year and any incremental gain or loss starts a new seven year period.

The actuarial value of assets equals the contract value of assets held in an insurance company general account (unallocated contracts), plus the market value of assets held in pooled separate accounts, adjusted for the value of any contributions which may be receivable or prepaid as of the valuation date.

a. Segment Rates Applicable for June 2009 (lookback month)

b. Effective interest rates	6.76%
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d. Termination rates

e. Disability rates 50% of the 1964 OASDI Male Table

f. Retirement age	Normal retirement age
60	65
65	67
70	70
75	75
80	80
85	85
90	90
95	95
100	100

g. Percentage of married participants 80%, husbands are 3 years older than wives

h. Expense	Average of annual contract expenses over past 5 years
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This report is based on employee and salary data furnished by Walter USA, Inc.

SCHEDULE SB, Part V – Summary of Plan Provisions
WALTER USA, INC. PENSION PLAN
EIN: 39-0925180 PN: 002

This summary of plan provisions provides an overview of the major provisions of the pension plan used in the actuarial valuation. Because it is only a summary, and is not intended to replace the more precise language of the plan document, if there is any difference between the description of the plan herein and the actual text of the plan document, the plan document will govern.

EFFECTIVE DATE OF PLAN October 1, 1966

ELIGIBILITY REQUIREMENTS

Minimum Age	None
Service	None

NORMAL RETIREMENT

Age	65
Normal form of annuity	Five years certain and life
Monthly Benefit	Effective October 1, 2008 participants accrue \$25 for each year of participation. Partial credit is given for partial years of participation (less than 1800 hours).

EARLY RETIREMENT

Eligibility	Age 55 and 10 years of service
Monthly benefit	Accrued Benefit reduced .5% for each month by which the participant's early retirement precedes normal retirement.

SPECIAL EARLY RETIREMENT

Eligibility	Window to elect from Oct 1, 2008 to Dec 1, 2008. Age 63 and 14 Plan Years of Service as of Oct 1, 2008.
Monthly benefit	Participant's Accrued Benefit, unreduced for early commencement, plus a monthly supplemental payment of \$800 payable from the date of Special Early Retirement until the month prior to the Participant's Normal Retirement Date.

POSTPONED RETIREMENT

Eligibility	Past normal retirement age
Monthly benefit	The greater of the accrued benefit determined as of the participant's actual retirement date or the actuarial equivalent of the benefit payable at the participant's normal retirement date.

DISABILITY RETIREMENT

Monthly benefit	Participant's accrued benefit at date of disability
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DEATH BENEFIT

The surviving spouse is entitled to the survivor's portion of a life and ½ to survivor annuity that would have been available if the participant had terminated on the day immediately preceding their death, payable upon the earliest date thereafter that the participant could have retired.

VESTING

100% vested upon completion of five years of service

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

Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

2009**This Form is Open to Public
Inspection**For calendar plan year 2009 or fiscal plan year beginning 10/01/2009 and ending 09/30/2010▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.**A** Name of plan

WALTER USA, INC. PENSION PLAN

B Three-digit
plan number (PN) ▶

002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

WALTER USA, INC.

D Employer Identification Number (EIN)

39-0925180

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F** Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500**Part I Basic Information****1** Enter the valuation date: Month 10 Day 1 Year 2009**2** Assets:**a** Market value..... **2a** 630,248**b** Actuarial value..... **2b** 630,248**3** Funding target/participant count breakdown

(1) Number of participants

(2) Funding Target

a For retired participants and beneficiaries receiving payment..... **3a** 0 0**b** For terminated vested participants..... **3b** 30 232,944**c** For active participants:(1) Non-vested benefits..... **3c(1)** 24,511(2) Vested benefits..... **3c(2)** 559,565(3) Total active..... **3c(3)** 23 584,076**d** Total..... **3d** 53 817,020**4** If the plan is at-risk, check the box and complete items (a) and (b) ☐**a** Funding target disregarding prescribed at-risk assumptions..... **4a****b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor..... **4b****5** Effective interest rate..... **5** 6.76 %**6** Target normal cost..... **6** 44,849**Statement by Enrolled Actuary**

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

**SIGN
HERE**Brenda Hardy BKH

Signature of actuary

06/15/2011

Date

BRENDA HARDY, A.S.A., E.A.

11-04885

Type or print name of actuary

Most recent enrollment number

NORTHERN CONSULTING ACTUARIES INC

(612) 596-5962

840 LUMBER EXCHANGE, 10 S 5TH STREET

Telephone number (including area code)

MINNEAPOLIS

MN 55402

Address of the firm

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

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	79	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8).....	79	0
10 Interest on item 9 using prior year's actual return of <u>2.92</u> %	2	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>6.17</u> %		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance.....		0
12 Reduction in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	81	0

Part III Funding percentages

14 Funding target attainment percentage.....	14	77.12 %
15 Adjusted funding target attainment percentage.....	15	80.47 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	80.01 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/13/2010	13,862				
04/14/2010	13,862				
07/09/2010	13,862				
10/08/2010	13,862				
05/02/2011	19,304				
06/10/2011	70,004				
Totals ►			18(b)	144,756	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	133,221

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost**21** Discount rate:**a** Segment rates:

1st segment: 5.28 %	2nd segment: 6.72 %	3rd segment: 6.84 %	☐ N/A, full yield curve used
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b Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

65

23 Mortality table(s) (see instructions) ☒ Prescribed - combined☐ Prescribed - separate☐ Substitute**Part VI Miscellaneous items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of unpaid minimum required contributions for prior years****28** Unpaid minimum required contribution for all prior years**28**

0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....**29**

0

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29).....**30**

0

Part VIII Minimum required contribution for current year**31** Target normal cost, adjusted, if applicable (see instructions).....**31**

44,849

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

137,832

25,710

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33****34** Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33).....**34**

70,559

Carryover balance

Prefunding balance

Total balance

35 Balances used to offset funding requirement

0

0

0

36 Additional cash requirement (item 34 minus item 35).....**36**

70,559

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....**37**

133,221

38 Interest-adjusted excess contributions for current year (see instructions).....**38**

62,662

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....**39**

0

40 Unpaid minimum required contribution for all years**40**

0

[illegible]

Attachment to 2009 Form 5500
Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name WALTER USA, INC. PENSION PLAN

EIN: 39-0925180

Plan Sponsor's Name WALTER USA, INC.

PN: 002

The weighted average retirement age is equal to the normal retirement age of 65.

List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.

Assumed retirement age is the normal retirement age of 65

EIN: 39-0925180 PN: 002

1. ACTUARIAL COST METHOD

A "unit credit actuarial cost" method and contributing "normal cost" plus a "shortfall" contributions. No shortfall contribution is required in 2008, 2009 and 2010 if minimum funding thresholds of 92%, 94% and 96% respectively (ignoring any pre-2008 credit balances) are met (a plan new after 2007 is not eligible for this transition and must start at 100%). After 2008, shortfalls are recalculated each year and any incremental gain or loss starts a new seven year period.

2. ASSET VALUATION METHOD

The actuarial value of assets equals the contract value of assets held in an insurance company general account (unallocated contracts), plus the market value of assets held in pooled separate accounts, adjusted for the value of any contributions which may be receivable or prepaid as of the valuation date.

3. FUNDING TARGET ASSUMPTIONS

a. Segment Rates Applicable for June 2009 (lookback month)

First segment (0 - 5 years)	5.28%
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Second segment (6 – 20 years) 6.72%

Third segment (Over 20 years) 6.84%

b. Effective interest rates	6.76%
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c. Mortality rates

Pre-retirement 2009 IRS Lump Sum Table

2009 IRS Lump Sum Table

d. Termination rates

e. Disability rates 50% of the 1964 OASDI Male Table

f. Retirement age	Normal retirement age
60	65
65	67
70	68
75	69
80	70
85	71
90	72
95	73
100	74

g. Percentage of married participants 80%, husbands are 3 years older than wives

h. Expense	Average of annual contract expenses over past 5 years
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4. EMPLOYEE DATA

This report is based on employee and salary data furnished by Walter USA, Inc.

SCHEDULE SB, Part V – Summary of Plan Provisions
WALTER USA, INC. PENSION PLAN
EIN: 39-0925180 PN: 002

This summary of plan provisions provides an overview of the major provisions of the pension plan used in the actuarial valuation. Because it is only a summary, and is not intended to replace the more precise language of the plan document, if there is any difference between the description of the plan herein and the actual text of the plan document, the plan document will govern.

EFFECTIVE DATE OF PLAN October 1, 1966

ELIGIBILITY REQUIREMENTS

Minimum Age	None
Service	None

NORMAL RETIREMENT

Age	65
Normal form of annuity	Five years certain and life
Monthly Benefit	Effective October 1, 2008 participants accrue \$25 for each year of participation. Partial credit is given for partial years of participation (less than 1800 hours).

EARLY RETIREMENT

Eligibility	Age 55 and 10 years of service
Monthly benefit	Accrued Benefit reduced .5% for each month by which the participant's early retirement precedes normal retirement.

SPECIAL EARLY RETIREMENT

Eligibility	Window to elect from Oct 1, 2008 to Dec 1, 2008. Age 63 and 14 Plan Years of Service as of Oct 1, 2008.
Monthly benefit	Participant's Accrued Benefit, unreduced for early commencement, plus a monthly supplemental payment of \$800 payable from the date of Special Early Retirement until the month prior to the Participant's Normal Retirement Date.

POSTPONED RETIREMENT

Eligibility	Past normal retirement age
Monthly benefit	The greater of the accrued benefit determined as of the participant's actual retirement date or the actuarial equivalent of the benefit payable at the participant's normal retirement date.

DISABILITY RETIREMENT

Monthly benefit	Participant's accrued benefit at date of disability
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DEATH BENEFIT

The surviving spouse is entitled to the survivor's portion of a life and ½ to survivor annuity that would have been available if the participant had terminated on the day immediately preceding their death, payable upon the earliest date thereafter that the participant could have retired.

VESTING

100% vested upon completion of five years of service

Attachment to 2009 Form 5500
Schedule SB, line 24 - Change in Actuarial Assumptions

Plan Name WALTER USA, INC. PENSION PLAN

EIN: 39-0925180

Plan Sponsor's Name WALTER USA, INC.

PN: 002

Describe any change in non-prescribed actuarial assumptions and justify any such change.

An expense assumption equal to average of annual contract expenses over the past 5 years was added.

Plan Name	WALTER USA, INC. PENSION PLAN
Plan Sponsor's Name	WALTER USA, INC.

PN: 002

[illegible]

[illegible]

Plan Name _____
Plan Sponsor's Name _____

[illegible]

Attachment to 2009 Form 5500
Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

The weighted average retirement age is equal to the normal retirement age of _____.

List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.

Attachment to 2009 Form 5500
Schedule SB, line 24 - Change in Actuarial Assumptions

Plan Name _____
Plan Sponsor's Name _____

EIN: _____
PN: _____

Describe any change in non-prescribed actuarial assumptions and justify any such change.

Plan Name _____ EIN: _____
Plan Sponsor's Name _____ PN: _____

Attained Age	YEARS OF CREDITED SERVICE							
	Under 1			1 to 4			5 to 9	
	Average			Average			Average	
No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.
Under 25								
25 to 29								
30 to 34								
35 to 39								
40 to 44								
45 to 49								
50 to 54								
55 to 59								
60 to 64								
65 to 69								
70 & up								

Attained Age	YEARS OF CREDITED SERVICE								
	10 to 14			15 to 19			20 to 24		
	Average			Average			Average		
No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	
Under 25									
25 to 29									
30 to 34									
35 to 39									
40 to 44									
45 to 49									
50 to 54									
55 to 59									
60 to 64									
65 to 69									
70 & up									

[illegible]

Attachment to 2009 Form 5500
Schedule SB, line 32 - Schedule of Amortization Bases

Plan Name _____
Plan Sponsor's Name _____

EIN: _____
PN: _____

[illegible]