### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

### **Short Form Annual Return/Report of Small Employee Benefit Plan**

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).

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

P	ension Benefit Gua	aranty Corporation	▶ Complete all entries in ac	ccordance wit	h the instructions to the Form 550	0-SF.	·		
			dentification Information						
For	calendar plan	year 2009 or fisc	cal plan year beginning 12/31	/2009	and ending	12/30/2	2010		
Α.	This return/rep	oort is for:	x single-employer plan	multiple-	employer plan (not multiemployer)		one-participa	ant plan	
	This return/rep		first return/report	final retu	rn/report		_		
			an amended return/report	short plai	n year return/report (less than 12 mo	nths)			
С	Check box if fil	lina under:	X Form 5558	automatio	c extension		DFVC progra	am	
_		9	special extension (enter desc	ription)					
Do	art II Boo	io Blan Infor							
			mation—enter all requested in	tormation		1h	Throo digit		
	Name of plan		OMPANY PENSION PLAN			10	Three-digit plan number		
3011	OBERTIEOO	NCOVERING C	OWN ANT I ENGION I LAN				(PN) ▶	001	
						1c	Effective date of	f plan	
							12/31/1		
2a	Plan sponsor'	's name and add	ress (employer, if for single-empl	oyer plan)		2b	Employer Identi	fication Nur	nber
SCH	UBERT FLOO	RCOVERING C	OMPANY				(EIN) 91-086		
						2c	Plan sponsor's		umber
	SEVENTH A\ TTLE, WA 981	VENUE SOUTH				24	206-76 Business code		tions)
	, , , , , , , , , , , , , , , , , , , ,					Zu	238300		lions)
3a	Plan administ	trator's name and	d address (if same as Plan spons	or, enter "Sam	e")	3b	Administrator's		
		RCOVERING C	OMPANY 8395 SE	VENTH AVEN			91-086		
			SEATTL	.E, WA 98108		3с	Administrator's		ıumber
4 1	f the name on	d/or FINI of the s	lan ananar haa ahangad ainaa th	loot roturn/ro	an art filed for this plan, anter the	415	206-76	2-2300	
			lan sponsor has changed since the from the last return/report. Sp		eport filed for this plan, enter the	40	EIN		
						4c	PN		
5a	Total number	r of participants a	at the beginning of the plan year			5a			15
b	Total number	r of participants a	at the end of the plan year			5b			15
С			, ,		year (defined benefit plans do not	0.0			
					, oa. (aooa zoo p.ao ao	5c			
6a	Were all of the	he plan's assets	during the plan year invested in e	eligible assets?	(See instructions.)			X Yes	No
b					ndent qualified public accountant (IQ			— V	
			•	•	ions.)			× Yes	No
Do		ered "No" to eit ancial Inform		se Form 5500-	SF and must instead use Form 55	00.			
			iation						
7		and Liabilities			(a) Beginning of Year	_	(b) End	of Year	700040
	Total plan as			<u>7a</u>	66788				728218
b	•					0			0
<u> </u>			7b from line 7a)	7c	66788	0			728218
8	•		sfers for this Plan Year		(a) Amount		(b) ·	Total	
а		s received or rece		8a(1)	6070	5			
						0			
			- \						
<b>L</b>	• • • • • • • • • • • • • • • • • • • •	ŭ	s)	` '		0			
b		` ,			-36	/			00000
C			, 8a(2), 8a(3), and 8b)						60338
d		`	rollovers and insurance premium			0			
е			ctive distributions (see instruction			0			
f			ers (salaries, fees, commissions).			0			
g		·				0			
h	•		, 8e, 8f, and 8g)						0
i			ne 8h from line 8c)						60338
i			see instructions)			0			
		, , , , - , - , - , (	- · · · · · · · · · · · · · · · · · · ·	i öi		U			

Dart IV	Dlan	Characteristics	
Partiv	ı Pian ı	Unaracteristics	

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

1A 1G 1I 3D

SIGN HERE

Signature of employer/plan sponsor

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

art	Compliance Questions			ı			
0	During the plan year:		Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described 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 re on line 10a.)			X			
С	Was the plan covered by a fidelity bond?	10c	X				300000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by or dishonesty?			X			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrinsurance service or other organization that provides some or all of the benefits under the plan? (Sinstructions.)	See		X			
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	1.09					
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	10i					
art	VI Pension Funding Compliance						
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a 5500))					X Ye	s No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the	he Code or se	ection 3	302 of	ERISA?	Ye	s X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, se granting the waiver.	Month					
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to		Г				
b	Enter the minimum required contribution for this plan year			12b			
	Enter the amount contributed by the employer to the plan for this plan year			12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to negative amount)			12d	7		<u> </u>
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art	VII Plan Terminations and Transfers of Assets						
3а	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					X Ye	s No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or beneficiaries, and tran	orought under	the co	ontrol		Ye	s X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), in which assets or liabilities were transferred. (See instructions.)	dentify the pla	ın(s) to	)		1	
1	3c(1) Name of plan(s):		13	c(2) EI	N(s)	13c(	<b>3)</b> PN(s)
auti	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless re	asonable ca	use is	establ	ished.	•	
Jnde B o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this f, it is true, correct, and complete.	this return/re	port, ir	ncluding	g, if applic		
SIGI	Filed with authorized/valid electronic signature. 10/10/2011 STEPHE	N DELOREY					
HER		ame of individ	ual siq	ning as	s plan adn	ninistrator	

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-SE

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

	File as all attachine	ent to Form	3300 01 3300-31 .									
For o	For calendar plan year 2009 or fiscal plan year beginning 12/31/2009 and ending 12/30/2010											
₽R	ound off amounts to nearest dollar.											
<b>)</b> c	aution: A penalty of \$1,000 will be assessed for late filing of this report	unless reaso	nable cause is established	<b>l</b> .								
<b>A</b> N:	ame of plan		<b>B</b> Three-digit									
SCH	JBERT FLOORCOVERING COMPANY PENSION PLAN		3 .		▶ 001							
			plan numb	er (PN)	<b>y</b> 301							
			D =		N. J. (EIN)							
	an sponsor's name as shown on line 2a of Form 5500 or 5500-SF JBERT FLOORCOVERING COMPANY		<b>D</b> Employer Id	entification	n Number (EIN)							
эспі	91-0865981											
<b>E</b> Ty	pe of plan: Single Multiple-A Multiple-B	Prior year pla	n size: X 100 or fewer	101-500	More than 500							
Pai	t I Basic Information											
1	Enter the valuation date: Month 12 Day 31	Year <u>2</u>	009									
2	Assets:											
	a Market value			2a	664631							
				2b	664631							
				20								
3	Funding target/participant count breakdown		(1) Number of participa		(2) Funding Target							
	<b>a</b> For retired participants and beneficiaries receiving payment	3a		0	0							
	<b>b</b> For terminated vested participants	3b		5	22612							
	<b>C</b> For active participants:											
	(1) Non-vested benefits	. 3c(1)			27623							
		- (-)			728105							
		<del>- ` '  </del>		10	755728							
	(3) Total active	- ` '										
	d Total	3d		15	778340							
4	If the plan is at-risk, check the box and complete items (a) and (b)											
	<b>a</b> Funding target disregarding prescribed at-risk assumptions			4a								
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding trans	sition rule for	nlans that have been									
	at-risk for fewer than five consecutive years and disregarding loadi			4b								
5	Effective interest rate			5	6.56 %							
6	Target normal cost			6	40074							
	ment by Enrolled Actuary the best of my knowledge, the information supplied in this schedule and accompanying schedu	ilas stataments	and attachments if any is complete	and accurate	Each prescribed assumption was applied in							
ac	cordance with applicable law and regulations. In my opinion, each other assumption is reasonal											
CC	mbination, offer my best estimate of anticipated experience under the plan.											
SI	GN											
HE	RE				10/06/2011							
	Signature of actuary				Date							
GARY	A. MILLER				11-02652							
OTAN	Type or print name of actuary			Most rec	ent enrollment number							
STAN	DARD RETIREMENT SERVICES, INC.				781-756-3424							
	Firm name		Tele	ephone nu	mber (including area code)							
	/EST CUMMINGS PARK, SUITE 4000 JRN, MA 01801-6509											
	5, 6 100 1 0000											
	Address of the firm											
If the a	actuary has not fully reflected any regulation or ruling promulgated under	r the statute	n completing this schedule	e, check th	e box and see							
instruc					Ц							

Page <b>2-</b>	1	
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Pa	rt II	Begin	ning of year	carryov	er and prefunding bal	ances						
	•						(a)	Carryover balance		(b) F	Prefundii	ng balance
7			0 ,		cable adjustments (Item 13				0			0
8	Portion (	used to d	offset prior year's	funding red	quirement (Item 35 from prio	r year)			0			0
9	Amount	remainir	ng (Item 7 minus i	tem 8)					0			0
10	Interest	on item	9 using prior year	's actual re	eturn of%							
11	Prior yea	ar's exce	ess contributions t	o be added	d to prefunding balance:							
	a Exce	ess contr	ibutions (Item 38	from prior	year)							826
	<b>b</b> Inter	est on (a	a) using prior year	's effective	rate of6.25 %							52
	C Total available at beginning of current plan year to add to prefunding balance											
	d Portion of (c) to be added to prefunding balance											
12												
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)											0	
P	art III	Fun	ding percenta	ages								
14	Funding	target a	ttainment percent	age							14	85.39 %
					ge						15	85.39 %
	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement											
17					s less than 70 percent of the						17	%
Pá	art IV	Con	tributions and	d liauidi	tv shortfalls					I		
				•	rear by employer(s) and emp	oloyees:						
	(a) Date	9	(b) Amount p		(c) Amount paid by	(a) [		(b) Amount pa	aid by	(0	) Amou	nt paid by
	M-DD-Y	YYY)	employer(	(s)	employees	(MM-DD	)-YYYY)	employer(	s)		emplo	oyees
02	/03/2011			60705								
											1	
						Totals ►	18(b)		60705	18(c)		0
19	Discoun	ted emp	loyer contributions	s – see ins	tructions for small plan with	a valuation	date after					
	<b>a</b> Contri	ibutions	allocated toward	unpaid min	imum required contribution f	rom prior ye	ears		19a			0
	<b>b</b> Contri	ibutions	made to avoid res	strictions a	djusted to valuation date				19b			0
	<b>C</b> Contri	butions a	allocated toward mi	nimum req	uired contribution for current y	ear adjusted	d to valuation	on date	19c			55771
20	Quarterl	y contrib	utions and liquidit	y shortfalls	3:							
	a Did th	ne plan h	ave a "funding sh	ortfall" for t	the prior year?						X	Yes No
	<b>b</b> If 20a	is "Yes,	" were required qu	uarterly ins	tallments for the current year	ır made in a	timely ma	nner?				Yes X No
	<b>C</b> If 20a	is "Yes,	" see instructions	and compl	ete the following table as ap	plicable:						
					Liquidity shortfall as of er	nd of Quarte						_
		(1) 1s	st .		(2) 2nd		(3)	3rd			(4) 4th	<u> </u>

Pa	rt V Assumptio	ons used to determine	unding target and t	target n	ormal cost					
21	Discount rate:									
	a Segment rates:	1st segment: 5.12 %	2nd segment: 6.74 %		3rd segment: 6.83 %		N/A, full yield curve used			
	<b>b</b> Applicable month	(enter code)				21b	4			
22	Weighted average ret	tirement age				22	65			
23	Mortality table(s) (see	e instructions) X Pro	escribed - combined	Preso	ribed - separate	Substitute	e			
Pa	rt VI Miscellane	ous items								
	Has a change been m	nade in the non-prescribed ac	•		•		· · · · · · · · · · · · · · · · · · ·			
25	Has a method change	e been made for the current pl	an year? If "Yes," see ins	structions r	egarding required attac	hment	Yes X No			
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," se	e instructi	ons regarding required	attachment.	X Yes No			
27		or (and is using) alternative fu				27				
Pa	rt VII Reconcilia	ation of unpaid minimu	ım required contrib	utions f	or prior years					
28		uired contribution for all prior y	•			28	0			
29	' '	contributions allocated toward			' '	29	0			
30	Remaining amount of	f unpaid minimum required cor	ntributions (item 28 minus	item 29)		30	0			
Pa	rt VIII Minimum	required contribution	for current vear							
31		djusted, if applicable (see inst				31	40074			
32	Amortization installme		,		Outstanding Bala	ance	Installment			
		tization installment			-	67009	12424			
	<b>b</b> Waiver amortization	on installment				0	0			
33		approved for this plan year, er Day Year				33				
34		ment before reflecting carryov				34	52498			
			Carryover balanc	æ	Prefunding bala	nce	Total balance			
35	Balances used to offs	set funding requirement					0			
36	Additional cash requir	rement (item 34 minus item 35	i)			36	52498			
37		ed toward minimum required c	•	•		37	55771			
38	Interest-adjusted exce	ess contributions for current ye	ear (see instructions)			38 3273				
39	Unpaid minimum requ	uired contribution for current y	ear (excess, if any, of item	n 36 over it	em 37)	39	0			
40	Unpaid minimum requ	uired contribution for all years		40	0					

### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

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).

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2009

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	➤ Complete all entries in accord	dance with	n the instructions to the Form 550	)-SF.	110	pco
P	art I Annual Report Id	entification Information					
	calendar plan year 2009 or fisca	il plan year beginning 1	2/31/2	009 and ending		12/30/201	0
Α.	This return/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participa	nt plan
	This return/report is for:	first return/report	final retur	n/report		~ <del>~~</del>	
_	Ī	an amended return/report	short plan	year return/report (less than 12 mor	nths)		
_	Check box if filing under:	Form 5558	automatic	extension	Í	DFVC progra	m
	oneck box ir illing under.	special extension (enter descriptio			1		
SHS#X			<u> </u>			*	
	······	nation—enter all requested informa	ation		15	Three-digit	
та	Name of plan Schubert Floorcover	ring Company Pension P	lan			plan number	
						(PN) <b>)</b>	001
						Effective date o	
						12/31/1982	
2a	Plan sponsor's name and address Schubert Floorcover	ess (employer, if for single-employer ring Company	plan)			Employer identit (EIN) 91-086	
				•	2c	Plan sponsor's t (206) 762-2	elephone number
	8395 Seventh Avenue	e South			24	····	see instructions)
	<u>Seattle</u>			WA 98108	ZU.	238300	see instructions)
3a	Plan administrator's name and	address (if same as Plan sponsor, e	nter "Same	e")	3b	Administrator's I	EIN
					3c	Administrator's t	elephone number
						······	
		in sponsor has changed since the las r from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN	
	name, chi, and the plan numbe	i from the last returniveport. Oponso	3 Hattie		4c	PN	
5a	Total number of participants at	the beginning of the plan year		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5a		15
b	Total number of participants at	the end of the plan year			5b		15
С		ith account balances as of the end of					
			·		5c	<u> </u>	X Yes ☐ No
_		luring the plan year invested in eligib ne annual examination and report of				,	⊠ les ∏ 140
b		See instructions on waiver eligibility a				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	X Yes No
	If you answered "No" to eith	er 6a or 6b, the plan cannot use Fe	orm 5500-	SF and must instead use Form 55	00.		
Pa	rt III Financial Inform	ation					
7	Plan Assets and Liabilities		Section 2011 Section 2011	(a) Beginning of Year		(b) End	of Year
a	Total plan assets		7a	667,88	0		728,218
b	Total plan liabilities	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7b		0		0
С	Net plan assets (subtract line 7	7b from line 7a)	7c	667,88	0		728,218
8	Income, Expenses, and Transf	fers for this Plan Year	Charles Street Control of the Contro	(a) Amount		(b) T	otal
a	Contributions received or rece		0-14	60,70	5		
			8a(1)	00,70	7	The second section of the section of the second section of the section of	
			8a(2)		7		
		)	8a(3)	(2.5)	V		
b	` '		8b	(367	<b>リ開催</b>		CO 222
C	,	8a(2), 8a(3), and 8b)	8c			No. V. S. Comp. Co. S.	60,338
d		rollovers and insurance premiums	. 8d		o		
е	Certain deemed and/or correct	tive distributions (see instructions)	8e		0	An artist the second se	
f	Administrative service provide	rs (salaries, fees, commissions)	8f		이		
g	Other expenses	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8g		0		
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	8h		Ťříc.		0
i	Net income (loss) (subtract line	e 8h from line 8c)	8i				60,338
j	Transfers to (from) the plan (se	ee instructions)	8j		0	The second secon	

Par	Form 5500-SF 2008	Page 2-	-	4117			
	Plan Characteristics	ann ann com com a guy madad à dig is tarr		<del>vicejo, su</del>			
9a	If the plan provides pension benefits, enter the applicable pension feature codes fro	m the List of Plan C	iaracle:	stic Co	des in t	he Instruc	Ilona!
34.7	1A 1G 1I 3D	v,	13 B	81.12		5 5	ui.
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from	n the List of Pian Ch	aracteris	tic Coo	les in it	ne imstruct	ions:
632	V Compliance Questions		<del>CNOV TOTOGOO</del>	* <del>//)////</del>			
10	During the plan year:		***************************************	Yes	No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Amount
a	Was there a fallure to transmit to the plan any participant contributions within the the	bedinoseb boiseg em	In T	1,000			Miliguit
	29 CFR 2510.3-1027 (See Instructions and DOL's Voluntary Fiduciary Correction	Program)	10a		χ	and the second second	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include on line 10a.)	transactions reporte	d   10b		х		
· AL	Was the plan covered by a fidelity bond?		100	X		······································	202 202
ď	Did the pan have a loss, whether or not reimbursed by the plant's fidelity bond, the		1	A.			300;000
u	of dial pulcety? Anterestation material by the big to death, bold the rest to death, bold the		100		X		
ø	Were any fees or commissions paid to any brokers, agents, or other persons by an	Insurance carrier.	1, "			Alabii de Petrolista de Asambai an Albam	**************************************
	insurance service or other organization that provides some or all of the benefits un instructions.)	der the plan? (See	10e		X		
f	Has the plan falled to provide any benefit when due under the glan?				Х		
54	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		101				
g	If this is an individual account plan, was there a blackout period? (See instructions		109		X		artigetari
**	2520, 101-3.)		10h				
ı	If 10h was answered "Yee," check the box if you either provided the required notice					W 1152	
(ZENEW)	exceptions to providing the notice applied under 29 CFR 2520,101-3	eodnýmach ny sý speraí abda ýsíky úp Martinia	101	<u></u>		5.57284 <b>3</b> 0	
A STATE OF THE PARTY OF THE PAR	Yi Pension Funding Compliance			X :5: 5	. *****		
11	is this a defined benefit plan subject to minimum funding requirements? (ff "Yes," s \$500))						X Yes. ☐ No.
12	is this a defined contribution plan subject to the minimum funding requirements of						Yes X No
	(If "Yes," complete 12s or 12b, 12c, 12d, and 12e below, as applicable.)	an and the real control to	11.00	79F7		a states to	hands to a family to a di-
8	If a waiver of the minimum funding standard for a prior year is being amortized in the	de plan year, see ine	tructions	and e			
1.	grenting the welver. YOU completed line 12s, complete lines 3, 9, and 10 of Schedule MS (Form 550)	3345513898138651834748 <del>-3</del> 54674474			Day_	**************************************	Year
. 17 7		Na marine metalline dies 18 mari	¥ 4s				6 43 ID-1
P.F	하실 하는 어린 생생들이 가는 것이 되었다. 그 사람들은 그 사람들은 그 사람들은 그 사람들이 되었다.			Γ	12b	<del></del>	***************************************
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c d Part 13a b c 11 Caut Under Se o belle	Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (anter negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadly.  Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted during the plan year or any principle.  Has a resolution to terminate the plan been adopted during the plan year or any principle.  Were all the plan assets distributed to participants or beneficiaries, transferred to a of the PEGC?  If during this plan year, any assets or liabilities were transferred from this plan to a which assets or liabilities were transferred. (See instructions.)  12c(1) Name of plan(s):  ion: A penalty for the late or incomplete filling of this return/report will be asset or penalties of perjury and other penalties set forth in the instructions, I declare that I is crue, correct, and complete.	a minus sign to the ine?  or year?  nother plan, or broughother plan(s), identification of this set	th of a plant under plant unde	the contains to the contains t	12d   12d   13d   13d	v(6)	No NA  X Yes No  O  Yes X No  13c(3) FN(9)
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c d e Part 13a b c 11 Caut Under SS obelier SSIO	Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter negative amount)  Will the minimum funding amount reported on line 12d be met by the funding deadled.  Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted during the plan year or any print of "Yes" enter the amount of any plan assets that reverted to the employer this year with the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to a which assets or liabilities were transferred from this plan to a which assets or liabilities were transferred. (See instructions.)  13c(1) Name of plan(s):  Ignature of plan administrator  Date///7  Date///7  Date///7  Date///7	a minus sign to the ine?  or year?  nother plan, or broughther plan(s), identification of this retained this increasion of this retained by Enter name Donothy  Donothy	eft of a  whit under  y the pla  mable can  return/re  una/report  Schub  st individ  Schub	the control to the co	12c   12d   13a   13a	shed. H application of my	No N/A  No N/A  No N/A  O  Yes No  13c(3) PN(s)  sbie, a Schedule knowledge and

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## 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

	alandar alan yaar 2000 or finasi alan yaar baginning 12/2		3300 OF 5			12/30/2	2010
		1/2009		and endir	9	12/30/2	2 O T O
	ound off amounts to nearest dollar.	inlana ranas	nabla as:	see je establishe	4		
	aution: A penalty of \$1,000 will be assessed for late filing of this report	iniess reasc	<u>'</u>				
A Na	me of plan			B Three-digi			007
			ļ	plan numb	er (PN)		001
Sch	subert Floorcovering Company Pension Plan					24000	
•	an sponsor's name as shown on line 2a of Form 5500 or 5500-SF			D Employer lo	lentificatio	n Number (EIN)	
	·						
Sch	ubert Floorcovering Company	, ,		91-08659	981		
Ету	pe of plan: X Single Multiple-A Multiple-B	<sup>o</sup> rior year pla	ın size: X	100 or fewer	] 101-500	) More than 5	000
Pai	t Basic Information						
1	Enter the valuation date: Month 12 Day 31	Year_	2009				
2	Assets:						
	a Market value			**************	2a		664,631
	b Actuarial value				2b		664,631
	Funding target/participant count breakdown		(1) Ni	umber of particip	-	(2) Fund	ing Target
v	For retired participants and beneficiaries receiving payment	3a	(1)11	amoor or paraoip	0	(2) : 0:,0	0
	b For terminated vested participants	3b			5		22,612
	C For active participants:	1					
	(1) Non-vested benefits	3c(1)					27,623
					The second secon		728,105
					10		755,728
4	d Total	<u> </u>		П			778,340
4	If the plan is at-risk, check the box and complete items (a) and (b)			l		and the property of the control of the	
	Funding target disregarding prescribed at-risk assumptions				4a		
	b Funding target reflecting at-risk assumptions, but disregarding trans at-risk for fewer than five consecutive years and disregarding loadi				4b		
5	Effective interest rate				5		6.56 %
6	Target normal cost				6		40,074
	ment by Enrolled Actuary				1 - 1		
To ac	the best of my knowledge, the information supplied in this schedule and accompanying schedu cordance with applicable law and regulations. In my opinion, each other assumption is reasonable inbination, offer my best estimate of anticipated experience under the plan.	les, statements ble (taking into a	and attachme ccount the e	ents, if any, is complet xperience of the plan a	e and accura nd reasonab	te. Each prescribed as le expectations) and si	sumption was applied in uch other assumptions, in
	GN Gary A. Miller	7	 つ			10/06/2011	
L	Signature of actuary	<del>-</del>	/			Date	
Gar	A. Miller					11-02652	
	Type or print name of actuary				Most re	cent enrollment n	umber
Star	ndard Retirement Services, Inc.				(1	781)756-342	24
400	West Cummings Park, Suite 4000			Tel	ephone n	umber (including	area code)
ひっと	ırn MA 018	301-6509	<b>a</b>				
doW	Address of the firm	20T-000;		<b></b>			
14 47: :		the state of	in commi-	ting this saked d	a abaak t	he havendess	П
If the i	actuary has not fully reflected any regulation or ruling promulgated under ctions	me statute	iii compie	ang ms schedul	e, check t	ne dox and see	Ц

	2	
age.	Z-	

Da	rt II Begin	ning of year	arryove	r and prefunding bal	ances							············
1 G	itti Degiii	ining or year c	arryove	and protunding but		(a) (	Carryover balance		(b) F	Prefundi	ng balar	ice
7	•	- , ,		able adjustments (Item 13 f				0				0
8	Portion used to	offset prior year's f	unding requ	uirement (Item 35 from prio	r year)			0				0
9	Amount remainir	ng (Item 7 minus it	em 8)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				0				0
10	Interest on item	9 using prior year's	s actual reti	ırn of <u>(.51)</u> %						· · · · · · · · · · · · · · · · · · ·		
11	Prior year's exce	ess contributions to	be added	to prefunding balance:								
	a Excess contr	ibutions (Item 38 f	rom prior y	ear)					826			
	<b>b</b> Interest on (a	a) using prior year's	s effective r	ate of6.25_%					52			
	c Total availabl	e at beginning of cu	ırrent plan y	ear to add to prefunding bala	nce							878
	d Portion of (c) to be added to prefunding balance											0
12	12 Reduction in balances due to elections or deemed elections											0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)												0
P	art III Fun	ding percenta	ges									
14				***************************************		.,,				14	85.	39 %
15										15	85.	39 %
16	15 Adjusted funding target attainment percentage										42 %	
17				less than 70 percent of the	······································		<u> </u>			17		%
P	art IV Con	tributions and	l liavidit	v shortfalls								
22 19 4 PA 22 10			······································	ar by employer(s) and emp	lovees:					*****		
	(a) Date	(b) Amount pa	aid by	(c) Amount paid by	(a) D		(b) Amount pai		(6		int paid	ру
	IM-DD-YYYY)	employer(	<del></del>	employees	(MM-DD	-YYYY)	employer(s	)	employees			
02	2/03/2011		60,705									
											·	
			-									
cast of security		And the state of t				40(1)			40/-1	T		
		The state of the s	And the second second second	The state of the s	Totals ▶	18(b)		0,705	18(0)			0
19	•	*		ructions for small plan with								
			•	num required contribution f				19a				0
				justed to valuation date				19b				0
				ired contribution for current y	ear adjusted	to valuation	n date	19c				5,771
20		outions and liquidit								i i	7 V	
				ne prior year?						<u>2</u>	_	∐ No □
	<b>b</b> If 20a is "Yes	," were required qu	uarterly inst	allments for the current yea	r made in a	timely mar	nner?				Yes	X No
	C If 20a is "Yes	," see instructions	and comple	ete the following table as ap				330 320				And a second sec
<u> </u>	(4) 4.	ot		Liquidity shortfall as of er (2) 2nd	nd of Quarte		an year 3rd	T		(4) 4t	h	
	(1) 1:	U) U	-		(7) 41							

Pa	rt V Assumptio	ns used to determine f	unding target and targe	t normal cost	***************************************				
21	Discount rate:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	a Segment rates:	1st segment:         2nd segment:         3rd segm           5.12 %         6.74 %         6.83		3rd segment: 6.83 %		N/A, full yield curve used			
	<b>b</b> Applicable month	(enter code)		*****************************	21b	4			
22	Weighted average ret	tirement age	. 22	6.					
23	Mortality table(s) (see	e instructions) X Pre	Substitut	9					
Pa	rt VI Miscellane	ous items							
	Has a change been m	nade in the non-prescribed actu	uarial assumptions for the curre			- proof poor			
25	Has a method change	e been made for the current pla	an year? If "Yes," see instructio	ns regarding required attac	hment	Yes X No			
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see instr	uctions regarding required	attachment.	X Yes No			
27		or (and is using) alternative fun		27					
Pa	rt VII Reconcilia	ation of unpaid minimu	m required contribution	ns for prior years					
28	Unpaid minimum requ	uired contribution for all prior ye	ears		. 28	0			
29		contributions allocated toward	29	0					
30	Remaining amount of	funpaid minimum required con	30						
Pa	rt VIII Minimum	required contribution f	or current vear						
31	77.00 (1900)								
32	Amortization installme		<u></u>	Outstanding Bala	ance	40,074 Installment			
	a Net shortfall amort	ization installment	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		67,009	12,424			
	<b>b</b> Waiver amortizatio	on installment			0	0			
33		approved for this plan year, ent Day Year	33						
34	- ,	ment before reflecting carryove	34	52,498					
			Carryover balance	Prefunding bala	nce	Total balance			
35	Balances used to offs	set funding requirement				0			
36	Additional cash requir	rement (item 34 minus item 35)		***************************************	. 36	52,498			
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)					55,771			
38	Interest-adjusted exce	ess contributions for current ye	. 38	3,27					
39	Unpaid minimum requ	uired contribution for current ye	39						
40	<u>-</u>	uired contribution for all years		40	0				

# Schedule SB, line 19 - Discounted Employer Contributions

## **Schubert Floorcovering Company Pension Plan**

91-0865981 / 001

For the plan year 12/31/2009 through 12/30/2010 Valuation Date: 12/31/2009

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	2/3/2011	\$60,705					
Applied to Additional Contribution	12/31/2009	3,508	3,273	0	0	6.56	0
Applied to MRC	12/31/2009	9,949	9,281	0	0	6.56	0
Applied to Quarterly Contribution	4/14/2010	11,812	10,619	0	11,812	6.56	11.56
Applied to Quarterly Contribution	7/14/2010	11,812	10,741	0	11,812	6.56	11.56
Applied to Quarterly Contribution	10/14/2010	11,812	10,865	0	11,812	6.56	11.56
Applied to Quarterly Contribution	1/14/2011	11,812	10,992	0	11,812	6.56	11.56
Totals for Deposited Contribution		\$60,705	\$55,771	\$0	\$47,248		

## Schedule SB, line 22 - Description of Weighted Average Retirement Age

Schubert Floorcovering Company Pension Plan 91-0865981 / 001 For the plan year 12/31/2009 through 12/30/2010

The age reported is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

## Schedule SB, Part V **Statement of Actuarial Assumptions/Methods**

#### **Schubert Floorcovering Company Pension Plan** 91-0865981 / 001

For the plan year 12/31/2009 through 12/30/2010

**Valuation Date:** 12/31/2009

**Funding Method:** As prescribed in IRC Section 430

Age - Eligibility age at nearest birthday and other ages at nearest birthday

New participants are included in current year's valuation

Retrospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Lump sum on FAS 158

assumptions will not exceed 415 maximum allowable distribution, which will reflect any specified FAS COLA

assumptions for 415 and 401(a)(17).

Interest Rates -Segment rates for the Fourth Month Prior to

Val Date as permitted under IRC 430(h)(2)(C)

Segment # Rate % Year Segment 1 0 - 5 5.12 Segment 2 6 - 20 6.74 Segment 3 > 20 6.83

Pre-Retirement - Mortality Table -None

> Turnover/Disability -None Salary Scale -2% Expense Load -None Ancillary Ben Load -None

Post-Retirement - Mortality Table -09C - 2009 Funding Target - Combined - IRC 430(h)(3)(A)

> Cost of Living -None

Lump Sum -171M - 1971 Individual Annuity (male) wth Males set back 3 years and Females set

back 3 years at 5%

09E - 2009 Applicable Mortality Table for 417(e) (unisex)

**Asset Valuation Method:** Fair market value of assets adjusted for contributions under IRC 430(g)(4)

## Schedule SB, Part V Summary of Plan Provisions

## Schubert Floorcovering Company Pension Plan

91-0865981 / 001

For the plan year 12/31/2009 through 12/30/2010

**Employer:** Schubert Floorcovering Company

Type of Entity - C-Corporation

EIN: 91-0865981 TIN: 91-1350181 Plan #: 001

<u>Dates:</u> Effective - 12/31/1982 Year end - 12/30/2010 Valuation -12/31/2009

Top Heavy Years - 1986, 1987, 1988, 1989, 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999,

2000, 2001, 2002, 2003, 2004

Eligibility: All employees excluding members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000 Benefit accrual - 1 Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement: Normal - First of month coincident with or next following attainment of age 65

Early - Not provided

Average Compensation: Highest 3 consecutive years of service

Top Heavy Minimum Benefit - Highest 3 consecutive top heavy years of participation

Plan Benefits: Retirement - Derived from the unit credit benefit formula below:

2% of average monthly compensation per year of service beginning year 1 limited to 26 year(s)

Plan frozen and terminated effective September 1, 2010

Accrued Benefit - Unit credit based on service

Minimum Benefit - None Maximum Benefit -None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) plan actuarial equivalence interest and mortality

Death Benefit - Present Value of Accrued Benefit

Top Heavy Minimum: None

IRS Limitations: 415 Limits - Percent: 100 Dollar:\$195,000

Maximum 401(a)(17) compensation -\$245,000

Normal Form: Life Annuity

Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years

Joint with 50%, 75% or 100% Survivor Benefit

Vesting Schedule: Years Percent

0-1 0% 2 20% 3 40% 4 60% 5 80% 6 100%

Service is calculated using all years of service

## Schedule SB, Part V **Summary of Plan Provisions**

## **Schubert Floorcovering Company Pension Plan** 91-0865981 / 001

For the plan year 12/31/2009 through 12/30/2010

Present Value of Accrued Benefit: Based on the greater of 417(e) or Actuarial Equivalence 417(e):

Interest Rates -	Segment #	Years	Rate %
	Segment 1	0 - 5	3.55
	Segment 2	6 - 20	4.75
	Segment 3	> 20	4.94

Mortality Table - 09E - 2009 Applicable Mortality Table for 417(e) (unisex)

#### **Actuarial Equivalence:**

Pre-Retirement - Interest -8%

> Mortality Table -None

Post-Retirement - Interest -5%

> Mortality Table -I71M - 1971 Individual Annuity (male) wth Males set back 3 years and Females set back 3

years

# Schedule SB, line 26 - Schedule of Active Participant Data

#### Schubert Floorcovering Company Pension Plan 91-0865981/001

For the plan year 12/31/2009 through 12/30/2010

#### **Years of Credited Service**

Attained Age Under 25	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
25 to 29										
30 to 34				1						
35 to 39		1								
40 to 44										
45 to 49			1	2				1		
50 to 54										
55 to 59				1						
60 to 64			1					1		
65 to 69										
70 & up										

## Schedule SB, line 32 - Schedule of Amortization Bases

### Schubert Floorcovering Company Pension Plan 91-0865981 / 001

#### For the plan year 12/31/2009 through 12/30/2010

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	12/31/2008	59,443	Shortfall	52,205	6	9,929
	12/31/2009	14,804	Shortfall	14,804	7	2,495
Totals:				\$67,009		\$12,424