

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                         |
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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2010</b><br><br><b>This Form is Open to Public Inspection</b> |
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|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u> |                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input checked="" type="checkbox"/>                                                                                                                                                                                                       |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |                                                             |                                                             |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                            | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                                    |                                                                     |                                                             |                                                             |  |
| <b>1a</b> Name of plan<br><u>DURAMAX HOURLY PENSION PLAN</u>                                                                                                                                                                              | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>12/08/1944</u></td> </tr> </table>                                                                   | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>002</u>                                                  | <b>1c</b> Effective date of plan<br><u>12/08/1944</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                  | <u>002</u>                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>12/08/1944</u>                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |                                                             |                                                             |  |
| <b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.)<br><br><u>JOHNSONITE, INC.</u><br><br><br><u>16910 MUNN ROAD</u><br><u>CHAGRIN FALLS, OH 44023-5411</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>34-0317950</u></td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number<br/><u>440-543-8916</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>326200</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>34-0317950</u> | <b>2c</b> Sponsor's telephone number<br><u>440-543-8916</u> | <b>2d</b> Business code (see instructions)<br><u>326200</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>34-0317950</u>                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |                                                             |                                                             |  |
| <b>2c</b> Sponsor's telephone number<br><u>440-543-8916</u>                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |                                                             |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>326200</u>                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |                                                             |                                                             |  |
|                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |                                                             |                                                             |  |

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/11/2011 | GEARY C. COCHRAN                                             |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/11/2011 | GEARY C. COCHRAN                                             |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2010)  
v.092307.1

|                                                                                                                                                                    |                                                                                                               |
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| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>JOHNSONITE, INC.<br><br>16910 MUNN ROAD<br>CHAGRIN FALLS, OH 44023-5411 | <b>3b</b> Administrator's EIN<br>34-0317950<br><br><b>3c</b> Administrator's telephone number<br>440-543-8916 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

  

|                                                                                                                                                                                                                       |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>4</b> 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:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

  

|                                                                         |          |      |
|-------------------------------------------------------------------------|----------|------|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 1171 |
|-------------------------------------------------------------------------|----------|------|

  

|                                                                                                                                                        |           |      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------|
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |      |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 237  |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 293  |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 587  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 1117 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 36   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 1153 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> |      |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> | 7    |

  

|                                                                                                                                      |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) ..... | <b>7</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|

  

**8a** 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:

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> 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)

|                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2010</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>DURAMAX HOURLY PENSION PLAN</u>                                                                               | <b>B</b> Three-digit plan number (PN) ▶ <u>002</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>JOHNSONITE, INC.</u>                                       | <b>D</b> Employer Identification Number (EIN)<br><u>34-0317950</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                       |                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                         | <b>Basic Information</b>                                    |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>                                                                                                                     |                                                             |
| <b>2</b> Assets:                                                                                                                                                                                      |                                                             |
| <b>a</b> Market value .....                                                                                                                                                                           | <b>2a</b> <u>12462332</u>                                   |
| <b>b</b> Actuarial value .....                                                                                                                                                                        | <b>2b</b> <u>12857422</u>                                   |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                   |                                                             |
|                                                                                                                                                                                                       | <b>(1) Number of participants</b> <b>(2) Funding Target</b> |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                           | <b>3a</b> <u>318</u> <u>9597777</u>                         |
| <b>b</b> For terminated vested participants .....                                                                                                                                                     | <b>3b</b> <u>602</u> <u>4829194</u>                         |
| <b>c</b> For active participants:                                                                                                                                                                     |                                                             |
| <b>(1)</b> Non-vested benefits .....                                                                                                                                                                  | <b>3c(1)</b> <u>56331</u>                                   |
| <b>(2)</b> Vested benefits .....                                                                                                                                                                      | <b>3c(2)</b> <u>2664396</u>                                 |
| <b>(3)</b> Total active .....                                                                                                                                                                         | <b>3c(3)</b> <u>251</u> <u>2720727</u>                      |
| <b>d</b> Total .....                                                                                                                                                                                  | <b>3d</b> <u>1171</u> <u>17147698</u>                       |
| <b>4</b> If the plan is at-risk, check the box and complete items (a) and (b) .....                                                                                                                   | <input type="checkbox"/>                                    |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                             | <b>4a</b>                                                   |
| <b>b</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 ..... | <b>4b</b>                                                   |
| <b>5</b> Effective interest rate .....                                                                                                                                                                | <b>5</b> <u>6.54</u> %                                      |
| <b>6</b> Target normal cost .....                                                                                                                                                                     | <b>6</b> <u>175070</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.

|                                                                           |  |                                        |
|---------------------------------------------------------------------------|--|----------------------------------------|
| <b>SIGN HERE</b>                                                          |  | <u>09/30/2011</u>                      |
| Signature of actuary                                                      |  | Date                                   |
| <u>MICHAEL L. LIBMAN, ASA, FCA</u>                                        |  | <u>11-02940</u>                        |
| Type or print name of actuary                                             |  | Most recent enrollment number          |
| <u>LIBMAN, KADAVY &amp; COMPANY, INC.</u>                                 |  | <u>216-398-3888</u>                    |
| Firm name                                                                 |  | Telephone number (including area code) |
| <u>5755 GRANGER ROAD, SUITE 501</u><br><u>INDEPENDENCE, OH 44131-1442</u> |  |                                        |
| 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) 2010**  
**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) ..... | 5103                  | 38475                  |
| 8       | Portion used to offset prior year's funding requirement (Item 35 from prior year) .....         | 117                   | 0                      |
| 9       | Amount remaining (Item 7 minus item 8).....                                                     | 4986                  | 38475                  |
| 10      | Interest on item 9 using prior year's actual return of <u>22.80</u> % .....                     | 1137                  | 8772                   |
| 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>8.06</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).....               | 6123                  | 47247                  |

| Part III | Funding percentages                                                                                                                                             |           |         |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| 14       | Funding target attainment percentage.....                                                                                                                       | <b>14</b> | 74.66 % |
| 15       | Adjusted funding target attainment percentage.....                                                                                                              | <b>15</b> | 75.05 % |
| 16       | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b> | 80.27 % |
| 17       | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....                                        | <b>17</b> | %       |

| Part IV                                                                           | Contributions and liquidity shortfalls |                                 |                          |                                   |                                 |
|-----------------------------------------------------------------------------------|----------------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 18 Contributions made to the plan for the plan year by employer(s) and employees: |                                        |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                          | (b) Amount paid by<br>employer(s)      | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 04/15/2010                                                                        | 179761                                 | 0                               |                          |                                   |                                 |
| 07/15/2010                                                                        | 179761                                 | 0                               |                          |                                   |                                 |
| 10/15/2010                                                                        | 179761                                 | 0                               |                          |                                   |                                 |
| 02/07/2011                                                                        | 179760                                 | 0                               |                          |                                   |                                 |
| 09/15/2011                                                                        | 256924                                 | 0                               |                          |                                   |                                 |
|                                                                                   |                                        |                                 |                          |                                   |                                 |
|                                                                                   |                                        |                                 | <b>Totals ▶</b>          | <b>18(b)</b>                      | <b>18(c)</b>                    |
|                                                                                   |                                        |                                 |                          | 975967                            | 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.....                                                                                     | <b>19a</b> 0      |
| b Contributions made to avoid restrictions adjusted to valuation date .....                                                                                                     | <b>19b</b> 0      |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....                                                                 | <b>19c</b> 919029 |
| 20 Quarterly contributions and liquidity shortfalls:                                                                                                                            |                   |
| a Did the plan have a "funding shortfall" for the prior year? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                         |                   |
| b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                   |
| c If 20a is "Yes," see instructions and complete the following table as applicable:                                                                                             |                   |

| Liquidity shortfall as of end of Quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
| 0                                                          | 0       | 0       | 0       |

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

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.92 % | 2nd segment:<br>6.71 % | 3rd segment:<br>6.80 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 | <b>21b</b>             |                        |                        | 3                                                   |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              | <b>22</b>              |                        |                        | 65                                                  |
| <b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous items**

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

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

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

**Part VIII Minimum required contribution for current year**

|                                                                                                                                                                                      |                     |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|
| <b>31</b> Target normal cost, adjusted, if applicable (see instructions).....                                                                                                        | <b>31</b>           | 175070             |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 4343646             | 743959             |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       |                     | 0                  |
| <b>33</b> 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 ..... | <b>33</b>           | 0                  |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....                                                   | <b>34</b>           | 919029             |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance |
| <b>35</b> Balances used to offset funding requirement .....                                                                                                                          |                     | 0                  |
| <b>36</b> Additional cash requirement (item 34 minus item 35).....                                                                                                                   | <b>36</b>           | 919029             |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....                                                   | <b>37</b>           | 919029             |
| <b>38</b> Interest-adjusted excess contributions for current year (see instructions).....                                                                                            | <b>38</b>           | 0                  |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....                                                                       | <b>39</b>           | 0                  |
| <b>40</b> Unpaid minimum required contribution for all years .....                                                                                                                   | <b>40</b>           | 0                  |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2010</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |
| For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010                                                                                                                                |                                                                                                                                                                                                                        |                                                |
| <b>A</b> Name of plan<br>DURAMAX HOURLY PENSION PLAN                                                                                                                                                                      | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                                                                                | 002                                            |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>JOHNSONITE, INC.                                                                                                                                         | <b>D</b> Employer Identification Number (EIN)<br>34-0317950                                                                                                                                                            |                                                |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| THE VANGUARD GROUP, INC.                                                                                          |
| 23-1945930                                                                                                        |

|                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation |
|------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

LIBMAN, RYDER & COMPANY, INC.

34-1635800

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 11 50                         | NONE                                                                                                     | 17350                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

GRANT THORNTON LLP

36-6055558

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 10 50                         | NONE                                                                                                     | 13016                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

DELOITTE TAX LLP

86-1065772

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 10 50                         | NONE                                                                                                     | 11669                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

THE VANGUARD GROUP, INC.

23-1945930

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 15 50 51 27<br>52 68          | NONE                                                                                                     | 11615                                                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

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

AON CONSULTING

59-2706823

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 17 50                         | NONE                                                                                                     | 11347                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

**Part I Service Provider Information (continued)**

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

| <b>(a)</b> Enter service provider name as it appears on line 2 | <b>(b)</b> Service Codes<br>(see instructions) | <b>(c)</b> Enter amount of indirect compensation |
|----------------------------------------------------------------|------------------------------------------------|--------------------------------------------------|
|                                                                |                                                |                                                  |

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

| <b>(a)</b> Enter service provider name as it appears on line 2 | <b>(b)</b> Service Codes<br>(see instructions) | <b>(c)</b> Enter amount of indirect compensation |
|----------------------------------------------------------------|------------------------------------------------|--------------------------------------------------|
|                                                                |                                                |                                                  |

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

| <b>(a)</b> Enter service provider name as it appears on line 2 | <b>(b)</b> Service Codes<br>(see instructions) | <b>(c)</b> Enter amount of indirect compensation |
|----------------------------------------------------------------|------------------------------------------------|--------------------------------------------------|
|                                                                |                                                |                                                  |

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN;       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN;       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2010</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

For calendar plan year 2010 or fiscal plan year beginning **01/01/2010** and ending **12/31/2010**

|                                                                                          |                                                                        |            |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><b>DURAMAX HOURLY PENSION PLAN</b>                              | <b>B</b> Three-digit plan number (PN) <b>►</b>                         | <b>002</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>JOHNSONITE, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><br><b>34-0317950</b> |            |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>    | 327831                | 352098          |
| <b>(2)</b> U.S. Government securities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(2)</b>    | 19686                 | 12740           |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b> | 4028                  | 2622            |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 11806404              | 12916347        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 12157949              | 13283807        |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 12157949 | 13283807 |
|-----------------------------------------------------------|-----------|----------|----------|

**Part II Income and Expense Statement**

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

**Income****a Contributions:**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 890771     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 890771    |

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

|                                                                                                      |                 |     |     |
|------------------------------------------------------------------------------------------------------|-----------------|-----|-----|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> | 152 |     |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> | 74  |     |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> | 175 |     |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |     |     |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> |     |     |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> | 284 |     |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |     | 685 |

|                                                                                           |                 |        |        |
|-------------------------------------------------------------------------------------------|-----------------|--------|--------|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | <b>2b(2)(A)</b> |        |        |
| <b>(B)</b> Common stock .....                                                             | <b>2b(2)(B)</b> |        |        |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | <b>2b(2)(C)</b> | 362948 |        |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |        | 362948 |

|                 |              |  |  |
|-----------------|--------------|--|--|
| (3) Rents ..... | <b>2b(3)</b> |  |  |
|-----------------|--------------|--|--|

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

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 0         |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            | 1053550   |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            | 1649      |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 2309603   |

**Expenses**

|                                                                                            |              |         |         |
|--------------------------------------------------------------------------------------------|--------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 1032582 |         |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> |         |         |
| (3) Other .....                                                                            | <b>2e(3)</b> |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |         | 1032582 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |         |         |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |         |         |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> | 53382   |         |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> |         |         |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> | 11615   |         |
| (4) Other .....                                                                            | <b>2i(4)</b> | 86166   |         |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |         | 151163  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |         | 1183745 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 1125858 |
| <b>l</b> Transfers of assets:                                                 |              |  |         |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  |         |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |         |

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: GRANT THORNTON LLP

(2) EIN: 36-6055558

**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  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....                 |     | X  |         |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)..... |     | X  |         |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                            |     | X  |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                                                                                                                  |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 2000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                      |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                            |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....                                                                                    | X   |    |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     |    |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                        |     |    |         |

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

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

**5b(1)** Name of plan(s)

| 5b(2) EIN(s) | 5b(3) PN(s) |
|--------------|-------------|
|              |             |
|              |             |
|              |             |
|              |             |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            | <b>2010</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

|                                                                                          |                                                                    |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>DURAMAX HOURLY PENSION PLAN</u>                              | <b>B</b> Three-digit plan number (PN) ▶<br><u>002</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>JOHNSONITE, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>34-0317950</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>23-2926795</u> |          |          |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>                                                                                                                                                                                            |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> | <u>0</u> |

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

|                                                                                                                                                                                                                                                                                                                                                                           |                              |                                        |                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                                        |                                         |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                                        |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year .....                                                                                                                                                                                                                                                                                               | <b>6a</b>                    |                                        |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                                | <b>6b</b>                    |                                        |                                         |
| <b>c</b> 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).....                                                                                                                                                                                                                           | <b>6c</b>                    |                                        |                                         |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                                        |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A            |
| <b>8</b> 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?.....                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                                |                                   |                                   |                               |                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> 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):

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

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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: 97% Investment-Grade Debt: 1% High-Yield Debt: 0% Real Estate: 0% Other: 2%

- 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):

Financial Statements and Report of Independent  
Certified Public Accountants

**Duramax Hourly Pension Plan**

December 31, 2010 and 2009

# INDEX

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# Grant Thornton

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## REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

To the Pension Committee of the  
Duramax Hourly Pension Plan

We were engaged to audit the financial statements (modified cash basis) of the Duramax Hourly Pension Plan (the Plan) as of December 31, 2010 and 2009 and for the years then ended, and the supplemental schedules (modified cash basis) as of and for the year ended December 31, 2010, as listed in the accompanying Index. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by Vanguard Fiduciary Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that Vanguard Fiduciary Trust Company held the Plan's investment assets and executed investment transactions as of December 31, 2010 and 2009 and for the years then ended. The plan administrator has obtained certifications from the trustee as of and for the years ended December 31, 2010 and 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

As described in Note 2, these financial statements and supplemental schedules were prepared on the modified cash basis method of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

Because of the significance of the information that we did not audit, we are unable to express, and we do not express, an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America as established by the American Institute of Certified Public Accountants and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*Grant Thornton LLP*

Cleveland, Ohio  
September 26, 2011

Duramax Hourly Pension Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2010 and 2009

*(modified cash basis)*

|                                                  | <u>2010</u>                     | <u>2009</u>                     |
|--------------------------------------------------|---------------------------------|---------------------------------|
| <b>ASSETS</b>                                    |                                 |                                 |
| Investments at fair value:                       |                                 |                                 |
| Mutual Funds                                     | \$ 12,916,347                   | \$ 11,806,404                   |
| Government Securities                            | 12,740                          | 19,686                          |
| Corporate Debt Securities                        | 2,622                           | 4,028                           |
| Money Market Funds                               | <u>352,098</u>                  | <u>327,831</u>                  |
| <br>Total investments, at fair value             | <br>13,283,807                  | <br>12,157,949                  |
| <br><b>NET ASSETS AVAILABLE<br/>FOR BENEFITS</b> | <br><u><b>\$ 13,283,807</b></u> | <br><u><b>\$ 12,157,949</b></u> |

*The accompanying notes to financial statements are an integral part of these statements.*

Duramax Hourly Pension Plan

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

For the years ended December 31, 2010 and 2009  
*(modified cash basis)*

|                                                      | <u>2010</u>                 | <u>2009</u>                 |
|------------------------------------------------------|-----------------------------|-----------------------------|
| Additions:                                           |                             |                             |
| Company contributions                                | \$ 890,771                  | \$ 735,636                  |
| Other income                                         | 1,649                       | 2,980                       |
| Investment income:                                   |                             |                             |
| Interest and dividend income                         | 363,633                     | 336,510                     |
| Net appreciation in fair value of investments        | 1,053,550                   | 2,054,410                   |
| Total investment income                              | <u>1,417,183</u>            | <u>2,390,920</u>            |
| Total additions                                      | 2,309,603                   | 3,129,536                   |
| Deductions:                                          |                             |                             |
| Fees and expenses                                    | 151,163                     | 199,025                     |
| Benefits paid to participants                        | <u>1,032,582</u>            | <u>997,303</u>              |
| Total deductions                                     | <u>1,183,745</u>            | <u>1,196,328</u>            |
| <b>NET INCREASE</b>                                  | <b>1,125,858</b>            | <b>1,933,208</b>            |
| Net assets available for benefits, beginning of year | <u>12,157,949</u>           | <u>10,224,741</u>           |
| Net assets available for benefits, end of year       | <u><u>\$ 13,283,807</u></u> | <u><u>\$ 12,157,949</u></u> |

*The accompanying notes to financial statements are an integral part of these statements.*

Duramax Hourly Pension Plan

**NOTES TO FINANCIAL STATEMENTS**

December 31, 2010 and 2009  
(Modified Cash Basis)

**NOTE 1 – SUMMARY OF PLAN**

The following summary provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

On June 30, 1997, the Revised Hourly Rate Plan of the Johnson Plastic Company (The Johnson Plastics Hourly Plan) along with the Norbalt Rubber Hourly Pension Plan (The Norbalt Rubber Hourly Plan) were merged into the Hourly-Rate Employees' Retirement Plan of the Johnson Rubber Company (The Johnson Rubber Hourly Plan). The Johnson Rubber Hourly Plan was then renamed the Duramax Hourly Pension Plan (the Plan). Specific provisions of each individual plan continue to apply to the group of employees that each plan had previously covered when they existed on a stand-alone basis.

All non-bargaining unit hourly rate employees of the Johnson Rubber Company, bargaining unit employees represented by Teamsters Local 507 at the Johnson Plastics Division of Duramax, Inc., and all bargaining unit employees of the Norbalt Rubber Division represented by Local 24.11 of the United Steelworkers of America, AFL-CIO are eligible to participate in the Plan as of the day they become employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

In December 2005, Duramax, Inc. spun off the Johnson Rubber and Norbalt Rubber divisions to the previous shareholders of Duramax, Inc. Subsequent to the spin off of the Johnson Rubber and Norbalt divisions, Duramax, Inc. was acquired by Tarkett Holding GmbH (formerly Tarkett AG) and renamed Johnsonite Inc. (the Company). As a result of this transaction, new employees of the former Johnson Rubber and Norbalt Rubber divisions will not be permitted to participate in the Plan. The Plan has discontinued to accrue benefits for Johnson Rubber and Norbalt Rubber participants.

Effective January 18, 2005, a plan amendment was executed that no longer allows the participation of non-bargaining unit hourly employees of the Johnson Rubber Facility who are hired on or after the effective date of the amendment.

Effective November 30, 2006, the collective bargaining agreement stated that employees represented by Teamsters Local 507 will no longer allow participation of bargaining unit employees of Johnsonite Inc. who are hired on or after the effective date.

Effective April 30, 2007, new employees employed at the Johnsonite Rubber Flooring Operation and Johnsonite Distribution Center and Sample Department are no longer eligible to participate in the Plan.

A participant becomes eligible to receive normal retirement benefits upon retirement at age 65. Early retirement, disability, vested deferred retirement, annuitant pension and post-retirement death benefits are available to participants who meet the specific requirements of the Plan.

Duramax Hourly Pension Plan

**NOTES TO FINANCIAL STATEMENTS – CONTINUED**

December 31, 2010 and 2009  
(Modified Cash Basis)

**NOTE 1 – SUMMARY OF PLAN – CONTINUED**

**Contributions**

Contributions to the Plan are based upon a valuation performed by an independent actuary. The amounts are calculated to provide for whatever benefits are not covered by the Plan's current assets and the estimated future earnings thereon. Contributions are at least equal to the minimum funding required under ERISA.

The Plan is a noncontributory defined benefit plan. The Plan's assets are initially provided by contributions from the Company.

**Vesting**

Participants are fully vested after completing five years of service.

**Plan Benefits**

Retirement benefits are calculated using a service-based formula which multiplies years of credited benefit service by a unit of benefit, both defined in the Plan. The normal form of retirement benefit for married participants is Joint and Survivor-Half, which provides for a reduced monthly retirement benefit to the participant, and upon his death, provides his contingent annuitant a benefit equal to one-half of the participant's benefit for the remainder of the annuitant's lifetime. As defined by the Plan, for the Johnson Rubber and Johnson Plastics Divisions, other benefit forms are payments to the participant only and Joint and Survivor-Full, with the survivor receiving the same benefit payment as the participant. The participant may change or revoke his election of a benefit option as defined by the Plan.

**Plan Termination**

The Plan provides that the Company shall have the right to amend or terminate the Plan. Upon termination, the rights of all participants to the benefits accrued through that date, to the extent funded, shall be fully vested and non-forfeitable.

Benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement benefits, early retirement benefits and certain disability and survivor's benefits. However, the PBGC may not guarantee all types of benefits under covered plans, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, the amount of benefit protection is subject to certain limitations.

Duramax Hourly Pension Plan

**NOTES TO FINANCIAL STATEMENTS – CONTINUED**

December 31, 2010 and 2009  
(Modified Cash Basis)

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

The accompanying financial statements have been prepared using the modified cash basis method of accounting which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Under the modified cash basis method of accounting certain income and the related assets are recognized when received rather than when earned and certain expenses and the related liabilities are recognized when paid rather than when the obligation is incurred.

**Use of Estimates**

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

**Investment Valuation and Income Recognition**

The Plan's investments are stated 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 4 for a discussion of fair value measurements.

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

**Actuarial Present Value of Accumulated Plan Benefits**

Accumulated Plan benefits (see Note 5) are those future periodic payments that are attributable under Plan provisions for service that participants have rendered. Such benefits include those expected to be paid to retired or terminated employees, beneficiaries of employees who have died, and present employees. The accumulated Plan benefits for active employees are calculated according to a formula based upon the employee's compensation and years of service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from Libman, Kadavy & Company, Inc. and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

**Payment of Benefits**

Benefit payments to participants are recorded upon distribution.

Duramax Hourly Pension Plan

**NOTES TO FINANCIAL STATEMENTS – CONTINUED**

December 31, 2010 and 2009  
 (Modified Cash Basis)

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED**

**Administrative Expenses**

Administrative expenses of the Plan are reflected in the accompanying financial statements when paid by the Plan.

**Contributions**

Annually, an independent actuary is utilized to determine the Plan's funding requirements. The minimum funding requirement for 2010 was \$719,043, of which \$539,282 was funded in 2010 and the remaining \$179,761 will be included as an addition to plan assets in 2011 under the modified cash basis of accounting. An additional amount of \$351,489 was funded in 2010 related to the 2009 requirements.

**Recently Issued and Adopted Accounting Standards**

In January 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2010-06, *Fair Value Measurements and Disclosures (Topic 820) – Improving Disclosures About Fair Value Measurements*. ASU 2010-06 adds new disclosures about transfers into and out of Levels 1 and 2 and separate disclosures about purchase, sales, issuances and settlements relating to Level 3 measurements. ASU 2010-06 also clarifies existing fair value disclosures about the level of disaggregation and about inputs and valuation techniques used to measure fair value. This ASU was adopted in these financial statements except for the requirement to provide Level 3 activity of purchases, sales, issuances and settlements on a gross basis, which will be effective for fiscal years beginning on or after December 15, 2010.

**NOTE 3 – INVESTMENTS**

Investments that represent 5% or more of the Plan's net assets at either December 31, 2010 or 2009 are as follows:

|                                               | <u>2010</u>  | <u>2009</u>  |
|-----------------------------------------------|--------------|--------------|
| Vanguard Total International Stock Index Fund | \$ 1,602,828 | \$ 1,451,831 |
| Vanguard Primecap Fund                        | 1,615,060    | 1,464,931    |
| Vanguard Total Bond Market Index Fund         | 2,421,092    | 2,241,801    |
| Vanguard Windsor Fund                         | 1,620,709    | 1,466,333    |
| Vanguard Intermediate Term Inv Grade Fund     | 1,450,316    | 1,348,860    |
| Vanguard Short Term Inv Grade Fund            | 975,477      | 903,622      |
| Vanguard Stock Market Index Fund              | 3,230,865    | 2,929,026    |

Duramax Hourly Pension Plan

**NOTES TO FINANCIAL STATEMENTS – CONTINUED**

December 31, 2010 and 2009  
 (Modified Cash Basis)

**NOTE 3 – INVESTMENTS – CONTINUED**

During 2010 and 2009, the Plan's investments (including investments purchased, sold, as well as held during the year) appreciated in fair value by \$1,053,550 and \$2,054,410, respectively, as follows:

|                           | <b>For the years ended</b> |                     |
|---------------------------|----------------------------|---------------------|
|                           | <b>December 31,</b>        |                     |
|                           | <b>2010</b>                | <b>2009</b>         |
| Government securities     | \$ -                       | \$ (4,256)          |
| Corporate debt securities | -                          | (4,721)             |
| Foreign equity securities | -                          | (289)               |
| Mutual funds              | 1,053,550                  | 2,063,676           |
|                           | <b>\$ 1,053,550</b>        | <b>\$ 2,054,410</b> |

**NOTE 4 – FAIR VALUE MEASUREMENTS**

In accordance with the Financial Accounting Standards Board (FASB) guidance regarding fair value, a hierarchy is established which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The hierarchy defines three levels of inputs that may be used to measure fair value:

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; and
- 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.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset 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.

Duramax Hourly Pension Plan

NOTES TO FINANCIAL STATEMENTS – CONTINUED

December 31, 2010 and 2009  
 (Modified Cash Basis)

NOTE 4 – FAIR VALUE MEASUREMENTS – CONTINUED

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, 2010 and 2009.

*Mutual funds:* Valued at the net asset value of shares held by the Plan based on the closing price reported on the active market on which the individual securities are traded.

*Money market funds:* Valued at the closing price reported on the active market in which they are traded.

*Government securities:* Valued at the closing price reported in the active market in which the individual securities are traded.

*Corporate debt securities:* Valued at the closing price reported in the active market in which the individual securities are traded.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010 and 2009:

|                                   | Assets at Fair Value as of December 31, 2010 |                    |                    |                            |
|-----------------------------------|----------------------------------------------|--------------------|--------------------|----------------------------|
|                                   | Level 1                                      | Level 2            | Level 3            | Total                      |
| Mutual funds:                     |                                              |                    |                    |                            |
| International fund                | \$ 1,602,828                                 | \$ -               | \$ -               | \$ 1,602,828               |
| Domestic funds                    | 6,466,634                                    | -                  | -                  | 6,466,634                  |
| Fixed income funds                | 4,846,885                                    | -                  | -                  | 4,846,885                  |
|                                   | <u>12,916,347</u>                            | <u>-</u>           | <u>-</u>           | <u>12,916,347</u>          |
| Government securities             | 12,740                                       | -                  | -                  | 12,740                     |
| Corporate debt securities         | 2,622                                        | -                  | -                  | 2,622                      |
| Money market fund                 | 352,098                                      | -                  | -                  | 352,098                    |
|                                   | <u>13,281,067</u>                            | <u>-</u>           | <u>-</u>           | <u>13,281,067</u>          |
| <b>Total assets at fair value</b> | <b><u>\$13,283,807</u></b>                   | <b><u>\$ -</u></b> | <b><u>\$ -</u></b> | <b><u>\$13,283,807</u></b> |

Duramax Hourly Pension Plan

**NOTES TO FINANCIAL STATEMENTS – CONTINUED**

December 31, 2010 and 2009  
 (Modified Cash Basis)

**NOTE 4 – FAIR VALUE MEASUREMENTS – CONTINUED**

|                                   | Assets at Fair Value as of December 31, 2009 |                    |                    |                             |
|-----------------------------------|----------------------------------------------|--------------------|--------------------|-----------------------------|
|                                   | Level 1                                      | Level 2            | Level 3            | Total                       |
| Mutual funds:                     |                                              |                    |                    |                             |
| International fund                | \$ 1,451,831                                 | \$ -               | \$ -               | \$ 1,451,831                |
| Domestic funds                    | 5,860,290                                    | -                  | -                  | 5,860,290                   |
| Fixed income funds                | 4,494,283                                    | -                  | -                  | 4,494,283                   |
|                                   | <u>11,806,404</u>                            | <u>-</u>           | <u>-</u>           | <u>11,806,404</u>           |
| Government securities             | 19,686                                       | -                  | -                  | 19,686                      |
| Corporate debt securities         | 4,028                                        | -                  | -                  | 4,028                       |
| Money market fund                 | <u>327,831</u>                               | <u>-</u>           | <u>-</u>           | <u>327,831</u>              |
| <b>Total assets at fair value</b> | <b><u>\$ 12,157,949</u></b>                  | <b><u>\$ -</u></b> | <b><u>\$ -</u></b> | <b><u>\$ 12,157,949</u></b> |

**NOTE 5 – ACCUMULATED PLAN BENEFITS**

The actuarial present value of accumulated plan benefits as of December 31, 2009 is as follows:

Actuarial present value of accumulated plan benefits:

Vested benefits:

|                                           |                   |
|-------------------------------------------|-------------------|
| Participants currently receiving benefits | \$ 9,597,777      |
| Other participants                        | <u>7,493,590</u>  |
| Total vested benefits                     | <u>17,091,367</u> |

|                    |               |
|--------------------|---------------|
| Nonvested benefits | <u>56,331</u> |
|--------------------|---------------|

**Total actuarial present value of accumulated plan benefits** **\$ 17,147,698**

The following is a reconciliation of the actuarial present value of accumulated plan benefits from December 31, 2008 to December 31, 2009:

|                                                                              |                             |
|------------------------------------------------------------------------------|-----------------------------|
| Actuarial present value of accumulated plan benefits as of December 31, 2008 | \$ 14,336,900               |
| Increase (decrease) during the year attributable to:                         |                             |
| Change in actuarial assumptions                                              | 2,586,791                   |
| Benefits accumulated                                                         | 203,759                     |
| Interest due to the decrease in the discount period                          | 1,111,574                   |
| Benefits and certain plan expenses paid                                      | <u>(1,091,326)</u>          |
| Actuarial present value of accumulated plan benefits as of December 31, 2009 | <b><u>\$ 17,147,698</u></b> |

Duramax Hourly Pension Plan

**NOTES TO FINANCIAL STATEMENTS – CONTINUED**

December 31, 2010 and 2009  
(Modified Cash Basis)

**NOTE 5 – ACCUMULATED PLAN BENEFITS – CONTINUED**

Significant actuarial assumptions used in performing the valuation include: (1) discount rate of 6.54% for determining actuarial present value of accumulated plan benefits (8.06% in 2009), (2) mortality based on the RP 2000 tables projected to 2017 for annuitants and projected to 2025 for nonannuitants (2009 Static Mortality Rates in 2009) and (3) retirement at age 65. Except as otherwise noted, actuarial methods and assumptions have remained unchanged between years.

These actuarial assumptions are based upon the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

**NOTE 6 – INCOME TAX STATUS**

The Internal Revenue Service (IRS) has determined and informed the Company by letter dated April 5, 2000, that the Plan and related trust, as then designed, was in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is designed and is currently operating in compliance with the applicable requirements of the IRC.

Plan management must evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010 and 2009, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by the IRS; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

**NOTE 7 – INFORMATION CERTIFIED BY TRUSTEES**

In accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, certain investment information of the Plan was certified by Vanguard Fiduciary Trust Company, trustee of the Plan, as of December 31, 2010 and 2009 and for the years then ended. Information certified by the trustee includes assets held for investment purposes and their fair values as presented in the Statements of Net Assets Available for Benefits (excluding the fair value of money market funds of \$18,701 and \$9,325, government securities of \$12,740 and \$19,686, and corporate debt securities of \$2,622 and \$4,028 at December 31, 2010 and 2009, respectively) and investment income, including interest and dividends and net appreciation in fair value of investments (excluding the depreciation in fair value of government securities of \$4,256, corporate debt securities of \$4,721, and foreign equity securities of \$289 for the year ended December 31, 2009) included in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2010 and 2009; information regarding investments in Note 3, except for the exclusions noted above; all investments and investment transactions included in Schedule H, Line 4i Schedule of Assets (Held at End of Year) and Schedule H, Line 4j – Schedule of Reportable Transactions.

Duramax Hourly Pension Plan

**NOTES TO FINANCIAL STATEMENTS – CONTINUED**

December 31, 2010 and 2009  
(Modified Cash Basis)

**NOTE 8 – TRANSACTIONS WITH PARTIES-IN-INTEREST**

Certain Plan investments are mutual funds and a money market fund managed by the trustee. As a result, these transactions qualify as party-in-interest transactions for which a statutory exemption exists under the Department of Labor Regulations.

**NOTE 9 – RISKS AND UNCERTAINTIES**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

**NOTE 10 – SUBSEQUENT EVENTS**

The Plan has evaluated subsequent events through September 26, 2011, the date the financial statements were available to be issued. The Plan is not aware of any subsequent events which would require recognition or disclosure in the financial statements.

## **SUPPLEMENTAL SCHEDULES**

Duramax Hourly Pension Plan

**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

As of December 31, 2010  
*(modified cash basis)*

Employer Identification Number 34-0317950  
 Plan Number: 002

| (a) | (b)                                             | (c)                                                                                                              | (d)                  | (e)                  |
|-----|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|
|     | Identity of Issue, Borrower<br>or Similar Party | Description of Investment,<br>including Maturity Date,<br>Rate of Interest, Collateral,<br>Par, or Maturity Date | Cost                 | Current<br>Value     |
| *   | Vanguard Total International Stock Index Fund   | Mutual Fund                                                                                                      | \$ 1,606,209         | \$ 1,602,828         |
| *   | Vanguard Primecap Fund                          | Mutual Fund                                                                                                      | 1,588,040            | 1,615,060            |
| *   | Vanguard Total Bond Market Index Fund           | Mutual Fund                                                                                                      | 2,318,640            | 2,421,092            |
| *   | Vanguard Windsor Fund                           | Mutual Fund                                                                                                      | 1,469,260            | 1,620,709            |
| *   | Vanguard Intermediate Term Inv Grade Fund       | Mutual Fund                                                                                                      | 1,391,278            | 1,450,316            |
| *   | Vanguard Short Term Inv Grade Fund              | Mutual Fund                                                                                                      | 950,882              | 975,477              |
| *   | Vanguard Stock Market Index Fund                | Mutual Fund                                                                                                      | 3,020,267            | 3,230,865            |
| *   | Vanguard Prime Money Market Fund                | Money Market Fund                                                                                                | 352,098              | 352,098              |
|     | Federal National Mortgage Assn.                 | 0.58%, due 6/25/37                                                                                               | 24,942               | 12,740               |
|     | Washington Mutual Mtg Assn                      | 6.5%, due 6/25/32                                                                                                | 10,557               | 2,622                |
|     |                                                 |                                                                                                                  | <u>\$ 12,732,173</u> | <u>\$ 13,283,807</u> |

\* Represents a party-in-interest

Duramax Hourly Pension Plan

**SCHEDULE H, LINE 4j –  
 SCHEDULE OF REPORTABLE TRANSACTIONS**

For the year ended December 31, 2010  
*(modified cash basis)*

Employer Identification Number: 34-0317950  
 Plan Number: 002

| Identity of Party                                                             | Description       | Purchase Price | Selling Price | Cost       | Current Value | Net Gain/Loss |
|-------------------------------------------------------------------------------|-------------------|----------------|---------------|------------|---------------|---------------|
| <b>Category (iii) – Series of transactions in excess of 5% of Plan Assets</b> |                   |                |               |            |               |               |
| Vanguard Prime Money Market Fund                                              | Money Market Fund | \$ 973,475     | \$ 958,736    | \$ 958,736 | \$ 1,932,211  | \$ -          |
| Vanguard Total Bond Market Index Fund                                         | Mutual Fund       | 339,064        | 308,085       | \$ 292,200 | \$ 647,149    | \$ 15,885     |

There were no category (i), (ii) or (iv) reportable transactions during 2010.

|                         |                                    |
|-------------------------|------------------------------------|
| <b>Plan Name</b>        | <b>Duramax Hourly Pension Plan</b> |
| <b>Plan Sponsor EIN</b> | <b>34-0317950</b>                  |
| <b>ERISA Plan #</b>     | <b>002</b>                         |
| <b>Plan Year Ending</b> | <b>12/31/2010</b>                  |

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

| <b>Form / Schedule</b> | <b>Line #</b> | <b>Description</b>                                          | <b>Attachment</b> |
|------------------------|---------------|-------------------------------------------------------------|-------------------|
| 5500 Sch. H            | Line 3        | Financial statements used in formulating the IQPA's opinion | X                 |
| 5500 Sch. H            | Line 4i       | Schedule of Assets (Held at End of Year)                    | X                 |
| 5500 Sch. H            | Line 4i       | Schedule of Assets (Acquired and Disposed of Within Year)   |                   |
| 5500 Sch. H            | Line 4j       | Schedule of Reportable Transactions                         | X                 |
| 5500 Sch. H            | Line 4a       | Schedule of Delinquent Participant Contributions            |                   |

|                         |                                    |
|-------------------------|------------------------------------|
| <b>Plan Name</b>        | <b>Duramax Hourly Pension Plan</b> |
| <b>Plan Sponsor EIN</b> | <b>34-0317950</b>                  |
| <b>ERISA Plan #</b>     | <b>002</b>                         |
| <b>Plan Year Ending</b> | <b>12/31/2010</b>                  |

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| <b>Form / Schedule</b> | <b>Line #</b> | <b>Description</b>                                          | <b>Attachment</b> |
|------------------------|---------------|-------------------------------------------------------------|-------------------|
| 5500 Sch. H            | Line 3        | Financial statements used in formulating the IQPA's opinion | X                 |
| 5500 Sch. H            | Line 4i       | Schedule of Assets (Held at End of Year)                    | X                 |
| 5500 Sch. H            | Line 4i       | Schedule of Assets (Acquired and Disposed of Within Year)   |                   |
| 5500 Sch. H            | Line 4j       | Schedule of Reportable Transactions                         | X                 |
| 5500 Sch. H            | Line 4a       | Schedule of Delinquent Participant Contributions            |                   |

|                         |                                    |
|-------------------------|------------------------------------|
| <b>Plan Name</b>        | <b>Duramax Hourly Pension Plan</b> |
| <b>Plan Sponsor EIN</b> | <b>34-0317950</b>                  |
| <b>ERISA Plan #</b>     | <b>002</b>                         |
| <b>Plan Year Ending</b> | <b>12/31/2010</b>                  |

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

| <b>Form / Schedule</b> | <b>Line #</b> | <b>Description</b>                                          | <b>Attachment</b> |
|------------------------|---------------|-------------------------------------------------------------|-------------------|
| 5500 Sch. H            | Line 3        | Financial statements used in formulating the IQPA's opinion | X                 |
| 5500 Sch. H            | Line 4i       | Schedule of Assets (Held at End of Year)                    | X                 |
| 5500 Sch. H            | Line 4i       | Schedule of Assets (Acquired and Disposed of Within Year)   |                   |
| 5500 Sch. H            | Line 4j       | Schedule of Reportable Transactions                         | X                 |
| 5500 Sch. H            | Line 4a       | Schedule of Delinquent Participant Contributions            |                   |

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                             |                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ File as an attachment to Form 5500 or 5500-SF. | OMB No. 1210-0110<br><br><b>2010</b><br><br>This Form Is Open to Public Inspection |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ 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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br>DURAMAX HOURLY PENSION PLAN                                                                                      | <b>B</b> Three-digit plan number (PN) ▶ 002                                                                                                             |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>JOHNSONITE, INC.                                              | <b>D</b> Employer Identification Number (EIN)<br>34-0317950                                                                                             |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                      |                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                        | <b>Basic Information</b>                      |
| <b>1</b> Enter the valuation date: Month 01 Day 01 Year 2010                                                                                                                                         |                                               |
| <b>2</b> Assets:                                                                                                                                                                                     |                                               |
| <b>a</b> Market value.....                                                                                                                                                                           | <b>2a</b> 12462332                            |
| <b>b</b> Actuarial value.....                                                                                                                                                                        | <b>2b</b> 12857422                            |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                  | (1) Number of participants (2) Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                           | <b>3a</b> 318 9597777                         |
| <b>b</b> For terminated vested participants.....                                                                                                                                                     | <b>3b</b> 602 4829194                         |
| <b>c</b> For active participants:                                                                                                                                                                    |                                               |
| (1) Non-vested benefits.....                                                                                                                                                                         | <b>3c(1)</b> 56331                            |
| (2) Vested benefits.....                                                                                                                                                                             | <b>3c(2)</b> 2664396                          |
| (3) Total active.....                                                                                                                                                                                | <b>3c(3)</b> 251 2720727                      |
| <b>d</b> Total.....                                                                                                                                                                                  | <b>3d</b> 1171 17147698                       |
| <b>4</b> If the plan is at-risk, check the box and complete items (a) and (b) <input type="checkbox"/>                                                                                               |                                               |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions.....                                                                                                                             | <b>4a</b>                                     |
| <b>b</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..... | <b>4b</b>                                     |
| <b>5</b> Effective interest rate.....                                                                                                                                                                | <b>5</b> 6.54%                                |
| <b>6</b> Target normal cost.....                                                                                                                                                                     | <b>6</b> 175070                               |

**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.

|                                                                                                                                                             |                                                                                                                                                                                              |                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>SIGN HERE</b><br><br>MICHAEL L. LIBMAN, ASA, FCA<br><br>LIBMAN, KADAVY & COMPANY, INC.<br><br>6755 GRANGER ROAD, SUITE 501<br>INDEPENDENCE OH 44131-1442 | <br>Signature of actuary<br><br>Type or print name of actuary<br><br>Firm name<br><br>Address of the firm | 9-30-11<br>Date<br>1102940<br>Most recent enrollment number<br>216-398-3888<br>Telephone number (including area code) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|

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) 2010  
v.092308.1

**Part II Beginning of year carryover and prefunding balances**

|                                                                                                          | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) ..... | 5103                  | 38475                  |
| <b>8</b> Portion used to offset prior year's funding requirement (Item 35 from prior year) .....         | 117                   | 0                      |
| <b>9</b> Amount remaining (Item 7 minus item 8) .....                                                    | 4986                  | 38475                  |
| <b>10</b> Interest on item 9 using prior year's actual return of <u>22.80%</u> .....                     | 1137                  | 8772                   |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                           |                       |                        |
| <b>a</b> Excess contributions (Item 38 from prior year) .....                                            |                       | 0                      |
| <b>b</b> Interest on (a) using prior year's effective rate of <u>8.06%</u> .....                         |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....            |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                          |                       | 0                      |
| <b>12</b> Reduction in balances due to elections or deemed elections .....                               | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (item 9 + item 10 + item 11d – item 12) .....             | 6123                  | 47247                  |

**Part III Funding percentages**

|                                                                                                                                                                            |           |        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 74.66% |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 75.05% |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 80.27% |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %      |

**Part IV Contributions and liquidity shortfalls**

| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 04/15/2010                                                                               | 179761                            | 0                               |                          |                                   |                                 |
| 07/15/2010                                                                               | 179761                            | 0                               |                          |                                   |                                 |
| 10/15/2010                                                                               | 179761                            | 0                               |                          |                                   |                                 |
| 02/07/2011                                                                               | 179760                            | 0                               |                          |                                   |                                 |
| 09/15/2011                                                                               | 256924                            | 0                               |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
| Totals ►                                                                                 |                                   |                                 | <b>18(b)</b>             | 975967                            | <b>18(c)</b> 0                  |

|                                                                                                                                      |            |        |
|--------------------------------------------------------------------------------------------------------------------------------------|------------|--------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |            |        |
| <b>a</b> Contributions allocated toward unpaid minimum required contribution from prior years .....                                  | <b>19a</b> | 0      |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                   | <b>19b</b> | 0      |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....              | <b>19c</b> | 919029 |

|                                                                                                                    |                                                                     |  |
|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--|
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                        |                                                                     |  |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? .....                                         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>b</b> If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| <b>c</b> 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 |
|---------|---------|---------|---------|
|         |         |         |         |

|                                                                                                                                                                                                                                            |                       |                       |                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|---------------------------------------------------------------------------|
| <b>Part V Assumptions used to determine funding target and target normal cost</b>                                                                                                                                                          |                       |                       |                                                                           |
| <b>21 Discount rate:</b>                                                                                                                                                                                                                   |                       |                       |                                                                           |
| a Segment rates:                                                                                                                                                                                                                           | 1st segment:<br>4.92% | 2nd segment:<br>6.71% | 3rd segment:<br>6.80% <input type="checkbox"/> N/A, full yield curve used |
| b Applicable month (enter code) .....                                                                                                                                                                                                      | 21b                   |                       | 3                                                                         |
| <b>22</b> Weighted average retirement age .....                                                                                                                                                                                            | 22                    |                       | 65                                                                        |
| <b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute                                               |                       |                       |                                                                           |
| <b>Part VI Miscellaneous items</b>                                                                                                                                                                                                         |                       |                       |                                                                           |
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                       |                       |                                                                           |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                      |                       |                       |                                                                           |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                            |                       |                       |                                                                           |
| <b>27</b> If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment. ....                                                                                      | 27                    |                       |                                                                           |
| <b>Part VII Reconciliation of unpaid minimum required contributions for prior years</b>                                                                                                                                                    |                       |                       |                                                                           |
| <b>28</b> Unpaid minimum required contribution for all prior years .....                                                                                                                                                                   | 28                    | 0                     |                                                                           |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) .....                                                                                                       | 29                    | 0                     |                                                                           |
| <b>30</b> Remaining amount of unpaid minimum required contributions (item 28 minus item 29) .....                                                                                                                                          | 30                    | 0                     |                                                                           |
| <b>Part VIII Minimum required contribution for current year</b>                                                                                                                                                                            |                       |                       |                                                                           |
| <b>31</b> Target normal cost, adjusted, if applicable (see instructions) .....                                                                                                                                                             | 31                    | 175070                |                                                                           |
| <b>32</b> Amortization installments:                                                                                                                                                                                                       | Outstanding Balance   |                       | Installment                                                               |
| a Net shortfall amortization installment .....                                                                                                                                                                                             | 4343646               |                       | 743959                                                                    |
| b Waiver amortization installment .....                                                                                                                                                                                                    | 0                     |                       | 0                                                                         |
| <b>33</b> 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                    | 0                     |                                                                           |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33) .....                                                                                                        | 34                    | 919029                |                                                                           |
|                                                                                                                                                                                                                                            | Carryover balance     | Prefunding balance    | Total balance                                                             |
| <b>35</b> Balances used to offset funding requirement .....                                                                                                                                                                                |                       |                       | 0                                                                         |
| <b>36</b> Additional cash requirement (item 34 minus item 35) .....                                                                                                                                                                        | 36                    | 919029                |                                                                           |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) .....                                                                                                        | 37                    | 919029                |                                                                           |
| <b>38</b> Interest-adjusted excess contributions for current year (see instructions) .....                                                                                                                                                 | 38                    | 0                     |                                                                           |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) .....                                                                                                                            | 39                    | 0                     |                                                                           |
| <b>40</b> Unpaid minimum required contribution for all years .....                                                                                                                                                                         | 40                    | 0                     |                                                                           |

## Duramax, Inc. Hourly Pension Plan

EIN / PN: 34-0317950 / 002

| <u>Date</u> | <u>Amount of<br/>Contribution</u> | <u>Plan Year<br/>Applied</u> | <u>Effective<br/>Interest<br/>Rate</u> | <u>Increased<br/>Rate for<br/>Late Quarterly<br/>Installments</u> | <u>Discounted<br/>Amount as of<br/>1/1/10</u> |
|-------------|-----------------------------------|------------------------------|----------------------------------------|-------------------------------------------------------------------|-----------------------------------------------|
| 04/15/10    | \$179,761.00                      | 2010                         | 6.54%                                  | 11.54%                                                            | \$176,501.08                                  |
| 07/15/10    | \$179,761.00                      | 2010                         | 6.54%                                  | 11.54%                                                            | \$173,727.75                                  |
| 10/15/10    | \$179,761.00                      | 2010                         | 6.54%                                  | 11.54%                                                            | \$170,997.99                                  |
| 02/07/11    | \$179,761.00                      | 2010                         | 6.54%                                  | 11.54%                                                            | \$167,191.54                                  |
| 09/15/11    | \$256,924.00                      | 2010                         | 6.54%                                  | 11.54%                                                            | \$230,611.12                                  |
| Totals      | \$975,968.00                      |                              |                                        |                                                                   | \$919,029.48                                  |

Duramax, Inc. Hourly Pension Plan  
EIN / PN: 34-0317950/ 002

Each participant is assumed to retire at his/her Normal Retirement Age as shown on the Schedule SB, Line 22. Any participant who has already reached Normal Retirement Age is assumed to retire at the end of the plan year.

Duramax, Inc. Hourly Pension Plan

EIN / PN: 34-0317950 / 002

A change was made in the assumed discount rate to use the Monthly Corporate Bond Yield Curve for the third month prior to the valuation date. In the prior valuation, the three-tiered Segment Rates for the month containing the valuation date were used. This change was made in accordance with IRS Notice 2008-21, Part 3, and as further clarified by IRS Employee Plan News, March 2009 Special Edition issued March 31, 2009 and IRS Notice 2009-45.

Pursuant to IRS Regulation 1.430(h)(2)-1(h)(3), as this change is made for a plan year beginning in 2010 it is treated as having been approved by the Commissioner and does not require the Commissioner's specific prior approval.

# AGE, SALARY AND SERVICE DISTRIBUTION OF ACTIVE PARTICIPANTS

Attachment to Sch. SB

Line 26 – Schedule of Active Participant Data

| Attained<br>Age at<br>1/1/2010 | Duramax, Inc. Hourly Pension Plan<br>EIN / PN: 34-0317950/ 002<br>Years of Service |     |       |       |       |       |     | Total |
|--------------------------------|------------------------------------------------------------------------------------|-----|-------|-------|-------|-------|-----|-------|
|                                | 0-4                                                                                | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30+ |       |
| Under 25                       | 3                                                                                  | 2   | 0     | 0     | 0     | 0     | 0   | 5     |
| 25-29                          | 9                                                                                  | 9   | 3     | 0     | 0     | 0     | 0   | 21    |
| 30-34                          | 7                                                                                  | 16  | 8     | 2     | 0     | 0     | 0   | 33    |
| 35-39                          | 4                                                                                  | 8   | 13    | 4     | 0     | 0     | 0   | 29    |
| 40-44                          | 3                                                                                  | 5   | 10    | 3     | 6     | 2     | 0   | 29    |
| 45-49                          | 4                                                                                  | 5   | 5     | 8     | 4     | 2     | 2   | 30    |
| 50-54                          | 2                                                                                  | 8   | 12    | 6     | 2     | 3     | 1   | 34    |
| 55-59                          | 3                                                                                  | 1   | 10    | 3     | 2     | 2     | 8   | 29    |
| 60-64                          | 0                                                                                  | 0   | 0     | 0     | 0     | 0     | 4   | 4     |
| Over 64                        | 0                                                                                  | 1   | 1     | 0     | 0     | 0     | 2   | 4     |
| Total                          | 35                                                                                 | 55  | 62    | 26    | 14    | 9     | 17  | 218   |

Since there are fewer than 1,000 active participants, salary averages are not required.

Duramax, Inc. Hourly Pension Plan

EIN / PN: 34-0317950/ 002

**EXHIBIT II****SHORTFALL AMORTIZATION BASE AS OF JANUARY 1, 2010**

|                                                             |               |
|-------------------------------------------------------------|---------------|
| Target Funding Liability                                    | \$ 17,147,698 |
| Assets                                                      | \$ 12,857,422 |
| Prefunding Balance                                          | \$ 47,247     |
| Adjusted Assets                                             | \$ 12,810,175 |
| Shortfall Percentage                                        | 74.70%        |
| Carryover Balance                                           | \$ 6,123      |
| 2010 Funding Target Shortfall<br>(100% of Target Liability) | \$ 4,343,646  |
| 2008 Amortization Base                                      | \$ 2,669,310  |
| 2009 Amortization Base                                      | \$ (101,085)  |
| 2010 Amortization Base                                      | \$ 1,775,421  |

The Shortfall Percentage is less than 96%, therefore a Shortfall Amortization base is required.

| <u>Date Established</u> | <u>Payment</u> | <u>Annuity Factor</u> | <u>Years Remaining</u> | <u>Balance</u> |
|-------------------------|----------------|-----------------------|------------------------|----------------|
| 1/1/2010                | \$ 176,788     | 10.0427 *             | 15                     | \$ 1,775,421   |
| 1/1/2009                | \$ (19,162)    | 5.2753                | 6                      | \$ (101,085)   |
| 1/1/2008                | \$ 586,333     | 4.5525                | 5                      | \$ 2,669,310   |
| Totals                  | \$ 743,959     |                       |                        | \$ 4,343,646   |

\* Per the Amortization Extension provisions of the Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010, the plan sponsor has elected to use the 15-year Amortization of the Shortfall Amortization Base as provided in Internal Revenue Code Section 430(C)(2)(D)(ii). Under this provision, the required installments are the amortization payments calculated using a 15-year amortization schedule instead of the standard 7-year amortization schedule.

**ACTUARIAL ASSUMPTIONS****Actuarial assumptions**Mortality

Healthy Participants

\* RP-2000 projected to 2017 for annuitants and projected to 2025 for nonannuitants, sex-distinct.

Disabled Participants

\* In accordance with IRS Notice 2008-29, the mortality rates for disabled individuals are the rates specified in Rev. Rul. 96-7.

Rate of Retirement

100% at age 65

Weighted Average Retirement Age

Age 65

Rate of Disability

UAW Male and Female Rates

Salary Scale

None

Rate of Employee

Based on Age and Years of Service as follows:

Turnover

| Age | Years of Service |       |       |
|-----|------------------|-------|-------|
|     | 0                | 1     | 2 +   |
| 25  | 26.1%            | 17.4% | 12.0% |
| 35  | 18.2%            | 12.1% | 6.5%  |
| 40  | 14.2%            | 9.5%  | 4.2%  |
| 45  | 10.3%            | 6.8%  | 2.8%  |
| 55  | 2.4%             | 1.6%  | 1.1%  |

Provision for Expenses

\$40,000 per year

Form of Benefit Payments

Life Only Annuity

Discount Rates

|                  |           |
|------------------|-----------|
| * Segment 1      | 4.92%     |
| * Segment 2      | 6.71%     |
| * Segment 3      | 6.80%     |
| Applicable Month | 10/1/2009 |
| FAS 35           | 6.54%     |
| Effective Rate   | 6.54%     |

Special Election

Per the Amortization Extension provisions of the Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010, the plan sponsor has elected to use the 15-year Amortization of the Shortfall Amortization Base as provided in Internal Revenue Code Section 430(C)(2)(D)(ii).

\* The discount segment rates and mortality assumptions are prescribed by the IRC and IRS Regulations for valuing benefits payable as an annuity.

**Actuarial Methods**Actuarial Cost Method

The actuarial cost method used to determine the actuarial target liability and target normal cost is the Unit Credit Actuarial Cost Method, as required under IRC Section 430.

Asset Valuation Method

The average of fair market values of all Trust Investments, plus any accrued but unpaid contributions to the Trust discounted to the Valuation Date. (IRS Notice 2009-22)

**Other Facts Relevant To The Valuation Of This Plan**Employee Data

An employee census as of the Valuation Date was supplied by the Company and included all employees in the Eligible Class. We did not audit the census.

Asset Data

Asset data as of the Valuation Date and contribution amounts and dates were supplied by the Company. We did not audit the asset data.

Changes in Actuarial Assumption or Methods

This valuation reflects a change in the assumed discount rate to use the three-tiered Segment Rates for the month three months preceding the valuation date. The prior valuation used the Monthly Corporate Bond Yield Curve for the second month prior to the valuation date.

The valuation interest rates are the rates required per IRC Section 430.

The mortality assumptions used are those mandated by the Internal Revenue Service for this valuation, per IRC Section 430.

Events and Trends Which Have Not Been Taken Into Account

To the best of our knowledge, there has been no event or trend which has not been taken into account and which may require a material change in plan costs or required contribution rates. In addition, no Plan amendments adopted and effective after the valuation date of January 1, 2010 were considered for this Valuation, nor do any exist of which we are aware except statutory CPI increases in maximum benefits and considered compensation.

## Duramax, Inc. Hourly Pension Plan

EIN / PN: 34-0317950/ 002

**SUMMARY OF PRINCIPAL PLAN PROVISIONS**Effective Date July 1, 1997Employees Covered All hourly rated employees of Duramax, Inc.  
As of May 1, 2007 no new participants are permitted.Normal Retirement

Eligibility Age 65

Early Retirement Age 60 and 15 years of credited service

Disability Retirement 10 years of credited service

Retirement Benefits

Normal Retirement A monthly life annuity income equal to the Participant's years of credited service multiplied by a benefit rate dependent on his date of retirement as follows:

**Norbalt and Johnson Rubber**Born prior to  
1/1/1940Retirement DateBenefit RateBenefit Rate

Before 2/1/1998

Various

Various

2/1/98 - 12/08/05

\$ 16.00

\$ 18.00

Effective 12/08/2005 Benefit Accruals were ended.

**Johnsonite**Born prior to  
1/1/1946Retirement DateBenefit RateBenefit Rate

Before 2/1/1998

Various

Various

2/1/98 to 1/1/08

\$ 16.00

\$ 18.00

1/1/02 to 1/1/03

\$ 17.00

\$ 21.00

1/1/03 to 1/1/04

\$ 18.00

\$ 22.00

1/1/04 to 1/1/05

\$ 19.00

\$ 23.00

1/1/05 and after

\$ 20.00

\$ 24.00

**Rubber Flooring**Born prior to  
1/1/1940Benefit RateBenefit Rate

\$ 16.00

\$ 18.00

Duramax, Inc. Hourly Pension Plan

EIN / PN: 34-0317950/ 002

**SUMMARY OF PRINCIPAL PLAN PROVISIONS (continued)**Retirement Benefits - continued

## Early Retirement

Either :

(i) an immediate monthly income for life in an amount determined as for Normal Retirement (based on the rate applicable to Early Retirement) and on benefit service to Early Retirement, but reduced 1/2 of 1% for each full month between the date of Early Retirement and Normal Retirement.

or

(ii) a monthly life income deferred to Normal Retirement Date in an amount determined as for Normal Retirement but based on service and the benefit rate in effect at Early Retirement.

## Disability Retirement

A monthly life annuity equal to the Normal Retirement Benefit based on service and the benefit rate as of the date of Disability Retirement.

Termination of Employment

A vested deferred benefit will be paid to any participant according to the following scale:

| <u>Service</u>  | <u>Vesting Pctg.</u> |
|-----------------|----------------------|
| 0 -4 Years      | 0%                   |
| 5 or more Years | 100%                 |

Preretirement Death Benefit

Eligible spouses of vested participants not eligible for Early Retirement shall receive, commencing at age 60, a death benefit equal to 50% of that to which the participant would have been entitled had he (a) survived to age 60 with the accrued benefit he had when he died, (b) elected Early Retirement, (c) accepted the spouse's annuity benefit, and (d) died immediately thereafter.

A participant eligible for Early Retirement will be treated as having retired the day prior and having accepted the spouse's benefit. All costs of the Pre-Retirement Death Benefit are met by Company contributions.

|                         |                                    |
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| <b>ERISA Plan #</b>     | <b>002</b>                         |
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| <b>5500 Sch. SB</b>        | <b>Line 9</b>   | Explanation of Credit Balance Discrepancy                                                 |                                                             |                         |
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| <b>5500 Sch. SB</b>        | <b>Line 20c</b> | Liquidity Requirement Certification                                                       |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 22</b>  | Description of Weighted Average Retirement Age                                            |                                                             | X                       |
| <b>5500 Sch. SB</b>        | <b>Line 23</b>  | Information on Use of Multiple Mortality Tables                                           |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 23</b>  | Information on Use of Substitute Mortality Tables                                         |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Part V</b>   | Statement of Actuarial Assumptions/Methods                                                |                                                             | X                       |
| <b>5500 Sch. SB</b>        | <b>Part V</b>   | Summary of Plan Provisions                                                                |                                                             | X                       |
| <b>5500 Sch. SB</b>        | <b>Line 24</b>  | Change in Actuarial Assumptions                                                           |                                                             | X                       |
| <b>5500 Sch. SB</b>        | <b>Line 25</b>  | Change in Method                                                                          |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 26</b>  | Schedule of Active Participant Data                                                       |                                                             | X                       |
| <b>5500 Sch. SB</b>        | <b>Line 27</b>  | Balances Subject to Binding Agreement with PBGC                                           |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 27</b>  | Alternative 17-Year Funding Schedule of Airlines                                          |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 32</b>  | Schedule of Amortization Bases                                                            |                                                             | X                       |
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| <b>5500 Sch. SB</b>        | <b>Line 27</b>  | Actuarial Information Based on Pre-PPA Funding Rules                                      |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line E</b>   | Information for Each Individual Employer                                                  |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 4</b>   | Additional Information for Plans in At-Risk Status                                        |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 7</b>   | Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 8</b>   | Late Election to Apply Balances to Quarterly Installments                                 |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 9</b>   | Explanation of Credit Balance Discrepancy                                                 |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 18</b>  | Contributions Made to the Plan for the Plan Year                                          |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 19</b>  | Discounted Employer Contributions                                                         |                                                             | X                       |
| <b>5500 Sch. SB</b>        | <b>Line 20c</b> | Liquidity Requirement Certification                                                       |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 22</b>  | Description of Weighted Average Retirement Age                                            |                                                             | X                       |
| <b>5500 Sch. SB</b>        | <b>Line 23</b>  | Information on Use of Multiple Mortality Tables                                           |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 23</b>  | Information on Use of Substitute Mortality Tables                                         |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Part V</b>   | Statement of Actuarial Assumptions/Methods                                                |                                                             | X                       |
| <b>5500 Sch. SB</b>        | <b>Part V</b>   | Summary of Plan Provisions                                                                |                                                             | X                       |
| <b>5500 Sch. SB</b>        | <b>Line 24</b>  | Change in Actuarial Assumptions                                                           |                                                             | X                       |
| <b>5500 Sch. SB</b>        | <b>Line 25</b>  | Change in Method                                                                          |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 26</b>  | Schedule of Active Participant Data                                                       |                                                             | X                       |
| <b>5500 Sch. SB</b>        | <b>Line 27</b>  | Balances Subject to Binding Agreement with PBGC                                           |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 27</b>  | Alternative 17-Year Funding Schedule of Airlines                                          |                                                             |                         |
| <b>5500 Sch. SB</b>        | <b>Line 32</b>  | Schedule of Amortization Bases                                                            |                                                             | X                       |
| <b>5500 Sch. SB</b>        |                 |                                                                                           |                                                             |                         |