

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                         |
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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                           |                                            |
|                                                                                                          | <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;                               |                                            |
|                                                                                                          | <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 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; |
|                                                                                                          | <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                                                                                                            | <u>TARKETT RETIREMENT PLAN</u>                                 | <b>1b</b> Three-digit plan number (PN) ▶       | <u>001</u>          |
|                                                                                                                                   |                                                                | <b>1c</b> Effective date of plan               | <u>12/31/2000</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.) | <u>TARKETT ENTERPRISES INC.</u>                                |                                                |                     |
|                                                                                                                                   |                                                                | <b>2b</b> Employer Identification Number (EIN) | <u>74-2706630</u>   |
|                                                                                                                                   |                                                                | <b>2c</b> Sponsor's telephone number           | <u>610-266-5500</u> |
| <u>1139 LEHIGH AVENUE</u><br><u>WHITEHALL, PA 18052</u>                                                                           |                                                                | <b>2d</b> Business code (see instructions)     | <u>339900</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. | 10/12/2011 | SHANETTE THOMPSON-BARNER                                     |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/12/2011 | SHANETTE THOMPSON-BARNER                                     |
|                  | 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><b>TARKETT ENTERPRISES INC.</b><br><br><b>1139 LEHIGH AVENUE</b><br><b>WHITEHALL, PA 18052</b>                                                    | <b>3b</b> Administrator's EIN<br><b>74-2706630</b><br><br><b>3c</b> Administrator's telephone number<br><b>610-266-5500</b> |
| <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<br><b>TARKETT INC.</b> | <b>4b</b> EIN<br><b>74-2706630</b><br><br><b>4c</b> PN<br><b>001</b>                                                        |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                      | <b>5</b> <b>1523</b>                                                                                                        |
| <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> <b>168</b>                                                                                                        |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                           | <b>6b</b> <b>692</b>                                                                                                        |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                            | <b>6c</b> <b>512</b>                                                                                                        |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                     | <b>6d</b> <b>1372</b>                                                                                                       |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                                                                                                                    | <b>6e</b> <b>127</b>                                                                                                        |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                      | <b>6f</b> <b>1499</b>                                                                                                       |
| <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> <b>0</b>                                                                                                          |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                         | <b>7</b>                                                                                                                    |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:<br><b>1A 1G 1I</b>                                                               |                                                                                                                             |
| <b>b</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><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                              | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                   |
| <b>10</b> 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><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br><b>(3)</b> <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><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br><b>(3)</b> <input type="checkbox"/> <b>A</b> (Insurance Information)<br><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
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| <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>TARKETT RETIREMENT PLAN</u>                                                                                   | <b>B</b> Three-digit plan number (PN) ▶ <u>001</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>TARKETT ENTERPRISES INC.</u>                               | <b>D</b> Employer Identification Number (EIN)<br><u>74-2706630</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>40692495</u>                                   |
| <b>b</b> Actuarial value .....                                                                                                                                                                        | <b>2b</b> <u>41569578</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>793</u> <u>39843818</u>                        |
| <b>b</b> For terminated vested participants .....                                                                                                                                                     | <b>3b</b> <u>554</u> <u>10668524</u>                        |
| <b>c</b> For active participants:                                                                                                                                                                     |                                                             |
| <b>(1)</b> Non-vested benefits .....                                                                                                                                                                  | <b>3c(1)</b> <u>130257</u>                                  |
| <b>(2)</b> Vested benefits .....                                                                                                                                                                      | <b>3c(2)</b> <u>5442659</u>                                 |
| <b>(3)</b> Total active .....                                                                                                                                                                         | <b>3c(3)</b> <u>176</u> <u>5572916</u>                      |
| <b>d</b> Total .....                                                                                                                                                                                  | <b>3d</b> <u>1523</u> <u>56085258</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>6.55</u> %                                      |
| <b>6</b> Target normal cost .....                                                                                                                                                                     | <b>6</b> <u>400000</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>10/05/2011</u>                      |
| Signature of actuary                                         | Date                                   |
| <u>KAREN KWAN</u>                                            | <u>11-05559</u>                        |
| Type or print name of actuary                                | Most recent enrollment number          |
| <u>AON CONSULTING, INC.</u>                                  | <u>212-441-2000</u>                    |
| Firm name                                                    | Telephone number (including area code) |
| <u>199 WATER ST. 12TH FLOOR</u><br><u>NEW YORK, NY 10038</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**

| <b>Part II</b> |                                                                                                 | <b>Beginning of year carryover and prefunding balances</b> |                        |
|----------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------|
|                |                                                                                                 | (a) Carryover balance                                      | (b) Prefunding balance |
| <b>7</b>       | Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) ..... | 0                                                          | 212384                 |
| <b>8</b>       | Portion used to offset prior year's funding requirement (Item 35 from prior year) .....         | 0                                                          | 212332                 |
| <b>9</b>       | Amount remaining (Item 7 minus item 8).....                                                     | 0                                                          | 52                     |
| <b>10</b>      | Interest on item 9 using prior year's actual return of <u>24.42</u> % .....                     |                                                            | 13                     |
| <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>8.20</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).....               | 0                                                          | 65                     |

| <b>Part III</b> |                                                                                                                                                                 | <b>Funding percentages</b> |         |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------|
| <b>14</b>       | Funding target attainment percentage.....                                                                                                                       | <b>14</b>                  | 74.11 % |
| <b>15</b>       | Adjusted funding target attainment percentage.....                                                                                                              | <b>15</b>                  | 74.11 % |
| <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>                  | 80.66 % |
| <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>                  | %       |

| <b>Part IV</b>                                                                           |                                   | <b>Contributions and liquidity shortfalls</b> |                      |
|------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------|----------------------|
| <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               |                      |
| 04/15/2010                                                                               | 550821                            |                                               |                      |
| 07/15/2010                                                                               | 550821                            |                                               |                      |
| 10/15/2010                                                                               | 550821                            |                                               |                      |
| 01/14/2011                                                                               | 550821                            |                                               |                      |
| 09/15/2011                                                                               | 769317                            |                                               |                      |
|                                                                                          |                                   |                                               |                      |
|                                                                                          |                                   | <b>Totals ▶</b>                               | <b>18(b)</b> 2972601 |
|                                                                                          |                                   |                                               | <b>18(c)</b> 0       |

|                                                                                                                                      |                                                                     |
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| <b>19</b> 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> 2803707                                                  |
| <b>20</b> 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 checked="" type="checkbox"/> Yes <input 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                                                             |
| 0                                                                                                                                    | 0                                                                   |
| (3) 3rd                                                                                                                              | (4) 4th                                                             |
| 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>4.60 % | 2nd segment:<br>6.65 % | 3rd segment:<br>6.76 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                        |                        |                        | <b>21b</b> 0                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        |                        | <b>22</b> 64                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" 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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input 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>           | 400000             |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 14515745            | 2403772            |
| <b>b</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 ..... | <b>33</b>           |                    |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....                                                   | <b>34</b>           | 2803772            |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance |
| <b>35</b> Balances used to offset funding requirement .....                                                                                                                          | 0                   | 65                 |
| <b>36</b> Additional cash requirement (item 34 minus item 35).....                                                                                                                   | <b>36</b>           | 2803707            |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....                                                   | <b>37</b>           | 2803707            |
| <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                  |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
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| <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>TARKETT RETIREMENT PLAN                                                                                                                                                                          | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                                                                                | 001                                            |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>TARKETT ENTERPRISES INC.                                                                                                                                 | <b>D</b> Employer Identification Number (EIN)<br>74-2706630                                                                                                                                                            |                                                |

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

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

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

(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)

AON CONSULTING

22-2232264

| <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                            | NONE                                                                                                     | 114576                                                                        | 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

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? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 21                            | NONE                                                                                                     | 54999                                                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

AON INVESTMENT CONSULTING

59-2706923

| <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? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 27                            | NONE                                                                                                     | 50339                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              | 0                                                                                                                                                                                      | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

MCGLADREY &amp; PULLEN, LLP

42-0714325

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 10                               | NONE                                                                                                                 | 14845                                                                                  | 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<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>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"/>                                                        |

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

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>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.

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

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

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

| <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 |
|                                                                                 |                                      |                                                                                            |

|                 |                                                                                                                                 |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------|
| <b>Part III</b> | <b>Termination Information on Accountants and Enrolled Actuaries (see instructions)</b><br>(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 <b>01/01/2010</b> and ending <b>12/31/2010</b> |                                                                        |            |
| <b>A</b> Name of plan<br><b>TARKETT RETIREMENT PLAN</b>                                                  | <b>B</b> Three-digit plan number (PN) ►                                | <b>001</b> |
|                                                                                                          |                                                                        |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>TARKETT ENTERPRISES INC.</b>         | <b>D</b> Employer Identification Number (EIN)<br><br><b>74-2706630</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets                                                                                            |                 | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <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>    | 739005                | 1320138         |
| <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>    | 772365                | 820491          |
| <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    |                       |                 |
| <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> |                       |                 |
| <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>   | 39241142              | 41648290        |
| <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>   |                       |                 |

| <b>1d</b> 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>    | 40752512              | 43788919        |

**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> | 43624 | 104062 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 43624 | 104062 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 40708888 | 43684857 |
|-----------------------------------------------------------|-----------|----------|----------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 2972601    |           |
| <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>    |            | 2972601   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 481        |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <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> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 481       |
| (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> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 4873354    |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 4426071    |           |
| <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> |            | 447283    |

|                                                                                                   |                 | (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> | 2969426    |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 2969426   |
| (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>   |            | 1180331   |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 7570122   |

**Expenses**

|                                                                                            |              |         |         |
|--------------------------------------------------------------------------------------------|--------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 4166521 |         |
| (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> |         | 4166521 |
| <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> | 181961  |         |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> |         |         |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> | 54999   |         |
| (4) Other .....                                                                            | <b>2i(4)</b> | 190672  |         |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |         | 427632  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |         | 4594153 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 2975969 |
| <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: MCGLADREY & PULLEN, LLP

(2) EIN: 42-0714325

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

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

**Part IV Compliance Questions**

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

During the plan year:

|                                                                                                                                                                                                                                                                                                                 | Yes | No | Amount |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <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   |    | 500000 |
| <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)

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                 |                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<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</div>                                                                                                                                  | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div>  |
| For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                 |                                                                                                  |
| A Name of plan<br>TARKETT RETIREMENT PLAN                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                 | B Three-digit plan number (PN) ►<br>001                                                          |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>TARKETT ENTERPRISES INC.                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                 | D Employer Identification Number (EIN)<br>74-2706630                                             |
| Part I                                                                                                                                                                                                                                                                                                                                                           | Distributions                                                                                                                                                                                                                                                                                   |                                                                                                  |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                 |                                                                                                  |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                 | 10                                                                                               |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 23-1945930                                                                                                             |                                                                                                                                                                                                                                                                                                 |                                                                                                  |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                 |                                                                                                  |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                 | 31                                                                                               |
| Part II                                                                                                                                                                                                                                                                                                                                                          | Funding Information (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)                                                                                                                           |                                                                                                  |
| 4 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 |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                 |                                                                                                  |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____                                                                                                                                        |                                                                                                                                                                                                                                                                                                 |                                                                                                  |
| If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                 |                                                                                                  |
| 6 a Enter the minimum required contribution for this plan year .....                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                 | 6a                                                                                               |
| b Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                 | 6b                                                                                               |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                 | 6c                                                                                               |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                 |                                                                                                  |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A            |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....                                                                                                                 |                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| Part III                                                                                                                                                                                                                                                                                                                                                         | Amendments                                                                                                                                                                                                                                                                                      |                                                                                                  |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> No |                                                                                                                                                                                                                                                                                                 |                                                                                                  |
| Part IV                                                                                                                                                                                                                                                                                                                                                          | ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                      |                                                                                                  |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                                         |
| 11 a Does the ESOP hold any preferred stock? .....                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                                         |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                                         |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                                         |
| For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                 |                                                                                                  |
| Schedule R (Form 5500) 2010 v.092308.1                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                                                                                                  |

**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: 61% Investment-Grade Debt: 37% 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):

# **Tarkett Retirement Plan**

Financial Report  
December 31, 2010

## **Tarkett Retirement Plan**

### **Contents**

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## Independent Auditor's Report

To the Pension Administration Committee  
Tarkett Retirement Plan  
Whitehall, Pennsylvania

We were engaged to audit the accompanying statements of net assets available for benefits of Tarkett Retirement Plan (the Plan) as of December 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule of assets (held at end of year) as of December 31, 2010. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States 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 4, which was certified or provided 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 schedule. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee regarding the completeness and accuracy of the information summarized in Note 4 that was provided to the Plan Administrator by the trustee as of and for the years ended December 31, 2010 and 2009.

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

*McGladrey & Pullen, LLP*

Philadelphia, Pennsylvania  
September 9, 2011

## Tarkett Retirement Plan

### Statements of Net Assets Available for Benefits December 31, 2010 and 2009

|                                   | 2010                 | 2009                 |
|-----------------------------------|----------------------|----------------------|
| <b>Assets</b>                     |                      |                      |
| Investments, at fair value        |                      |                      |
| Registered investment companies   | \$ 41,648,290        | \$ 39,241,142        |
| Money market fund                 | 820,491              | 772,365              |
|                                   | <hr/>                | <hr/>                |
| Total investments                 | 42,468,781           | 40,013,507           |
| Employer contribution receivable  | 1,320,138            | 739,005              |
|                                   | <hr/>                | <hr/>                |
| Total assets                      | 43,788,919           | 40,752,512           |
| <b>Liabilities</b>                |                      |                      |
| Administrative expenses payable   | 104,062              | 43,624               |
|                                   | <hr/>                | <hr/>                |
| Net assets available for benefits | <u>\$ 43,684,857</u> | <u>\$ 40,708,888</u> |

See Notes to Financial Statements.

## Tarkett Retirement Plan

### Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2010 and 2009

|                                               | 2010                        | 2009                        |
|-----------------------------------------------|-----------------------------|-----------------------------|
| <b>Additions</b>                              |                             |                             |
| Investment income                             |                             |                             |
| Net appreciation in fair value of investments | \$ 3,416,709                | \$ 7,076,153                |
| Interest and dividend income                  | <u>1,180,813</u>            | <u>1,102,803</u>            |
| Total investment income                       | <u>4,597,522</u>            | <u>8,178,956</u>            |
| Employer contribution                         | <u>2,972,601</u>            | <u>2,118,924</u>            |
| Total additions                               | <u>7,570,123</u>            | <u>10,297,880</u>           |
| <b>Deductions</b>                             |                             |                             |
| Benefits paid to participants                 | 4,166,521                   | 4,147,086                   |
| Administrative expenses                       | <u>427,633</u>              | <u>458,635</u>              |
| Total deductions                              | <u>4,594,154</u>            | <u>4,605,721</u>            |
| <b>Net increase</b>                           | <b>2,975,969</b>            | <b>5,692,159</b>            |
| Net assets available for benefits:            |                             |                             |
| Beginning                                     | <u>40,708,888</u>           | <u>35,016,729</u>           |
| Ending                                        | <u><u>\$ 43,684,857</u></u> | <u><u>\$ 40,708,888</u></u> |

See Notes to Financial Statements.

## Tarkett Retirement Plan

### Notes to Financial Statements

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#### Note 1. Description of the Plan

The following brief description of the Tarkett Retirement Plan ("the Plan") provides only general information. Participants should refer to the Plan document for more a complete description of the Plan's provisions.

General: The Plan became effective December 31, 2000. It is a non-contributory defined benefit plan that provides retirement, death and disability benefits for (1) substantially all employees of (i) Tarkett, Inc. (U.S.), (ii) Tarkett USA Inc., (iii) Domco Products Texas Inc., (iv) Tarkett Alabama Inc. and (v) U.S. resident employees of Tarkett Inc. (Canada) (hereafter the "Company"), who are not covered by a collective bargaining agreement, and (2) substantially all Tarkett, Inc. (U.S.) employees who were members of the (i) Graphic Communications International Union, Local #14, (ii) International Brotherhood of Teamsters, Local #445, or (iii) United Paperworkers International, Local #691. Effective December 31, 2005, active employees of Domco Products Texas Inc. were employed by Texas Tile Manufacturing LLC, a newly created entity and related party of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and is administered by the Pension Administration Committee whose members are appointed by the Board of Directors of Tarkett, Inc. The Pension Administration Committee has the authority to carry out the provisions of the Plan, including the authority to interpret Plan provisions, decide on questions of eligibility, and direct the disbursement of benefits in accordance with the provisions of the Plan.

Effective December 31, 2005, the Company froze all benefits under the Plan and froze eligibility into the Plan. As a result, no participant has accrued credited service under the plan after December 31, 2005. This amendment has been considered in determining the accumulated benefit information (Note 3).

Funding Policy: The Company makes all contributions to the Plan. Contributions by participants are not permitted. The Plan met the Employee Retirement Income Security Act of 1974 (ERISA) minimum funding requirements as of December 31, 2010 and 2009.

Administrative Expenses: Administrative expenses consist of related accounting costs, investment management fees and other administrative fees.

Payments of Benefits: Participants may elect to receive pension benefits in the form of a single life annuity or joint and 50% or 75% survivor annuity. In addition, the Plan provides for optional minimum benefits under circumstances including a life annuity, contingent annuity, life annuity with guaranteed payment and single sum distribution. Special provisions apply in the event of death and termination of employment. The Plan provides a death benefit for the surviving spouse of a married participant and for the beneficiary of an unmarried participant equal to the accrued benefit of the deceased participant at the date of his death. If a participant's accrued benefit under the Plan has an actuarially equivalent present value of \$1,000 or less, the full amount of such benefit shall be payable in a lump-sum as soon as administratively feasible.

Salaried and non-bargaining unit employees with five or more years of service are entitled to monthly pension benefits beginning at normal retirement age (65) equal to the sum of 1% of their final average compensation (as defined in the Plan) after December 31, 2000 times their years of credited service plus their December 31, 2000 accrued benefit according to the prior applicable plan indexed with increases in average compensation. A participant's accrued benefit after December 31, 2005 is based on the credited service and final average compensation as of December 31, 2005. In calculating the accrued benefit of a participant who was transferred to Vails Gate Manufacturing LLC (a subsidiary of Tarkett, Inc. (U.S.)), service and compensation earned shall and will continue to count as credited service under the Plan until December 31, 2005 or the date of the participant's separation from service, if earlier.

## Tarkett Retirement Plan

### Notes to Financial Statements

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#### Note 1. Description of the Plan (Continued)

Payments of Benefits (Continued): Effective December 31, 2000, benefits for active, retired or terminated employees who were participants in the Retirement Plan for Hourly Paid Employees of Tarkett, Inc. and members of the International Brotherhood of Teamsters, Local #445, became "frozen participants" in the Plan. Frozen participants are entitled to monthly pension benefits beginning at normal retirement age (65) equal to the number of years of credited service multiplied by an amount per year of service which is dependent upon the time of retirement and to which Local a participant belonged.

The Plan permits early retirement at ages 55 to 64. Early retirement pension benefits may commence either at retirement or upon the participant's normal retirement date. Benefits paid upon commencement of early retirement are reduced ratably based on the length of time between actual retirement and normal retirement. Frozen participants are 100% vested on their retirement date and eligible for deferred vested pension benefits, payable after their retirement date.

In response to the Federal Pension Protection Act of 2006 requirement that certain benefit restrictions be imposed on pension plans when plan assets are not at least equal to a certain minimum percentage of plan liabilities, restrictions were placed on certain optional forms of benefit payments. For Plan participants whose annuity starting date is on or after April 1, 2009, the benefit payable under certain optional forms of payment permitted to be currently distributed is limited to 50% of the participant's benefit or the value of the Pension Benefit Guaranty Corporation (PBGC) (a U.S. Government agency) maximum guaranteed benefit, if less. The optional forms of payment subject to the limit include lump sum distributions, social security level income, and make up payments under the Plan's Retroactive Annuity Starting Date option. This restriction does not impact the total amount of benefit ultimately payable to participants, nor does it impact the amount of benefit currently payable to participants under the normal annuity form of payment or other optional annuity. For Plan participants who began receiving payments from the Plan prior to April 1, 2009, the amount or timing of benefit payments is not affected.

Vesting: After completion of five years of service, participants are 100% vested and eligible for deferred vested pension benefits, payable after their normal retirement date. A participant who is terminated prior to completion of five years of service is not entitled to benefits. All employees who terminated participation in the Plan as a result of the Company's transfer of employees to Texas Tile Manufacturing LLC were fully vested in their accrued benefits in the Plan as of December 31, 2005.

Plan Termination: The Company intends to continue the Plan indefinitely without interruption, but reserves the right to discontinue at any time. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- i) Annuity benefits that former participants or their beneficiaries have been receiving for at least three years, or that participants eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan.

The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under the plan provisions in effect at any time during the five years preceding plan termination.

- ii) Other vested benefits insured by the PBGC up to the applicable limitations (discussed below).
- iii) All other vested benefits (that is, vested benefits not insured by the PBGC).
- iv) All nonvested benefits.

## Tarkett Retirement Plan

### Notes to Financial Statements

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#### Note 1. Description of the Plan (Continued)

Plan Termination (Continued): Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, 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.

That ceiling, which is adjusted periodically, applies to pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in a form other than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at the time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

#### Note 2. Summary of Significant Accounting Policies

Basis of Accounting: The financial statements of the Plan are prepared under the accrual basis of accounting.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein and the actuarial present value of accumulated plan benefits as of the date of the financial statements. Actual results could differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the accompanying financial statements.

Investment Valuation and Income Recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Net Appreciation (Depreciation) in Fair Value of Investments: The Plan presents in the statements of changes in net assets available for benefits the net appreciation (depreciation) in the fair value of investments, which consists of the net realized gains or losses and the unrealized appreciation or depreciation on these investments.

Contributions: Contributions from the Plan Sponsor are made to the trustee based upon actuarially determined amounts required to fund accrued pension costs and minimum funding requirements required by ERISA and the Plan instrument.

Benefit Payments: Benefit payments to participants are recorded upon distribution.

Administrative Expenses: Administrative expenses are paid for by the Plan.

## Tarkett Retirement Plan

### Notes to Financial Statements

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#### Note 2. Summary of Significant Accounting Policies (Continued)

Income Taxes: Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by the U.S. federal, state and local tax authorities for years before 2007.

Recent Accounting Developments: In January 2010, the FASB issued an amendment to ASC Topic 820, *Fair Value Measurements and Disclosures*. This amendment requires new disclosures regarding significant transfers in and out of Level 1 and 2 fair value measurements and the reasons for the transfers. This amendment also requires that a reporting entity present separately information about purchases, sales, issuances and settlements, on a gross basis rather than a net basis for activity in Level 3 fair value measurements using significant unobservable inputs. This amendment also clarifies existing disclosures on the level of disaggregation, in that the reporting entity needs to use judgment in determining the appropriate classes of assets and liabilities, and that a reporting entity should provide disclosures about the valuation techniques and inputs used to measure fair value for both recurring and nonrecurring fair value measurements for Level 2 and 3. The new disclosures and clarifications of existing disclosures for ASC 820 are effective for reporting periods beginning after December 15, 2009, except for the disclosures about purchases, sales, issuances and settlements in the roll forward of activity in Level 3 fair value measurements. Those disclosures are effective for fiscal years beginning after December 15, 2010. The adoption of the applicable amendments did not have a material effect on the Plan's financial statements.

In May 2011, the FASB issued ASU 2011-04, *Amendments to Achieve Common Fair Value Measurements and Disclosure Requirements in U.S. GAAP and IFRSs* ("ASU 2011-04"). ASU 2011-04 amended ASC 820, *Fair Value Measurements and Disclosures*, to converge the fair value measurement guidance in US generally accepted accounting principles ("GAAP") and International Financial Reporting Standards ("IFRS"). Some of the amendments clarify the application of existing fair value measurement requirements, while other amendments change a particular principle in ASC 820. In addition, ASU 2011-04 requires additional fair value disclosures, although certain of these new disclosures will not be required for nonpublic entities. The amendments are to be applied prospectively and are effective for annual periods beginning after December 15, 2011. Plan management is currently evaluating the effect that the provisions of ASU 2011-04 will have on the Plan's financial statements.

Subsequent Events: The Plan Administrator has evaluated its subsequent events (events occurring after December 31, 2010) through September 9, 2011, which represents the date the financial statements were available to be issued.

#### Note 3. Accumulated Plan Benefits and Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during their highest five consecutive years of the last ten years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years ending on the date as of which the Plan was frozen. Benefits payable under all circumstances – retirement, death, disability, and termination of employment, are included to the extent they are deemed attributable to employee service rendered to the valuation date.

## Tarkett Retirement Plan

### Notes to Financial Statements

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#### **Note 3. Accumulated Plan Benefits and Actuarial Present Value of Accumulated Plan Benefits (Continued)**

Participants who were active in the Retirement Plan for Hourly Paid Employees of Tarkett, Inc. were part of the International Brotherhood of Teamsters; Local # 445 is now covered under a separate Teamsters' Union plan and accrue no further benefits under this Plan for service after December 31, 2000. Benefits for all remaining eligible frozen participants or their beneficiaries' benefits are based on their years of credited service to December 31, 2005.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and 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, withdrawals or retirement) between the valuation date and the expected date of payment.

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 payments                                          | \$ 36,736,389        |
| Other participants                                                                 | 14,146,272           |
|                                                                                    | <u>50,882,661</u>    |
| Non-vested benefits                                                                | 123,638              |
|                                                                                    | <u>123,638</u>       |
| Total actuarial present value of accumulated plan benefits as of December 31, 2009 | <u>\$ 51,006,299</u> |

A reconciliation of the actuarial present value of accumulated plan benefits as of December 31, 2008 to the actuarial present value of accumulated plan benefits as of December 31, 2009 for the Plan follows:

|                                                                           |                      |
|---------------------------------------------------------------------------|----------------------|
| Actuarial present value of accumulated plan benefits at December 31, 2008 | \$ 50,768,275        |
| Benefits accumulated                                                      | 649,057              |
| Change in actuarial assumptions                                           | 81,137               |
| Increase for interest due to decrease in discount period                  | 3,654,916            |
| Benefits paid                                                             | <u>(4,147,086)</u>   |
| Net increase                                                              | <u>238,024</u>       |
| Actuarial present value of accumulated plan benefits at December 31, 2009 | <u>\$ 51,006,299</u> |

The actuarial information included above is based on actuarial data as of January 1, 2010. There is no significant difference between December 31, 2009 and January 1, 2010.

## Tarkett Retirement Plan

### Notes to Financial Statements

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#### Note 3. Accumulated Plan Benefits and Actuarial Present Value of Accumulated Plan Benefits (Continued)

The significant actuarial assumptions used in determining accumulated plan benefits as of January 1, 2010, are as follows:

- Mortality assumption - RP-2000 IRS PPA at 2010 Non-Annuitant/Annuitant Tables for Males and Females
- The funding valuation interest rate used for target liability purposes was changed from the Full Yield Curve for November 2008 to the January 2010 Segment Rates.
- Retirement - For active employees: 15% at age 60, 25% at age 62, and 100% at age 65 or current age if older, for terminated participants age 65.
- Actuarial Cost Method - Projected Unit Credit Method of valuation.
- Funding Target Normal Cost increased by estimated expenses of \$400,000.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

#### Note 4. Information Certified by Vanguard Fiduciary Trust Company

The following is a summary of the plan's asset information as of December 31, 2010 and 2009, and for the years then ended, included in the Plan's financial statements and supplemental schedule, that were prepared by or derived from information provided by the trustee and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that the information provided to the Plan Administrator by the trustee related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedule related to the following assets. Single assets representing more than 5% of the Plan's net assets available for benefits as of December 31, 2010 and 2009 are separately identified.

|                                                       | 2010                 | 2009                 |
|-------------------------------------------------------|----------------------|----------------------|
| Investments, at fair value:                           |                      |                      |
| Vanguard Total Bond Market Index Fund                 | \$ 7,787,353         | \$ 7,316,603         |
| Vanguard Intermediate-Term Investment Grade Bond Fund | 4,660,720            | 4,462,468            |
| Vanguard Total International Stock Index Fund         | 5,175,814            | 4,878,793            |
| Vanguard Primecap Fund                                | 5,217,324            | 4,909,478            |
| Vanguard Windsor Fund                                 | 5,233,200            | 4,911,861            |
| Vanguard Total Stock Market Index Fund                | 10,434,659           | 9,813,911            |
| Vanguard Short-Term Investment Grade Fund             | 3,139,220            | 2,948,028            |
| Other investment certified by Vanguard                | 820,491 *            | 772,365 *            |
|                                                       | <u>\$ 42,468,781</u> | <u>\$ 40,013,507</u> |

\* Investment balance does not exceed 5% of net assets available for benefits in the year indicated.

## Tarkett Retirement Plan

### Notes to Financial Statements

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#### Note 4. Information Certified by Vanguard Fiduciary Trust Company (Continued)

Vanguard Fiduciary Trust Company also certified to the completeness and accuracy of \$3,416,709 and \$7,076,153 of net appreciation in fair value of investments and \$1,180,813 and \$1,102,803 of interest and dividends relates to the aforementioned plan assets for the years ended December 31, 2010 and 2009, respectively.

#### Note 5. Fair Value Measurements

ASC Topic 820, *Fair Value Measurements and Disclosures* ("ASC 820"), establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under ASC 820 are described below:

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

Money market fund: Value at amounts on deposit.

Registered investment companies: Valued at fair value based on the quoted market price of the fund.

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

## Tarkett Retirement Plan

### Notes to Financial Statements

#### Note 5. Fair Value Measurements (Continued)

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 at December 31, 2010 |         |         |               |
|---------------------------------|-------------------------------------------|---------|---------|---------------|
|                                 | Level 1                                   | Level 2 | Level 3 | Total         |
| Money market fund               | \$ 820,491                                | \$ -    | \$ -    | \$ 820,491    |
| Registered investment companies |                                           |         |         |               |
| Fixed income                    | 15,587,293                                | -       | -       | 15,587,293    |
| Domestic stock                  | 20,885,183                                | -       | -       | 20,885,183    |
| International stock             | 5,175,814                                 | -       | -       | 5,175,814     |
| Total assets at fair value      | \$ 42,468,781                             | \$ -    | \$ -    | \$ 42,468,781 |

  

|                                 | Assets at Fair Value at December 31, 2009 |         |         |               |
|---------------------------------|-------------------------------------------|---------|---------|---------------|
|                                 | Level 1                                   | Level 2 | Level 3 | Total         |
| Money market fund               | \$ 772,365                                | \$ -    | \$ -    | \$ 772,365    |
| Registered investment companies |                                           |         |         |               |
| Fixed income                    | 14,727,099                                | -       | -       | 14,727,099    |
| Domestic stock                  | 19,635,250                                | -       | -       | 19,635,250    |
| International stock             | 4,878,793                                 | -       | -       | 4,878,793     |
| Total assets at fair value      | \$ 40,013,507                             | \$ -    | \$ -    | \$ 40,013,507 |

During 2010, the Plan's registered investment companies (including gains and losses on investments bought and sold as well as held during the year) appreciated in value by \$3,416,709.

#### Note 6. Income Tax Status

The Internal Revenue Service ("IRS") issued a favorable determination letter dated September 27, 2002 advising that the Plan qualifies for tax-exempt status pursuant to the provisions of the Internal Revenue Code ("IRC"). The Pension Administrative Committee believes that the Plan, as subsequently amended, is designed and being operated in compliance with the applicable requirements of IRC. The Pension Administrative Committee will make any changes deemed necessary to ensure that the Plan is granted tax-exempt status.

#### Note 7. Risks and Uncertainties

The Plan's assets are exposed to various risks such as credit, interest rate and market risks.

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

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

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

## **Tarkett Retirement Plan**

### **Notes to Financial Statements**

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#### **Note 7. Risks and Uncertainties (Continued)**

Due to the level of risk associated with certain investment transactions, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the statement 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 8. Party-in-Interest Transactions**

Certain Plan investments are invested in funds managed by Vanguard, an affiliate of the Plan's trustee. Therefore, these transactions qualify as party-in-interest transactions.

## Tarkett Retirement Plan

### Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) December 31, 2010

| (a) | (b)<br>Identity of Issuer, Borrower,<br>Lessor, or Similar Party | (c)<br>Description of Investment Including Maturity Date,<br>Rate of Interest, Collateral, Par, or Maturity Value | (d)<br>Cost          | (e)<br>Current Value |
|-----|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|
|     | Money Market Fund:                                               |                                                                                                                   |                      |                      |
| *   | Vanguard                                                         | Vanguard Prime Money Market Fund                                                                                  | \$ 820,491           | \$ 820,491           |
|     | Registered Investment Companies:                                 |                                                                                                                   |                      |                      |
| *   | Vanguard                                                         | Vanguard Total Bond Market Index Fund                                                                             | 7,579,846            | 7,787,353            |
| *   | Vanguard                                                         | Vanguard Intermediate-Term Investment                                                                             |                      |                      |
| *   | Vanguard                                                         | Grade Bond Fund                                                                                                   | 4,679,671            | 4,660,720            |
| *   | Vanguard                                                         | Vanguard Total International Stock Index Fund                                                                     | 3,610,079            | 5,175,814            |
| *   | Vanguard                                                         | Vanguard Primecap Fund                                                                                            | 4,086,967            | 5,217,324            |
| *   | Vanguard                                                         | Vanguard Windsor Fund                                                                                             | 5,337,909            | 5,233,200            |
| *   | Vanguard                                                         | Vanguard Total Stock Market Index Fund                                                                            | 7,407,009            | 10,434,659           |
| *   | Vanguard                                                         | Vanguard Short-Term Investment Grade Fund                                                                         | 3,072,249            | 3,139,220            |
|     |                                                                  |                                                                                                                   | <u>\$ 36,594,221</u> | <u>\$ 42,468,781</u> |

\* A party-in-interest as defined by ERISA.

The above information has been certified by Vanguard Fiduciary Trust Company, the trustee, as complete and accurate.

**Plan Sponsor:** Tarkett Enterprises Inc.  
**Plan Name:** Tarkett Retirement Plan  
**EIN:** 74-2706630  
**Plan Number:** 001

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

|                                                                    | (1)        | (2)      | (3)        | (4)         | (5)        | (6)         |
|--------------------------------------------------------------------|------------|----------|------------|-------------|------------|-------------|
|                                                                    | Retirement |          | Cumulative |             | Retirement |             |
| Age                                                                | qx         | px       | px         | = (1) * (3) | Age        | = (4) * (5) |
| 55                                                                 | 0.00       | 1.000000 | 1.000000   | 0.000000    | 55.0       | 0.000       |
| 56                                                                 | 0.00       | 1.000000 | 1.000000   | 0.000000    | 56.0       | 0.000       |
| 57                                                                 | 0.00       | 1.000000 | 1.000000   | 0.000000    | 57.0       | 0.000       |
| 58                                                                 | 0.00       | 1.000000 | 1.000000   | 0.000000    | 58.0       | 0.000       |
| 59                                                                 | 0.00       | 1.000000 | 1.000000   | 0.000000    | 59.0       | 0.000       |
| 60                                                                 | 0.15       | 0.850000 | 1.000000   | 0.150000    | 60.0       | 9.000       |
| 61                                                                 | 0.00       | 1.000000 | 0.850000   | 0.000000    | 61.0       | 0.000       |
| 62                                                                 | 0.25       | 0.750000 | 0.850000   | 0.212500    | 62.0       | 13.175      |
| 63                                                                 | 0.00       | 1.000000 | 0.637500   | 0.000000    | 63.0       | 0.000       |
| 64                                                                 | 0.00       | 1.000000 | 0.637500   | 0.000000    | 64.0       | 0.000       |
| 65                                                                 | 1.00       | 0.000000 | 0.637500   | 0.637500    | 65.0       | 41.438      |
| Totals:                                                            |            |          |            | 1.00000     |            | 63.613      |
| Total of Column (6) / Total of Column (4), Rounded to nearest age: |            |          |            |             |            | 64.000      |

**Plan Sponsor:** Tarkett Enterprises Inc.  
**Plan Name:** Tarkett Retirement Plan  
**EIN:** 74-2706630  
**Plan Number:** 001

**Schedule SB, line 25 - Change in Method**

The funding valuation interest rate used for target liability purposes was changed from the Full Yield Curve for November 2008 (average of the rates for the month of October 2008) to the January 2010 segments rates of 4.60%, 6.65% and 6.76%.

**Plan Sponsor:** Tarkett Enterprises Inc.  
**Plan Name:** Tarkett Retirement Plan  
**EIN:** 74-2706630  
**Plan Number:** 001

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

| Age                | Years of Credited Service as of January 1, 2010 |     |     |       |       |       |       |       |       |     |       |
|--------------------|-------------------------------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----|-------|
|                    | Under 1                                         | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ | Total |
| <b>Under 25</b>    | 0                                               | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0   | 0     |
| <b>25-29</b>       | 0                                               | 2   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0   | 2     |
| <b>30-34</b>       | 0                                               | 3   | 4   | 0     | 0     | 0     | 0     | 0     | 0     | 0   | 7     |
| <b>35-39</b>       | 0                                               | 7   | 13  | 7     | 1     | 0     | 0     | 0     | 0     | 0   | 28    |
| <b>40-44</b>       | 0                                               | 5   | 9   | 10    | 6     | 0     | 0     | 0     | 0     | 0   | 30    |
| <b>45-49</b>       | 0                                               | 3   | 9   | 8     | 10    | 8     | 1     | 0     | 0     | 0   | 39    |
| <b>50-54</b>       | 0                                               | 3   | 4   | 6     | 5     | 7     | 4     | 1     | 0     | 0   | 30    |
| <b>55-59</b>       | 0                                               | 1   | 4   | 2     | 0     | 4     | 2     | 8     | 0     | 0   | 21    |
| <b>60-64</b>       | 0                                               | 0   | 5   | 0     | 3     | 2     | 0     | 0     | 7     | 0   | 17    |
| <b>65-69</b>       | 0                                               | 0   | 1   | 0     | 1     | 0     | 0     | 0     | 0     | 0   | 2     |
| <b>70 &amp; up</b> | 0                                               | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0   | 0     |
| <b>Total</b>       | 0                                               | 24  | 49  | 33    | 26    | 21    | 7     | 9     | 7     | 0   | 176   |

**Plan Sponsor:** Tarkett Enterprises Inc.  
**Plan Name:** Tarkett Retirement Plan  
**EIN:** 74-2706630  
**Plan Number:** 001

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

| Type of Base | Present Value of<br>Any Remaining<br>Installments | Valuation Date | Years<br>Remaining | Amortization<br>Installment |
|--------------|---------------------------------------------------|----------------|--------------------|-----------------------------|
| Shortfall    | \$7,024,908                                       | 1/1/2008       | 5                  | \$1,534,108                 |
| Shortfall    | \$1,427,669                                       | 1/1/2009       | 6                  | \$269,173                   |
| Shortfall    | \$6,063,168                                       | 1/1/2010       | 15                 | \$600,491                   |
| Total        | \$14,515,745                                      |                |                    | \$2,403,772                 |

**Plan Sponsor:** Tarkett Enterprises Inc.  
**Plan Name:** Tarkett Retirement Plan  
**EIN:** 74-2706630  
**Plan Number:** 001

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

### **Cost Method**

Traditional Unit Credit.

### **Asset Method**

Funding: The Actuarial Value of Assets is determined by using a 24-month average of the Market Value of Assets using 12-month intervals and smoothing investment gains or losses in accordance with WRERA. The resulting value must be within a 10% corridor of the Market Value of Assets.

### **Dates of Calculations**

The Valuation Date is January 1, 2010

### **Source of Data**

Data is as of the valuation date and is supplied to us by the Employer.

Employees are assumed to work full time in all future years following the valuation date.

We rely on the Employer to inform us of any former participants who have been rehired and lost prior service because of the length of their break in service. These employees may have participation requirements different from other new employees.

Financial information was supplied to us by the Trustee.

Although we believe these to be accurate and complete, the data and financial information have not been audited by us.

**Plan Sponsor:** Tarkett Enterprises Inc.  
**Plan Name:** Tarkett Retirement Plan  
**EIN:** 74-2706630  
**Plan Number:** 001

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

### Interest Assumptions

Below is a summary of interest rates used for the current and prior valuations.

| Interest Rates              | Current                                                | Prior                             |
|-----------------------------|--------------------------------------------------------|-----------------------------------|
| (1) PPA                     |                                                        |                                   |
| (a) Funding Target          | January 2010<br>Segment Rates<br><br>4.60%/6.65%/6.76% | November 2008<br>Full Yield Curve |
| (b) Effective Interest Rate | 6.55%                                                  | 8.20%                             |

### Decrement Assumptions

Below is a summary of decrements used in this valuation.

| Mortality Decrement | Current                                                                               | Prior                                                                                 |
|---------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| (1) Funding Target  | RP-2000 IRS PPA @<br>2010 Non<br>Annuitant/Annuitant<br>Tables for Males &<br>Females | RP-2000 IRS PPA @<br>2009 Non<br>Annuitant/Annuitant<br>Tables for Males &<br>Females |

The weighted average retirement age is 64. Turnover rates are used for each group of employees. Domco Salaried uses the Crocker T-5 table less '51 GAM mortality. Domco Hourly uses the Crocker T-3 table less '51 GAM mortality. Sample termination rates for Tarkett (non-Domco) employees are illustrated in the table below. Disability rates are used for Tarkett (non-Domco) employees only. Sample disability rates for Tarkett (non-Domco) employees are illustrated in the table below. Retirement rates for all employees are also shown below.

| —Retirement— |          | —Disability— |          |          | —Termination— |          |          |
|--------------|----------|--------------|----------|----------|---------------|----------|----------|
| Decrement    |          | Decrement    | Male     | Female   | Decrement     | Male     | Female   |
| Age          | Rates    | Age          | Rates    | Rates    | Age           | Rates    | Rates    |
| 60           | 0.150000 | 20           | 0.000770 | 0.000770 | 20            | 0.200000 | 0.200000 |
| 62           | 0.250000 | 25           | 0.000770 | 0.000770 | 25            | 0.095000 | 0.095000 |
| 65           | 1.000000 | 30           | 0.000910 | 0.000910 | 30            | 0.055000 | 0.055000 |
|              |          | 35           | 0.001160 | 0.001160 | 35            | 0.050000 | 0.050000 |
|              |          | 40           | 0.001160 | 0.001160 | 40            | 0.045000 | 0.045000 |
|              |          | 45           | 0.002030 | 0.002030 | 45            | 0.039000 | 0.039000 |
|              |          | 50           | 0.003580 | 0.003580 | 50            | 0.035000 | 0.035000 |
|              |          | 55           | 0.006170 | 0.006170 | 55            | 0.000000 | 0.000000 |
|              |          | 60           | 0.010750 | 0.010750 |               |          |          |

**Plan Sponsor:** Tarkett Enterprises Inc.  
**Plan Name:** Tarkett Retirement Plan  
**EIN:** 74-2706630  
**Plan Number:** 001

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

**Expenses**

Funding Target Normal Cost increased by estimated expenses of \$400,000.

**Form of Benefit Payment**

100% of participants are assumed to elect the Normal Form.

For the purpose of valuing death benefits, 80% of the employees are assumed to be married.  
Wives are assumed to be 4 years younger than their husbands.

**Plan Sponsor:** Tarkett Enterprises Inc.  
**Plan Name:** Tarkett Retirement Plan  
**EIN:** 74-2706630  
**Plan Number:** 001

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

The following summary describes principal plan provisions assumed in calculating the cost of your pension plan.

#### **General Information**

|                       |                                                                                                   |
|-----------------------|---------------------------------------------------------------------------------------------------|
| Effective Date:       | January 1, 2002 with some provisions having earlier effective dates to comply with applicable law |
| Plan Year:            | January 1st to December 31st                                                                      |
| Employer Fiscal Year: | January 1st to December 31st                                                                      |
| Freeze Date:          | December 31, 2005                                                                                 |
| Employer ID Number:   | 74-2706630                                                                                        |
| Plan Number:          | 001                                                                                               |

#### **Entry Date**

For employees hired prior to January 1, 2001, the entry date is the date of hire. For employees hired on or after January 1, 2001, the entry date is the date an employee has attained age 21 and completed one year of service.

#### **Eligibility**

Any participant in a prior plan or any employee of a Tarkett, Inc. affiliated company that has joined this plan. Prior Plans include:

- Tarkett, Inc. Retirement Plan for Salaried Employees
- Tarkett, Inc. Retirement Plan for Hourly Paid Employees
- Domco, Inc. Retirement Plan for Salaried Employees
- Domco, Inc. Retirement Plan for Nonbargaining Unit Employees

#### **Credited Service**

Years and months of employment with Tarkett, Inc. and affiliated companies participating in the Plan. Credited service as of December 31, 2000 shall be determined in accordance with Prior Plan rules.

#### **Normal Retirement Date**

First day of the month coinciding with or next following the later of the date a Participant reaches age 65 and 5 years of Credited Service.

**Plan Sponsor:** Tarkett Enterprises Inc.  
**Plan Name:** Tarkett Retirement Plan  
**EIN:** 74-2706630  
**Plan Number:** 001

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

### **Normal Retirement Benefit**

1% of Average Compensation times Credited Service after 12/31/2000 plus 12/31/2000 accrued benefit according to prior plan indexed with increases in Average Compensation.

Special rules apply to some grandfathered participants' Prior Plan benefits.

### **Late Retirement Date**

The date, following Normal Retirement Date, a Participant actually retires.

### **Late Retirement Benefit**

Benefit equal to the Normal Retirement Benefit calculated at Late Retirement Date.

### **Early Retirement Date**

First day of the month coinciding with or next following the date a Participant reaches age 55 and completes 5 years of Credited Service (10 years of Credited Service for Prior Tarkett Hourly Plan participants).

### **Early Retirement Benefit**

At the election of the Participant, benefit may commence early and is equal to Accrued Benefit reduced by 1/3% for each month prior to age 65 (with different reductions for Prior Tarkett Hourly Plan participants).

### **Compensation**

Annual basic compensation received from the Employer in a calendar year, including overtime payments, commissions, bonuses, etc., as reported on Form W-2 for Federal Income Tax purposes. Compensation for each year shall not exceed the IRC Section 401(a)(17) limit.

### **Average Compensation**

Average of the 5 highest consecutive calendar years of Compensation during the last 10 years of employment.

### **Accrued Benefit**

The Accrued Benefit at any time prior to a participant's Normal Retirement Date shall be the Normal Retirement Benefit calculated using Average Compensation and Credited Service as of the accrual date.

**Plan Sponsor:** Tarkett Enterprises Inc.  
**Plan Name:** Tarkett Retirement Plan  
**EIN:** 74-2706630  
**Plan Number:** 001

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

### **Disability Retirement Benefit**

All participants who have attained age 50 with ten years of Credited Service and entitled to Social Security disability benefits, with some special rules for Prior Tarkett Hourly Plan participants, may retire and receive a disability retirement benefit calculated as the actuarial equivalent of his Accrued Benefit as of the date of disability. Payments may commence the first day of any future month after his disability date and before his normal retirement date.

### **Pre-Retirement Death Benefit**

The spouse of a married participant is eligible if the participant dies after satisfying the eligibility requirements for vested benefits.

The benefit is calculated as if member elected Early Retirement the day before death and chose a 100% Joint & Survivor Annuity option; 100% of member's benefit is payable to spouse commencing on the earliest date the member would have been eligible to receive immediate payments.

### **Severance Benefit**

Upon the termination of employment a participant shall have a vested interest in his Accrued Benefit which will be payable at Normal Retirement Date according to the table below:

| <b>Condition</b>   | <b>Vested Percent</b> |
|--------------------|-----------------------|
| Attained age 65    | 100%                  |
| 5 Years of Service | 100%                  |
| All other cases    | 0%                    |

### **Normal Form of Payment**

The Normal Form of Payment is an annuity paid in monthly installments for life.

### **Optional Methods of Settlement**

All Optional Methods of Settlement are actuarially equivalent to the Normal Form of Payment. If a married participant does not elect the Normal Form of Payment or does not elect one of the Optional Methods of Settlement described below, then the participant's Retirement Benefit shall automatically be paid under option (1) below. The options are:

- (1) A reduced benefit to be paid during the participant's lifetime with 50% (100% for Tarkett Hourly Plan participants) of the reduced benefit to be continued to his spouse for her lifetime after his death.

**Plan Sponsor:** Tarkett Enterprises Inc.  
**Plan Name:** Tarkett Retirement Plan  
**EIN:** 74-2706630  
**Plan Number:** 001

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

- (2) A reduced benefit to be paid during the participant's lifetime with 75% or 100% (50% or 75% for Tarkett Hourly Plan participants) of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (3) A reduced benefit to be paid for (60, 120 or 240) Months Certain and thereafter for life.

All Optional Methods of Settlement are actuarially equivalent to the Normal Form of Payment based on the 1983 Group Annuity Mortality Table for Males and Females and an interest rate of 7.5%.

### **Additional Information**

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

### **Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan**

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. To the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB, the values on the signed Schedule SB will govern.

## Tarkett Retirement Plan

### Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) December 31, 2010

| (a) | (b)<br>Identity of Issuer, Borrower,<br>Lessor, or Similar Party | (c)<br>Description of Investment Including Maturity Date,<br>Rate of Interest, Collateral, Par, or Maturity Value | (d)<br>Cost          | (e)<br>Current Value |
|-----|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|
|     | Money Market Fund:                                               |                                                                                                                   |                      |                      |
| *   | Vanguard                                                         | Vanguard Prime Money Market Fund                                                                                  | \$ 820,491           | \$ 820,491           |
|     | Registered Investment Companies:                                 |                                                                                                                   |                      |                      |
| *   | Vanguard                                                         | Vanguard Total Bond Market Index Fund                                                                             | 7,579,846            | 7,787,353            |
| *   | Vanguard                                                         | Vanguard Intermediate-Term Investment                                                                             |                      |                      |
| *   | Vanguard                                                         | Grade Bond Fund                                                                                                   | 4,679,671            | 4,660,720            |
| *   | Vanguard                                                         | Vanguard Total International Stock Index Fund                                                                     | 3,610,079            | 5,175,814            |
| *   | Vanguard                                                         | Vanguard Primecap Fund                                                                                            | 4,086,967            | 5,217,324            |
| *   | Vanguard                                                         | Vanguard Windsor Fund                                                                                             | 5,337,909            | 5,233,200            |
| *   | Vanguard                                                         | Vanguard Total Stock Market Index Fund                                                                            | 7,407,009            | 10,434,659           |
| *   | Vanguard                                                         | Vanguard Short-Term Investment Grade Fund                                                                         | 3,072,249            | 3,139,220            |
|     |                                                                  |                                                                                                                   | <u>\$ 36,594,221</u> | <u>\$ 42,468,781</u> |

\* A party-in-interest as defined by ERISA.

The above information has been certified by Vanguard Fiduciary Trust Company, the trustee, as complete and accurate.

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

Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

**2010****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><br>Tarkett Retirement Plan                                                                                                    | <b>B</b> Three-digit plan number (PN) ▶<br><br>001              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>Tarkett Enterprises Inc.                                                | <b>D</b> Employer Identification Number (EIN)<br><br>74-2706630 |
| <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 |                                                                 |

**Part I Basic Information**

|                                                                                                                                                                                                      |                            |                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------|
| <b>1</b> Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2010</u>                                                                                                                      |                            |                    |
| <b>2</b> Assets:                                                                                                                                                                                     |                            |                    |
| <b>a</b> Market value.....                                                                                                                                                                           | <b>2a</b>                  | 40,692,495         |
| <b>b</b> Actuarial value.....                                                                                                                                                                        | <b>2b</b>                  | 41,569,578         |
| <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> 793              | 39,843,818         |
| <b>b</b> For terminated vested participants.....                                                                                                                                                     | <b>3b</b> 554              | 10,668,524         |
| <b>c</b> For active participants:                                                                                                                                                                    |                            |                    |
| (1) Non-vested benefits.....                                                                                                                                                                         | <b>3c(1)</b>               | 130,257            |
| (2) Vested benefits.....                                                                                                                                                                             | <b>3c(2)</b>               | 5,442,659          |
| (3) Total active.....                                                                                                                                                                                | <b>3c(3)</b> 176           | 5,572,916          |
| <b>d</b> Total.....                                                                                                                                                                                  | <b>3d</b> 1,523            | 56,085,258         |
| <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>                   | 6.55 %             |
| <b>6</b> Target normal cost.....                                                                                                                                                                     | <b>6</b>                   | 400,000            |

**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>Karen Kwan KK</u>          | <u>10/5/11</u>                         |
|                          | Signature of actuary          | Date                                   |
| Karen Kwan               | Type or print name of actuary | 11-05559                               |
| Aon Consulting, Inc.     | Firm name                     | Most recent enrollment number          |
| 199 Water St. 12th Floor |                               | (212) 441-2000                         |
| New York                 | Address of the firm           | 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) ..... | 0                     | 212,384                |
| <b>8</b> Portion used to offset prior year's funding requirement (Item 35 from prior year) .....         | 0                     | 212,332                |
| <b>9</b> Amount remaining (Item 7 minus item 8).....                                                     | 0                     | 52                     |
| <b>10</b> Interest on item 9 using prior year's actual return of <u>24.42</u> % .....                    |                       | 13                     |
| <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>8.20</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) .....             | 0                     | 65                     |

|                 |                            |
|-----------------|----------------------------|
| <b>Part III</b> | <b>Funding percentages</b> |
|-----------------|----------------------------|

|           |                                                                                                                                                                 |           |         |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> | Funding target attainment percentage.....                                                                                                                       | <b>14</b> | 74.11 % |
| <b>15</b> | Adjusted funding target attainment percentage.....                                                                                                              | <b>15</b> | 74.11 % |
| <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> | 80.66 % |
| <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

| 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                                                                        | 550,821                           |                                 |                          |                                   |                                 |         |
| 07/15/2010                                                                        | 550,821                           |                                 |                          |                                   |                                 |         |
| 10/15/2010                                                                        | 550,821                           |                                 |                          |                                   |                                 |         |
| 01/14/2011                                                                        | 550,821                           |                                 |                          |                                   |                                 |         |
| 09/15/2011                                                                        | 769,317                           |                                 |                          |                                   |                                 |         |
|                                                                                   |                                   |                                 | Totals ►                 | 18(b)                             | 2,972,601                       | 18(c) 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> | 2,803,707 |

## 20 Quarterly contributions and liquidity shortfalls:

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

| Liquidity shortfall as of end of Quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
| 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>4.60 % | 2nd segment:<br>6.65 % | 3rd segment:<br>6.76 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                        |                        |                        | <b>21b</b> 0                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        |                        | <b>22</b> 64                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" 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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input 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>           | 400,000            |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 14,515,745          | 2,403,772          |
| <b>b</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 ..... | <b>33</b>           |                    |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33) .....                                                  | <b>34</b>           | 2,803,772          |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance |
| <b>35</b> Balances used to offset funding requirement .....                                                                                                                          | 0                   | 65                 |
| <b>36</b> Additional cash requirement (item 34 minus item 35) .....                                                                                                                  | <b>36</b>           | 2,803,707          |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) .....                                                  | <b>37</b>           | 2,803,707          |
| <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                  |