Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
REPUBLIC BUILDERS PRODUCTS HOURLY PENSION PLAN

1b Three-digit plan number (PN) ▶ 005

1c Effective date of plan 01/01/1975

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
WINDSOR REPUBLIC DOOR, INC.

150 CAMPUS VIEW BLVD., SUITE 250
COLUMBUS, OH 43235

2b Employer Identification Number (EIN)
75-3130734

2c Sponsor's telephone number
614-888-8855

2d Business code (see instructions)
321210

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2011	ROGER BAILEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
WINDSOR REPUBLIC DOOR, INC.

150 CAMPUS VIEW BLVD., SUITE 250
COLUMBUS, OH 43235

3b Administrator's EIN
75-3130734

3c Administrator's telephone number
614-888-8855

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	308
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	118
b	Retired or separated participants receiving benefits	**6b**	83
c	Other retired or separated participants entitled to future benefits	**6c**	84
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	285
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	10
f	Total. Add lines **6d** and **6e**	**6f**	295
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	8
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B 1G 3H

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	X	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)		**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

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.

A Name of plan
REPUBLIC BUILDERS PRODUCTS HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
WINDSOR REPUBLIC DOOR, INC.

D Employer Identification Number (EIN)
75-3130734

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2010

2 Assets:

a	Market value	**2a**	2877683
b	Actuarial value	**2b**	3074711

3 Funding target/participant count breakdown

			(1) Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	88	1552660
b	For terminated vested participants	**3b**	83	681706
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		39525
	(2) Vested benefits	**3c(2)**		1395861
	(3) Total active	**3c(3)**	137	1435386
d	Total	**3d**	308	3669752

4 If the plan is at-risk, check the box and complete items (a) and (b) [ ]

a	Funding target disregarding prescribed at-risk assumptions	**4a**	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	**4b**	

5	Effective interest rate	**5**	6.69 %
6	Target normal cost	**6**	75833

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

Date
11-07067

JASON C. WELLS
Type or print name of actuary

Most recent enrollment number
AON CONSULTING, INC.

Firm name

Telephone number (including area code)
614-436-8100

445 HUTCHINSON AVE, SUITE 900
COLUMBUS, OH 43235-8619
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 [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	62
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	43
9	Amount remaining (Item 7 minus item 8)	0	19
10	Interest on item 9 using prior year's actual return of 18.17 %		3
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		0
	b Interest on (a) using prior year's effective rate of 8.13 %		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0	22

Part III Funding percentages

14	Funding target attainment percentage	14	83.78 %
15	Adjusted funding target attainment percentage	15	83.78 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	91.27 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/12/2010	30325				
07/09/2010	30325				
10/07/2010	30325				
01/07/2011	30325				
08/23/2011	77441				
			Totals ► 18(b)	198741	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	185997

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.03 %	6.73 %	6.82 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27	If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31	Target normal cost, adjusted, if applicable (see instructions)	**31**	75833

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	595063	109823
b Waiver amortization installment	0	0

33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34	Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	**34**	185656

35 Balances used to offset funding requirement	Carryover balance	Prefunding balance	Total balance
	0	0	0

36	Additional cash requirement (item 34 minus item 35)	**36**	185656
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	185997
38	Interest-adjusted excess contributions for current year (see instructions)	**38**	341
39	Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	0
40	Unpaid minimum required contribution for all years	**40**	0

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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

A Name of plan
REPUBLIC BUILDERS PRODUCTS HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
WINDSOR REPUBLIC DOOR, INC.

D Employer Identification Number (EIN)
75-3130734

Part I Service Provider Information (see instructions)

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).. . . . . [X] 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

MORGAN STANLEY SMITH BARNEY

13-2655998

(b) Enter name and EIN or address of person who provided you disclosure 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)

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

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

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

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

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

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

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

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

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

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

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

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 (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 (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 (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.

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

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

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

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

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

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

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

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN;
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN;
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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

A Name of plan
REPUBLIC BUILDERS PRODUCTS HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
WINDSOR REPUBLIC DOOR, INC.

D Employer Identification Number (EIN)
75-3130734

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	46856	107766
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	100	
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2831640	3131316
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	2878596	3239082
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2878596	3239082

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	198741	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		198741
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	64708	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		64708
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	262366	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		262366
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		525815
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	165329	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		165329
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		165329
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		360486
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: NORMAN, JONES, ENLOW AND COMPANY **(2)** EIN: 31-1282719

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

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

A Name of plan
REPUBLIC BUILDERS PRODUCTS HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
WINDSOR REPUBLIC DOOR, INC.

D Employer Identification Number (EIN)
75-3130734

Part I Distributions

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

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

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

EIN(s): _____ _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3** 0

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

REPUBLIC BUILDERS PRODUCTS
HOURLY PENSION PLAN
FINANCIAL STATEMENTS AND SCHEDULE
As of December 31, 2010 and 2009

Norman Jones Enlow & Co.
Certified Public Accountants
& Management Consultants

INDEPENDENT AUDITORS' REPORT

Plan Administrator
Republic Builders Products Hourly Pension Plan
150 East Campus View Boulevard, Suite 250
Columbus, OH 43235

We have audited the accompanying statements of net assets available for plan benefits of Republic Builders Products Hourly Pension Plan (the "Plan") as of December 31, 2010 and 2009, and the related statements of changes in net assets available for plan benefits for the years then ended, and the supplemental schedule, as of December 31, 2010. These financial statements and supplemental schedule are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audit, as of December 31, 2010 and 2009, in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Plan as of December 31, 2010 and 2009, and the changes in net assets for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

Norman, Jones Enlow & Co.

Columbus, Ohio
October 7, 2011

226 North Fifth Street, Suite 500, Columbus Ohio 43215
p 614 228 4000 f 614 228 4040 **www.NJE.com**

REPUBLIC BUILDERS PRODUCTS HOURLY PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
December 31, 2010 and 2009

	2010	2009
ASSETS		
Cash	$ 67,468	$ 380,297
Investments, at fair value		
Mutual funds	3,063,848	2,451,343
Receivable	107,766	46,856
NET ASSETS AVAILABLE FOR BENEFITS	$ 3,239,082	$ 2,878,496

See notes to financial statements and independent auditors' report.

REPUBLIC BUILDERS PRODUCTS HOURLY PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
Years Ended December 31, 2010 and 2009

	2010	2009
CONTRIBUTIONS	$ 198,741	$ 128,732
INVESTMENT ACTIVITY		
Interest and dividend income	64,708	87,326
Net appreciation in fair value of mutual funds	262,466	354,193
TOTAL CONTRIBUTIONS AND INVESTMENT ACTIVITY	525,915	570,251
DEDUCTIONS		
Benefit payments	165,329	135,291
Plan administrative expenses	-	5,902
TOTAL DEDUCTIONS	165,329	141,193
INCREASE IN NET ASSETS AVAILABLE FOR PLAN BENEFITS	360,586	429,058
NET ASSETS AVAILABLE FOR PLAN BENEFITS AT BEGINNING OF YEAR	2,878,496	2,449,438
NET ASSETS AVAILABLE FOR PLAN BENEFITS AT END OF YEAR	$ 3,239,082	$ 2,878,496

See notes to financial statements and independent auditors' report.

REPUBLIC BUILDERS PRODUCTS HOURLY PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF RETIREMENT PENSION PLAN

The following description of the Republic Builders Products Hourly Pension Plan (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General

The Plan, established January 1, 1975, is a noncontributory defined benefit pension plan covering the hourly employees, including those employees who are members of the United Steelworkers of America Local 8195, of Republic Products Company (the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Eligibility and Vesting

All employees whose employment is governed by the collective bargaining agreement negotiated by the United Steelworkers of America Local 8195 are included in the Plan as participants after one year of service, as defined by the Plan, and attainment of age 21.

Participants become 100% vested upon completion of five years of service. If a participant terminates employment before completing three years of service, he/she forfeits the right to receive the benefits accumulated, unless the participant has reached age 65.

Pension Benefits

At normal retirement (age 65), participants are entitled to monthly pension benefits based on years of service and specified multipliers, as defined by the Plan. A participant is entitled to reduced monthly pension benefits at the age of 60 with ten years of vesting service.

If the participant is married on the date the benefits are to begin, the participant will automatically receive a joint and 50% survivor annuity, unless otherwise elected. If the participant is single on the date the benefits are to begin, the participant will automatically receive a life annuity, unless otherwise elected.

If the participant is not married, and dies prior to receipt of benefit payments, no death benefit is payable. Participants who become totally and permanently disabled are eligible to receive monthly disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they have completed a six-month waiting period after becoming totally disabled. Disability benefits are paid until normal retirement age, at which time disabled participants begin receiving normal retirement benefits.

Funding Policy

The Company contributes such annual amounts as are necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to Plan participants. The Plan has met the minimum funding requirements of ERISA. The Company's present intention is to make annual contributions in amounts sufficient to fund the Plan's current year service cost and the initial past service cost plus interest.

Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions set forth in ERISA. In the event of full or partial termination of the Plan, the accrued benefits of the participants become fully vested.

1. DESCRIPTION OF RETIREMENT PENSION PLAN (CONTINUED)

Plan Termination (Continued)

Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated Plan benefits will be paid depends on the priority of those benefits, the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (the "PBGC"), and the sufficiency at the time of the Plan's net assets to fund those benefits. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's benefits. 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.

Administrative Expenses

The Plan paid no administrative expenses for the year ended December 31, 2010. Administrative expenses, including Trustee, actuarial, and audit fees paid by the Plan were $5,902 for the year ended December 31, 2009.

Tax Status

The Plan obtained a determination letter on March 18, 2003, in which the Internal Revenue Service (IRS) stated that the Plan is qualified under Section 401(a) of the Internal Revenue Code (IRC) and, therefore, the related trust is exempt from taxation. Subsequent to this issuance of the determination letter, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan, as amended, is qualified and the related trust is exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Although the Plan has not received a determination letter since amending the Plan, the Plan Administrator believes the Plan is operating in compliance with the tax-exempt status. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2003.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Valuation on Investments

The fair value of units owned by the Plan in a common trust fund is based on quoted redemption values on the last business day of the Plan year. Investments in mutual funds are presented at fair value, based on quoted market prices.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Fair Value of Investments

In September 2006, the Financial Accounting Standards Board (FASB) issued Accounting Standards Codification (ASC) 820-10-65, Fair Value Measurements. FASB ASC 820-10-65 establishes a framework for measuring fair value under generally accepted accounting principles, clarifies the definition of fair value within that framework, and expands financial statement disclosures about the use of fair value measurements. The financial statement preparation and disclosure provisions are effective for financial statements issued for annual periods beginning after November 15, 2007. The Plan adopted the provisions of FASB ASC 820-10-65 at January 1, 2008.

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 assets and liabilities, and disclosures of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties

Contributions to the Plan and the actuarial present value of accumulated Plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, employee compensation, and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term, and due to uncertainties inherent in setting assumptions, that the affect of such changes could be material to the financial statements. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statement of Net Assets Available for Plan Benefits.

Accounting for Uncertainty in Income Taxes

The Plan has adopted FASB ASC 740-10-65, regarding uncertainty in income taxes, as of January 1, 2009. The Plan evaluates all tax positions in conformity with FASB ASC 450 for contingencies, and as such would reserve for any tax positions deemed probable of not being sustained by the IRS. The Plan recognizes tax benefits only to the extent that the Plan believes it is "more likely than not" that its tax positions will be sustained upon IRS examination. The Plan does not have a provision for unpaid federal income taxes (liability for unrecognized tax benefits) related to uncertain tax positions in the balance sheet as it believes all tax positions taken would "more likely than not" be sustained upon IRS examination.

New Accounting Pronouncements

The Plan has adopted FASB Accounting Standards Update (ASU) 2010-06, Improving Disclosures about Fair Value Measurements as of January 1, 2010. This standard requires new disclosures on the amount and reason for transfers in and out of Level 1 and 2 recurring fair value measurements. The standard also requires disclosure of activities, on a gross basis, including purchases, sales, issuances and settlements, in the reconciliation of Level 3 fair value recurring measurements. The standard clarifies existing disclosure requirements on the levels of disaggregation and disclosures about inputs and valuation techniques.

3. INVESTMENTS

The fair market value of individual assets that represent 5% or more of the Plan's net assets, as of December 31, 2010 and 2009, are as follows:

Investment	2010	2009
PIMCO Total Return Fund	$ 1,179,523	$ 1,086,525
American Funds Fundamental Investments	429,019	311,300
American Funds Growth Fund of America	421,794	310,815
American Fund Investment Company of America	402,138	297,055
American Funds Capital Income Builder	184,948	133,912
American Funds Small Capital World	155,586	-
Principal Cash	-	380,297

4. FAIR VALUE

FASB ASC 820-10-65 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 unobservable inputs (Level 3 measurement). The three levels of the fair value hierarchy under FASB ASC 820-10-65 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.

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

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

Mutual funds: Valued at the net asset value (NAV) of shares held by the plan at year-end.

4. FAIR VALUE (CONTINUED)

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.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010 and 2009.

Description	2010	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money market funds	$ 67,468	$ -	$ 67,468	$ -
Growth and Income funds	1,699,377	1,699,377	-	-
Equity funds	184,948	184,948	-	-
Bond funds	1,179,523	1,179,523	-	-
Total	$ 3,131,316	$ 3,063,848	$ 67,468	$ -

Description	2009	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money market funds	$ 380,297	$ -	$ 380,297	$ -
Growth and Income funds	1,230,906	1,230,906	-	-
Equity funds	133,912	133,912	-	-
Bond funds	1,086,525	1,086,525	-	-
Total	$ 2,831,640	$ 2,451,343	$ 380,297	$ -

Earnings on the investments held by the Plan were $64,708 and $87,326 for the years ended December 31, 2010 and 2009, respectively. Net appreciation for the years ended December 31, 2010 and 2009 were $262,466 and $354,193, respectively.

5. 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 through the valuation date. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries or employees who have died, and (c) present employees or their beneficiaries. The accumulated Plan benefits are based on the monthly benefit amount designated by the Plan and in effect at the valuation date. 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 through the valuation date.

5. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The actuarial present value of accumulated Plan benefits is that amount which results from applying actuarial assumptions to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment, and was determined by an independent actuary. The significant actuarial assumptions and method underlying the actuarial computations as of December 31, 2010 and 2009 are as follows:

Actuarial cost method – Projected Unit Credit Actuarial Cost Method

Mortality – The RP-2000 projected to 2010 blended annuitant/non-annuitant mortality table

Assumed rate of return – 7.5% compounded annually for 2010 and 2009

Retirement age – Between ages 60 and 65, according to a set of retirement rates for active members; age 65 for terminated members with vested rights

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

6. ACCUMULATED PLAN BENEFITS

An actuary estimates the benefit obligation of accumulated Plan benefits.

The actuarial present value of accumulated Plan benefits of the Plan as of January 1 is as follows:

	2010	2009
Participants currently receiving payments	$ 1,411,298	$ 996,804
Other participants	1,803,817	1,841,495
Total vested benefits	3,215,115	2,838,299
Non-vested benefits	41,111	44,016
Total	$ 3,256,226	$ 2,882,315

Changes in the actuarial present value of accumulated Plan benefits are as follows:

Actuarial present value of accumulated Plan benefits at January 1, 2009	$ 2,882,315
Benefits accumulated and gains and losses	110,836
Change in rate of return assumption	174,251
Interest due to the decrease in the discount period	224,115
Benefits paid	(135,291)
Actuarial present value of accumulated Plan benefits at January 1, 2010	$ 3,256,226

6. ACCUMULATED PLAN BENEFITS (CONTINUED)

Changes in the projected benefit obligation of accumulated Plan benefits are as follows at December 31, 2010:

Projected benefit obligation at January 1, 2010	**$**	**3,784,041**
Service cost		**100,541**
Interest cost		**239,418**
Actuarial (gain) or loss		**467,488**
Benefits paid		**(165,329)**
Change in Plan provisions		**169,656**
Projected benefit obligation at December 31, 2010	**$**	**4,595,815**

7. PARTY-IN-INTEREST

Certain Plan investments are shares of a common trust fund managed by an affiliate of Morgan Stanley. Transactions in these investments qualify as part-in-interest transactions.

8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of total contributions and investment activity per the financial statements to Form 5500 as of December 31, 2010:

		2010
Total contributions and investment activity per the financial statements	**$**	**525,915**
Less: Prior year cash in transit		**(100)**
Total contributions and investment activity per Form 5500	**$**	**525,815**

The following is a reconciliation of net assets available per the financial statements to Form 5500 as of December 31, 2009:

		2009
Net assets available per the financial statements	**$**	**2,878,496**
Plus: Cash in transit		**100**
Net assets available per Form 5500	**$**	**2,878,596**

The following is a reconciliation of total contributions and investment activity per the financial statements to Form 5500 as of December 31, 2009:

		2009
Total contributions and investment activity per the financial statements	**$**	**570,251**
Less: Investment activity on the 5500		**(3,567)**
Total contributions and investment activity per Form 5500	**$**	**566,684**

8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

The following is a reconciliation of total deductions per the financial statements to Form 5500 as of December 31, 2009:

		2009
Total deductions per the financial statements	**$**	**141,193**
Add: Deemed distributions		**1,119**
Less: Administrative fees not on the 5500		**(5,902)**
Total deductions per Form 5500	**$**	**136,410**

9. SUBSEQUENT EVENTS

In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through October 7, 2011, the date the financial statements were available to be issued. No events arose during management's review of subsequent events.

REPUBLIC BUILDERS PRODUCTS HOURLY PENSION PLAN
FORM 5500 PLAN 003 EIN: 52-2187273
December 31, 2010

Schedule H, Part IV, Line 4i - SCHEDULE OF ASSETS HELD AT THE END OF THE YEAR

(a)	(b) Identity of issue	(c) Description of investment	(d) Cost	(e) Current value
	PIMCO	PIMCO Total Return Fund	$ 1,175,417	$ 1,179,523
	American Funds	American Funds Fundamental Investments	379,724	429,019
	American Funds	American Funds Growth Fund of America	376,449	421,794
	American Funds	American Fund Investment Company of America	366,803	402,138
	American Funds	American Funds Capital Income Builder	174,826	184,948
	American Funds	American Funds Small Capital World	126,755	155,586
	American Funds	American Fund Europacific Growth	97,536	108,037
	American Funds	American Funds Capital World Growth	94,968	102,572
	American Funds	American Funds New Perspective	70,721	80,231
*	Morgan Stanley	Principal Cash	67,469	67,468
	TOTAL ASSETS HELD FOR INVESTMENT PURPOSES		$ 2,930,668	$ 3,131,316

* Denotes party-in-interest

The accompanying notes to financial statements are an integral part of this schedule.

See notes to financial statements and independent auditors' report.

Plan Sponsor: Windsor Republic Door, Inc.
Plan Name: Republic Builders Products Hourly Pension Plan
EIN: 75-3130734
Plan Number: 005

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)
60	0.1	0.900000	1.000000	0.100000	60.0	6.000
61	0.1	0.900000	0.900000	0.090000	61.0	5.490
62	0.1	0.900000	0.810000	0.081000	62.0	5.022
63	0.1	0.900000	0.729000	0.072900	63.0	4.593
64	0.1	0.900000	0.656100	0.065610	64.0	4.199
65	1.0	0.000000	0.590490	0.590490	65.0	38.382
Totals:				1.00000		63.686
Total of Column (6) / Total of Column (4), Rounded to nearest age:						64.000

Plan Sponsor: Windsor Republic Door, Inc.
Plan Name: Republic Builders Products Hourly Pension Plan
EIN: 75-3130734
Plan Number: 005

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Cost Method

Funding: Traditional Unit Credit.

Asset Method

Funding: Based on average of the annual fair market values over the period beginning on the last day of the 25th month preceding the month in which the valuation occurs and ending on the Valuation Date. This result is limited to no lower than 90% and no greater than 110% of the fair market value of plan assets as of the Valuation Date.

Dates of Calculations

Funding: The Valuation Date is January 1, 2010.

Employees Included in the Calculations

All active employees who have met the Plan's eligibility requirements as of the valuation date are included in the calculations. Former employees or their survivors who are receiving or entitled to receive an immediate or deferred benefit under the provisions of the Plan are also included.

Plan Sponsor: Windsor Republic Door, Inc.
Plan Name: Republic Builders Products Hourly Pension Plan
EIN: 75-3130734
Plan Number: 005

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (cont.)

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.

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 Wilmington Trust.

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

Plan Sponsor: Windsor Republic Door, Inc.
Plan Name: Republic Builders Products Hourly Pension Plan
EIN: 75-3130734
Plan Number: 005

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (cont.)

Interest and Other Rate Assumptions

Below is a summary of interest and inflation rates used for the January 1, 2010 valuation.

Interest Rates		Assumption
(1)	Funding	Segment Rates, 4th month preceding the valuation date
	(a) First Segment Rate	5.03%
	(b) Second Segment Rate	6.73%
	(c) Third Segment Rate	6.82%
(2)	Funding Long-Term Rate of Return	7.50%

Other Rates		Assumption
(1)	Future Salaries	N/A

Plan Sponsor: Windsor Republic Door, Inc.
Plan Name: Republic Builders Products Hourly Pension Plan
EIN: 75-3130734
Plan Number: 005

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (cont.)

Decrement Assumptions

Below is a summary of decrements used in this valuation.

Mortality Decrements		Description
(1)	Funding Target	
	(a) Healthy	IRS 2010 Non-Annuitant/Annuitant Tables for Males and Females
	(b) Disabled	Current liability mortality tables (post-1995)
(2)	FAS 35	RP-2000 Combined Healthy Mortality Tables for Males and Females

—Retirement—	
Decrement Age	Rates
60	0.10
61	0.10
62	0.10
63	0.10
64	0.10
65	1.00

—Termination—		
Decrement Age	Male Rates	Female Rates
25	0.0967	0.0967
40	0.0775	0.0775
55	0.0155	0.0155
65	0.0000	0.0000

—Disability[1]—		
Decrement Age	Male Rates	Female Rates
25	0.0015	0.0007
40	0.0037	0.0034
55	0.0150	0.0127
65	0.00000	0.00000

The weighted average retirement age is 64. Sample Retirement and Termination rates are illustrated in the tables above.

[1] Disability tables published in the Social Security Administration's Actuarial Study No. 75.

Plan Sponsor: Windsor Republic Door, Inc.
Plan Name: Republic Builders Products Hourly Pension Plan
EIN: 75-3130734
Plan Number: 005

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (cont.)

Expenses

The normal cost for funding purposes includes assumed expenses equal to the actual expenses paid by the trust in the previous year. General administrative expenses include trustee fees.

Form of Benefit Payment

Participants are assumed to elect the Normal Form of benefits, a straight life annuity for single participants and 50% joint and survivor for married participants.

Other Considerations

For the purpose of valuing death benefits, 80% of employees are assumed to be married. Wives are assumed to be three years younger than their husbands.
The present value of accrued benefits shown in the Benefits Security Ratio section is based on the blended Segment Value Interest Rates for the November preceding the valuation date and the required mortality table for cash distributions during the plan year.

Plan Sponsor: Windsor Republic Door, Inc.
Plan Name: Republic Builders Products Hourly Pension Plan
EIN: 75-3130734
Plan Number: 005

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

Original Effective Date:	January 1, 1975
Effective Date of Last Amendment:	November 17, 2009
Plan Year:	January 1st to December 31st
Employer Fiscal Year	January 1st to December 31st
Employer ID Number:	75-3130734
Plan Administrator's ID Number:	75-3130734
Plan Number:	005
Plan Administrator:	Desco Corporation

Eligibility

All employees of Republic Builders Products compensated on an hourly basis upon completion of one year of service and attainment of age 21.

Credited Service

A year of service is credited for each calendar year during which an employee works 1,000 hours. Fractions of years are credited to the nearest month if less than 1,000 hours in the year of hire or the year of exit.

Normal Retirement Date

Age 65 and 5 Years of Service.

Plan Sponsor: Windsor Republic Door, Inc.
Plan Name: Republic Builders Products Hourly Pension Plan
EIN: 75-3130734
Plan Number: 005

Schedule SB, Part V - Summary of Plan Provisions (cont.)

Normal Retirement Benefits

The monthly amount of Normal Retirement pension is equal to $13.00 times the participant's credited service. The benefit multiplier is increased to $14.00 effective November 10, 2011 and $15.00 effective November 10, 2013.

Early Retirement Date

Age 60 and 15 Years of Service.

Early Retirement Benefits

The amount of Early Retirement Benefit is based on the Normal Retirement Benefit, and is reduced as shown below interpolated for each month the benefit commences prior to Normal Retirement.

Age	Reduction
60	0.670
61	0.723
62	0.781
63	0.846
64	0.918
65	1.000

Delayed Retirement Benefits

If a participant continues to work beyond his Normal Retirement Date, he will receive a retirement benefit beginning at his actual retirement date that is the greater of his benefit calculated based on his service at delayed retirement date or the actuarial equivalent of his normal retirement benefit.

Plan Sponsor: Windsor Republic Door, Inc.
Plan Name: Republic Builders Products Hourly Pension Plan
EIN: 75-3130734
Plan Number: 005

Schedule SB, Part V - Summary of Plan Provisions (cont.)

Pre-Retirement Death Benefit

Upon the death of a vested participant, the benefit payable to the surviving spouse is calculated as the amount the spouse would have received if the participant had terminated on the date of death, survived to his Early Retirement Date, elected a 50% joint and survivor form of pension (unless another form has previously been elected) and died on the following day.

Disability Retirement Date

First day of the year after the Participant is totally and permanently disabled for six consecutive months.

Disability Retirement Benefit

Actuarial Equivalent of Accrued Benefit at Normal Retirement Date.

Vesting

100% upon completion of 5 Years of Service.

Termination Benefit

Vested employees receive the Amount of Normal Retirement Benefit accrued to date of termination of employment commencing at Normal Retirement.

Plan Sponsor: Windsor Republic Door, Inc.
Plan Name: Republic Builders Products Hourly Pension Plan
EIN: 75-3130734
Plan Number: 005

Schedule SB, Part V - Summary of Plan Provisions (cont.)

Forms of Payment

Normal forms:
Life annuity - Normal form for single employees.
50% Contingent Annuity - Normal form for married employees.

Optional forms:
75% Contingent Annuity
100% Contingent Annuity
5-Year Certain & Continuous Annuity
10-Year Certain & Continuous Annuity

All forms of payment are the actuarial equivalent of a life annuity.

Changes in Plan Provisions from the Prior Year

The benefit multiplier increased from $13.00 per month times the participant's credited service to $14.00 per month times the participant's credited service effective November 10, 2011 and $15.00 per month times the participant's credited service effective November 10, 2013.

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.

Plan Sponsor: Windsor Republic Door, Inc.
Plan Name: Republic Builders Products Hourly Pension Plan
EIN: 75-3130734
Plan Number: 005

Schedule SB, line 24 - Change in Actuarial Assumptions

The long-term rate of return for funding purposes was changed from 8.00% in 2009 to 7.50% in 2010 to correspond with changes made for plan accounting purposes.

Plan Sponsor: Windsor Republic Door, Inc.
Plan Name: Republic Builders Products Hourly Pension Plan
EIN: 75-3130734
Plan Number: 005

Schedule SB, line 25 - Change in Method

The Funding Target interest rates were changed from the full yield curve with a two-month lookback to the segment rates with a four-month lookback.

Plan Sponsor: Windsor Republic Door, Inc.
Plan Name: Republic Builders Products Hourly Pension Plan
EIN: 75-3130734
Plan Number: 005

Schedule SB, line 26 - Schedule of Active Participant Data

	Years of Credited Service as of January 1, 2010										
Age/Service	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40+**	**Total**
Under 25	0	3	0	0	0	0	0	0	0	0	3
25-29	0	2	0	2	0	0	0	0	0	0	4
30-34	0	4	2	5	0	0	0	0	0	0	11
35-39	0	3	1	6	1	0	0	0	0	0	11
40-44	0	5	2	5	1	0	1	0	0	0	14
45-49	0	3	6	13	2	1	0	1	0	0	26
50-54	0	4	2	12	2	0	3	8	0	0	31
55-59	0	1	1	5	3	0	3	6	0	0	19
60-64	0	1	0	7	1	1	0	4	0	0	14
65-69	0	0	0	0	0	0	1	1	0	0	2
70 & up	0	0	0	0	0	1	0	1	0	0	2
Total	0	26	14	55	10	3	8	21	0	0	137

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

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.

A Name of plan

Republic Builders Products Hourly Pension Plan

B Three-digit plan number (PN) ▶ 005

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

Windsor Republic Door, Inc.

D Employer Identification Number (EIN)

75-3130734

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2010

2 Assets:

a	Market value	2a	2,877,683
b	Actuarial value	2b	3,074,711

3 Funding target/participant count breakdown

			(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a	88	1,552,660
b	For terminated vested participants	3b	83	681,706
c	For active participants:			
	(1) Non-vested benefits	3c(1)		39,525
	(2) Vested benefits	3c(2)		1,395,861
	(3) Total active	3c(3)	137	1,435,386
d	Total	3d	308	3,669,752

4 If the plan is at-risk, check the box and complete items (a) and (b) [ ]

a	Funding target disregarding prescribed at-risk assumptions	4a	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	6.69 %
6	Target normal cost	6	75,833

Statement by Enrolled Actuary

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

SIGN HERE

Jason C. Wells

Signature of actuary

9/2/2011

Date

Jason C. Wells

Type or print name of actuary

11-07067

Most recent enrollment number

Aon Consulting, Inc.

Firm name

(614)436-8100

Telephone number (including area code)

445 Hutchinson Avenue, Suite 900

Columbus OH 43235-8619

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 [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (item 13 from prior year)	0	62
8	Portion used to offset prior year's funding requirement (item 35 from prior year)	0	43
9	Amount remaining (item 7 minus item 8)	0	19
10	Interest on item 9 using prior year's actual return of 18.17%		3
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (item 38 from prior year)		0
	b Interest on (a) using prior year's effective rate of 8.13%		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	22

Part III Funding percentages

14	Funding target attainment percentage	14	83.78 %
15	Adjusted funding target attainment percentage	15	83.78 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	91.27 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/12/2010	30,325				
07/09/2010	30,325				
10/07/2010	30,325				
01/07/2011	30,325				
08/23/2011	77,441				
			Totals ▶ 18(b)	198,741	18(c) 0

19	Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	185,997

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.03 %	6.73 %	6.82 %	☐ N/A, full yield curve used

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31		75,833
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		595,063	109,823
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34		185,656

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35)	36	185,656
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	185,997
38 Interest-adjusted excess contributions for current year (see instructions)	38	341
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

REPUBLIC BUILDERS PRODUCTS HOURLY PENSION PLAN
FORM 5500 PLAN 003 EIN: 52-2187273
December 31, 2010

Schedule H, Part IV, Line 4i - SCHEDULE OF ASSETS HELD AT THE END OF THE YEAR

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current value
	PIMCO	PIMCO Total Return Fund	$ 1,175,417	$ 1,179,523
	American Funds	American Funds Fundamental Investments	379,724	429,019
	American Funds	American Funds Growth Fund of America	376,449	421,794
	American Funds	American Fund Investment Company of America	366,803	402,138
	American Funds	American Funds Capital Income Builder	174,826	184,948
	American Funds	American Funds Small Capital World	126,755	155,586
	American Funds	American Fund Europacific Growth	97,536	108,037
	American Funds	American Funds Capital World Growth	94,968	102,572
	American Funds	American Funds New Perspective	70,721	80,231
*	Morgan Stanley	Principal Cash	67,469	67,468
	TOTAL ASSETS HELD FOR INVESTMENT PURPOSES		$ 2,930,668	$ 3,131,316

* Denotes party-in-interest

The accompanying notes to financial statements are an integral part of this schedule.

See notes to financial statements and independent auditors' report.

Attachment to 2010 Form 5500
Schedule SB, line 32 - Schedule of Amortization Bases

Plan Name REPUBLIC BUILDERS PRODUCTS HOURLY PENSION PLAN **EIN:** 75-3130734
Plan Sponsor's Name WINDSOR REPUBLIC DOOR, INC. **PN:** 005

Type of Base	Present Value of Any Remaining Installments	Valuation Date	Years Remaining	Amortization Installment
SHORTFALL BASE	151,198	01/01/2010	5	33,278
SHORTFALL BASE	85,386	01/01/2010	6	16,216
SHORTFALL BASE	358,479	01/01/2010	7	60,329