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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><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2010</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u> |                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                        | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                         |                                                                     |                                                             |                                                             |  |
| <b>1a</b> Name of plan<br><u>SUMMITVILLE TILES, INC. PENSION PLAN AND TRUST</u>                                                                                                                                                       | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>01/01/1977</u></td> </tr> </table>                        | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>002</u>                                                  | <b>1c</b> Effective date of plan<br><u>01/01/1977</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                              | <u>002</u>                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                             |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>01/01/1977</u>                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.)<br><br><u>SUMMITVILLE TILES, INC.</u><br><br><br><u>P.O. BOX 73</u><br><u>SUMMITVILLE, OH 43962</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>34-1694540</u></td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number<br/><u>330-223-1511</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>423990</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>34-1694540</u> | <b>2c</b> Sponsor's telephone number<br><u>330-223-1511</u> | <b>2d</b> Business code (see instructions)<br><u>423990</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>34-1694540</u>                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2c</b> Sponsor's telephone number<br><u>330-223-1511</u>                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>423990</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. | 10/17/2011 | J MARK WEBB                                                  |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | 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>SUMMITVILLE TILES, INC.<br><br>P.O. BOX 73<br>SUMMITVILLE, OH 43962 | <b>3b</b> Administrator's EIN<br>34-1694540<br><br><b>3c</b> Administrator's telephone number<br>330-223-1511 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                       |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                         |          |     |
|-------------------------------------------------------------------------|----------|-----|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 318 |
|-------------------------------------------------------------------------|----------|-----|

|                                                                                                                                                        |           |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <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> | 107 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 10  |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 185 |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 302 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 4   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 306 |
| <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> | 0   |

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

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

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

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

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

**a Pension Schedules**

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

**b General Schedules**

- (1) ☒ **H** (Financial Information)  
 (2) ☐ **I** (Financial Information – Small Plan)  
 (3) ☐ **A** (Insurance Information)  
 (4) ☒ **C** (Service Provider Information)  
 (5) ☐ **D** (DFE/Participating Plan Information)  
 (6) ☐ **G** (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>SUMMITVILLE TILES, INC. PENSION PLAN AND TRUST</u>                                                            | <b>B</b> Three-digit plan number (PN) ▶ <u>002</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>SUMMITVILLE TILES, INC.</u>                                | <b>D</b> Employer Identification Number (EIN)<br><u>34-1694540</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 checked="" type="checkbox"/> 101-500 <input 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>4501702</u>                                                                                                                                                            |
| <b>b</b>      | Actuarial value ..... <b>2b</b> <u>4590138</u>                                                                                                                                                         |
| <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> <u>9</u> <u>644957</u>                                                                                                    |
| <b>b</b>      | For terminated vested participants ..... <b>3b</b> <u>194</u> <u>2604679</u>                                                                                                                           |
| <b>c</b>      | For active participants:                                                                                                                                                                               |
| (1)           | Non-vested benefits ..... <b>3c(1)</b> <u>232877</u>                                                                                                                                                   |
| (2)           | Vested benefits ..... <b>3c(2)</b> <u>2333878</u>                                                                                                                                                      |
| (3)           | Total active ..... <b>3c(3)</b> <u>115</u> <u>2566755</u>                                                                                                                                              |
| <b>d</b>      | Total ..... <b>3d</b> <u>318</u> <u>5816391</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>6.73</u> %                                                                                                                                                   |
| <b>6</b>      | Target normal cost ..... <b>6</b> <u>56651</u>                                                                                                                                                         |

**Statement by Enrolled Actuary**

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

|                                                                             |                                        |
|-----------------------------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                                            | <u>09/16/2011</u>                      |
| Signature of actuary                                                        | Date                                   |
| <u>THOMAS G. SCHRYER, A.S.A.</u>                                            | <u>11-02957</u>                        |
| Type or print name of actuary                                               | Most recent enrollment number          |
| <u>FINDLEY DAVIES, INC.</u>                                                 | <u>216-875-1900</u>                    |
| Firm name                                                                   | Telephone number (including area code) |
| <u>1300 EAST NINTH STREET, SUITE 850</u><br><u>CLEVELAND, OH 44114-1516</u> |                                        |
| Address of the firm                                                         |                                        |

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

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

**Schedule SB (Form 5500) 2010**  
**v.092308.1**

| Part II | Beginning of year carryover and prefunding balances                                             | (a) Carryover balance | (b) Prefunding balance |
|---------|-------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| 7       | Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) ..... | 10539                 | 0                      |
| 8       | Portion used to offset prior year's funding requirement (Item 35 from prior year) .....         | 10539                 | 0                      |
| 9       | Amount remaining (Item 7 minus item 8).....                                                     | 0                     | 0                      |
| 10      | Interest on item 9 using prior year's actual return of <u>26.88</u> % .....                     |                       |                        |
| 11      | Prior year's excess contributions to be added to prefunding balance:                            |                       |                        |
| a       | Excess contributions (Item 38 from prior year) .....                                            |                       | 0                      |
| b       | Interest on (a) using prior year's effective rate of <u>8.10</u> % .....                        |                       | 0                      |
| c       | Total available at beginning of current plan year to add to prefunding balance .....            |                       | 0                      |
| d       | Portion of (c) to be added to prefunding balance.....                                           |                       | 0                      |
| 12      | Reduction in balances due to elections or deemed elections.....                                 | 0                     | 0                      |
| 13      | Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....               | 0                     | 0                      |

| Part III | Funding percentages                                                                                                                                             |    |         |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|
| 14       | Funding target attainment percentage.....                                                                                                                       | 14 | 78.91 % |
| 15       | Adjusted funding target attainment percentage.....                                                                                                              | 15 | 78.91 % |
| 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 | 89.83 % |
| 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<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                                                                        | 57768                                  |                                 |                          |                                   |                                 |       |   |
| 07/15/2010                                                                        | 57768                                  |                                 |                          |                                   |                                 |       |   |
| 10/15/2010                                                                        | 57768                                  |                                 |                          |                                   |                                 |       |   |
| 12/24/2010                                                                        | 10000                                  |                                 |                          |                                   |                                 |       |   |
| 01/14/2011                                                                        | 47768                                  |                                 |                          |                                   |                                 |       |   |
| 09/15/2011                                                                        | 89067                                  |                                 |                          |                                   |                                 |       |   |
|                                                                                   |                                        |                                 | Totals ►                 | 18(b)                             | 320139                          | 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     | 301127  |
| 20 Quarterly contributions and liquidity shortfalls:                                                                                                                            |                                                                                                               |         |         |
| a Did the plan have a "funding shortfall" for the prior year? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                         |                                                                                                               |         |         |
| b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... <input 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                                                                                                       | (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>5.03 % | 2nd segment:<br>6.73 % | 3rd segment:<br>6.82 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                        |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        |                        | <b>22</b> 65                                        |
| <b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input 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>           | 56651              |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 1139936             | 158115             |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 86317               | 86317              |
| <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>           | 301083             |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance |
| <b>35</b> Balances used to offset funding requirement .....                                                                                                                          | 0                   | 0                  |
| <b>36</b> Additional cash requirement (item 34 minus item 35).....                                                                                                                   | <b>36</b>           | 301083             |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....                                                   | <b>37</b>           | 301127             |
| <b>38</b> Interest-adjusted excess contributions for current year (see instructions).....                                                                                            | <b>38</b>           | 44                 |
| <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>SUMMITVILLE TILES, INC. PENSION PLAN AND TRUST                                                                                                                                                   | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                                                                                | 002                                            |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>SUMMITVILLE TILES, INC.                                                                                                                                  | <b>D</b> Employer Identification Number (EIN)<br>34-1694540                                                                                                                                                            |                                                |

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

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

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

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

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

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

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

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

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

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

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

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**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)

FINDLEY DAVIES, INC.

34-1213174

| <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 17                         | NONE                                                                                                     | 30561                                                                         | 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)

KEY BANK NATIONAL ASSOCIATION

34-1974250

| <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? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 13 19 28 99 10                | CUSTODIAN OF ASSETS                                                                                      | 6706                                                                          | 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)

COHEN & COMPANY

34-1912961

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 10                            | NONE                                                                                                     | 6000                                                                          | 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"/>                                                        |

**(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 |
|                                                                                 |                                      |                                                                                            |

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2010</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                        |            |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| For calendar plan year 2010 or fiscal plan year beginning <b>01/01/2010</b> and ending <b>12/31/2010</b> |                                                                        |            |
| <b>A</b> Name of plan<br><b>SUMMITVILLE TILES, INC. PENSION PLAN AND TRUST</b>                           | <b>B</b> Three-digit plan number (PN) ►                                | <b>002</b> |
|                                                                                                          |                                                                        |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>SUMMITVILLE TILES, INC.</b>          | <b>D</b> Employer Identification Number (EIN)<br><br><b>34-1694540</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>0</b>              | <b>164</b>      |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | <b>85138</b>          | <b>136835</b>   |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    | <b>3416</b>           | <b>0</b>        |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | <b>46092</b>          | <b>11185</b>    |
| <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>2361</b>           | <b>0</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>   | <b>4370248</b>        | <b>4737823</b>  |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 4507255               | 4886007         |

**Liabilities**

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

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 4507255 | 4886007 |
|-----------------------------------------------------------|-----------|---------|---------|

**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> | 320139     |           |
| <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>    |            | 320139    |
| <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> | 19         |           |
| <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> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 19        |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 163        |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 160825     |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 160988    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 3152       |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 2360       |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                         | <b>2b(4)(C)</b> |            | 792       |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 0         |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            | 363374    |
| <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>       |            | 845312    |

**Expenses**

|                                                                                            |              |        |        |
|--------------------------------------------------------------------------------------------|--------------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 402495 |        |
| (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> |        | 402495 |
| <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> | 36561  |        |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> |        |        |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> |        |        |
| (4) Other .....                                                                            | <b>2i(4)</b> | 27504  |        |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |        | 64065  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |        | 466560 |

**Net Income and Reconciliation**

|                                                                               |              |  |        |
|-------------------------------------------------------------------------------|--------------|--|--------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 378752 |
| <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: COHEN & CO.

(2) EIN: 34-1912961

**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   |    | 700000 |
| <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.).....                                                                                                                                                                                     |     | X  |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                        |     |    |        |

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

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

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

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            | <b>2010</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            | <b>This Form is Open to Public Inspection.</b> |

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

|                                                                                                 |                                                                    |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>SUMMITVILLE TILES, INC. PENSION PLAN AND TRUST</u>                  | <b>B</b> Three-digit plan number (PN) ▶<br><u>002</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>SUMMITVILLE TILES, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>34-1694540</u> |

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

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

|                                                                                                                                                                                                                                                                    |          |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u>  |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): <u>34-1974250</u> |          |           |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |           |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> | <u>11</u> |

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

|                                                                                                                                                                                                                                                                                                                                                             |                                         |                             |                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes            | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                                         |                             |                                         |
| <b>5</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                                         |                             |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year .....                                                                                                                                                                                                                                                                                 | <b>6a</b>                               |                             |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                               |                             |                                         |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                             | <b>6c</b>                               |                             |                                         |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                                         |                             |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes            | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....                                                                                                     | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |

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

|                                                                                                                                                                                                                                |                                   |                                   |                               |                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

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

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: \_\_\_\_\_% 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): \_\_\_\_\_

SUMMITVILLE TILES, INC.  
PENSION PLAN AND TRUST  
INDEPENDENT AUDITORS' REPORT  
DECEMBER 31, 2010 AND 2009

SUMMITVILLE TILES, INC.  
PENSION PLAN AND TRUST

DECEMBER 31, 2010 AND 2009

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TRUSTEE  
SUMMITVILLE TILES, INC. PENSION PLAN AND TRUST

Independent Auditors' Report

We were engaged to audit the accompanying financial statements of the Summitville Tiles, Inc. Pension Plan and Trust as of December 31, 2010 and 2009, and supplemental schedules for the year ended December 31, 2010, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Keybank National Association, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2010 and 2009, and for the year ended December 31, 2010, that the information provided to the plan administrator by the custodian is complete and accurate.

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 supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

October 14, 2011  
Akron, Ohio

TRUSTEE  
SUMMITVILLE TILES, INC. PENSION PLAN AND TRUST

Independent Auditors' Report

We were engaged to audit the accompanying financial statements of the Summitville Tiles, Inc. Pension Plan and Trust as of December 31, 2010 and 2009, and supplemental schedules for the year ended December 31, 2010, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

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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 supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*Cohen & Company Ltd.*

October 14, 2011  
Akron, Ohio

STATEMENT OF NET ASSETS  
AVAILABLE FOR BENEFITS

DECEMBER 31, 2010 AND 2009

|                                   | <u>2010</u>         | <u>2009</u>         |
|-----------------------------------|---------------------|---------------------|
| ASSETS                            |                     |                     |
| Cash and cash equivalents         | <u>\$ 11,349</u>    | <u>\$ 46,092</u>    |
| Investments - At fair value       |                     |                     |
| Common stock                      |                     | 2,361               |
| Mutual funds                      | <u>4,737,823</u>    | <u>4,370,248</u>    |
|                                   | <u>4,737,823</u>    | <u>4,372,609</u>    |
| Receivables                       |                     |                     |
| Interest and dividends            |                     | 3,416               |
| Employer contributions            | <u>136,835</u>      | <u>85,138</u>       |
|                                   | <u>136,835</u>      | <u>88,554</u>       |
| NET ASSETS AVAILABLE FOR BENEFITS | <u>\$ 4,886,007</u> | <u>\$ 4,507,255</u> |

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

STATEMENT OF CHANGES IN NET ASSETS  
AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2010

## ADDITIONS TO NET ASSETS ATTRIBUTED TO:

|                                               |                |
|-----------------------------------------------|----------------|
| Dividends and interest                        | \$ 161,007     |
| Employer contributions                        | <u>320,139</u> |
|                                               | 481,146        |
| Net appreciation in fair value of investments | <u>364,166</u> |
| Total additions                               | <u>845,312</u> |

## DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

|                         |                |
|-------------------------|----------------|
| Benefit payments        | 402,495        |
| Administrative expenses | <u>64,065</u>  |
| Total deductions        | <u>466,560</u> |

NET INCREASE FOR THE YEAR 378,752

NET ASSETS AVAILABLE FOR BENEFITS

- BEGINNING OF YEAR 4,507,255

NET ASSETS AVAILABLE FOR BENEFITS

- END OF YEAR \$ 4,886,007*The accompanying notes are an integral part of these statements.*

## STATEMENT OF ACCUMULATED BENEFITS

DECEMBER 31, 2010 AND 2009

|                                                       | <u>2010</u>         | <u>2009</u>         |
|-------------------------------------------------------|---------------------|---------------------|
| Vested benefits                                       |                     |                     |
| Participants currently receiving payments             | \$ 708,690          | \$ 660,544          |
| Other participants                                    | <u>5,329,289</u>    | <u>5,314,595</u>    |
|                                                       | 6,037,979           | 5,975,139           |
| Non-vested benefits                                   | <u>216,286</u>      | <u>193,427</u>      |
| Total actuarial present value of accumulated benefits | <u>\$ 6,254,265</u> | <u>\$ 6,168,566</u> |

## STATEMENT OF CHANGES IN ACCUMULATED BENEFITS

YEAR ENDED DECEMBER 31, 2010

|                                                      |                     |
|------------------------------------------------------|---------------------|
| Actuarial present value of accumulated benefits      |                     |
| - Beginning of year                                  | \$ 6,168,566        |
| Increase (decrease) during the year attributable to: |                     |
| Benefits paid                                        | (402,495)           |
| Discount period                                      | 476,013             |
| Benefits accumulated (including gains and losses)    | <u>12,181</u>       |
| Actuarial present value of accumulated benefits      |                     |
| - End of year                                        | <u>\$ 6,254,265</u> |

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

## NOTES TO THE FINANCIAL STATEMENTS

## 1. DESCRIPTION OF PLAN

The Summitville Tiles, Inc. (the Company) Pension Plan and Trust (the Plan) provides retirement benefits for eligible employees. The Plan conforms with the standards for eligibility, vesting, and funding required by the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Effective April 30, 2004, the Plan was restated to freeze all accrued benefits as of such date and to disallow any further benefit accruals and any new participants.

The significant provisions of the Plan are listed below. For more complete information regarding the general provisions of the Plan, participants are encouraged to refer to the Plan agreement.

Administration

A committee appointed by the Board of Directors of the Company is responsible for the administration of the Plan. The Company has entered into an agreement with Keybank National Association (Key) whereby Key acts as custodian for the investment portfolio. Certain administrative expenses have been paid by the Company, with the balance borne by the Plan.

Eligibility

Each employee of the Company hired on or before August 31, 2003, was eligible to become a participant the January 1 following the completion of four months of service. Employees will remain active participants for any subsequent Plan year in which the employee has worked at least 1,000 hours of service, as defined by the Plan.

Vesting

Participants become 100% vested in their benefits after five years of credited service.

Pension Benefits

A participant becomes eligible to receive normal retirement benefits upon attainment of age 65. The monthly pension payments at normal retirement age are equal to the greater of \$16 multiplied by the number of years of credited service or .65% of the participant's average monthly compensation plus .65% of the participant's average monthly compensation in excess of the participant's social security covered compensation, as defined, multiplied by years of service rendered, up to a maximum of 35 years. The benefit accrual was frozen effective April 30, 2004. Participants whose actuarial value is between \$5,000 and \$10,000 can elect a lump sum at termination. Lump sums greater than \$10,000 are only payable at retirement eligibility. If the vested accrued benefit amount due to participants is less than \$5,000 but more than \$1,000 the plan administrator makes an automatic rollover of the balance to a qualified individual retirement account.

## NOTES TO THE FINANCIAL STATEMENTS

## 1. DESCRIPTION OF PLAN (Continued)

Pension Benefits (continued)

Early retirement benefits are available to participants who have attained age 55 and have completed 10 years of credited service. The standard early retirement benefit shall be a deferred normal monthly retirement benefit commencing on the participant's normal retirement date equal to his accrued benefit on his early retirement date. A participant may elect to receive an immediate early retirement benefit which shall be a pension payable in the same form as the normal monthly retirement benefit equal to his accrued benefit, reduced by 1/15 for each of the first five years and by 1/30 for each of the next five years, by which the commencement of his benefit precedes his normal retirement date.

Death and Disability Benefits

If the employment of a participant terminates due to a permanent disability, such participant is not receiving payments from the employer provided disability insurance, and if the participant has completed at least 10 years of service with the employer as of the date the disability was incurred, the participant shall be 100% vested in his accrued benefit and shall be entitled to payment of his accrued benefit.

If a participant dies while still an employee, the participant shall be 100% vested in his accrued benefit. If a participant dies after his employment terminates, the participant shall not be entitled to any additional vesting on account of his death. If a participant dies and the present value of his vested accrued benefit derived from employer contributions is equal to or less than the applicable limit, the normal form of death benefit shall be a single-sum payment of the participant's vested accrued benefit, as adjusted.

Plan Termination

The Company reserves the right to terminate the Plan. Benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC). In the event that the Plan terminates, the net assets of the Plan shall be allocated among the participants and beneficiaries in accordance with the priorities mandated by ERISA. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

A full description of the defined benefit plan termination priorities is available in the Plan agreement.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

## NOTES TO THE FINANCIAL STATEMENTS

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Plan Sponsor Operations

On December 12, 2003, the Company filed a petition for relief under Chapter 11 of the federal bankruptcy laws in the United States Bankruptcy Court of the Northern District of Ohio. On December 12, 2004, the Company emerged from Chapter 11 of the federal bankruptcy laws in the United States Bankruptcy Court and is operating under a reorganization plan, approved by the Court and its creditors, which places certain restrictions on the Company until certain obligations to creditors are met.

Accounting Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from the estimates that were used.

Cash Equivalents

The Plan considers all highly liquid, short-term investments with an original maturity of three months or less to be cash equivalents.

Contributions

Annual contributions from the Company are subject to the minimum funding standards imposed by ERISA. These amounts are determined by an independent consulting actuary. The Company made the minimum contributions of \$231,072 and \$220,532 for 2010 and 2009, respectively.

Plan Expenses

Expenses of the Plan are paid by the Plan as provided in the Plan document.

Waiver of Minimum Funding Requirement

The Internal Revenue Service (IRS) waived the minimum funding requirement in 2003 and a portion of the minimum funding requirement in 2004 and 2005. As a result of these waivers, the actuarially determined minimum funding requirements for 2006 through 2010 increased significantly. No additional waivers are available to the Company until 2018.

Investments

At December 31, 2010 and 2009, the Plan investments, which are held by Key, are stated at fair value as determined by quoted market prices, as reported to the Plan by Key.

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

## NOTES TO THE FINANCIAL STATEMENTS

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investments (continued)

The Plan's investments, which exceed 5% of net assets available for benefits as of December 31, 2010 and 2009, are as follows:

|                                                | <u>2010</u> | <u>2009</u> |
|------------------------------------------------|-------------|-------------|
| American Fundamental Investors Fund            | \$ 452,045  | \$ 396,354  |
| American Funds High Income Trust Fund          | \$ 258,366  | \$ 226,860  |
| American Funds The Bond Fund of America        | \$ 338,249  | \$ 315,238  |
| Intermediate Bond Fund of America              | \$ 538,200  | \$ 513,818  |
| Lord Abbett Bond Debenture Fund                | \$ 390,977  | \$ 504,906  |
| Lord Abbett Classic Stock Fund                 |             | \$ 401,381  |
| Lord Abbett Fundamental Equity Fund            | \$ 403,266  | \$ 338,274  |
| Lord Abbett Investments Core Fixed Income Fund | \$ 311,280  | \$ 292,711  |
| Natixis Loomis Sayles Strategic Income Fund    | \$ 293,050  | \$ 258,137  |
| American Funds New World Fund                  | \$ 451,334  | \$ 384,706  |
| Thornburg Investment Income Builder Fund       | \$ 732,835  | \$ 646,112  |
| Lord Abbett Values Opportunities               | \$ 464,227  |             |

Actuarial Present Value of Accumulated Benefits

Accumulated benefits are those future periodic payments that are attributable under the Plan's provisions to the service participants have rendered. Accumulated benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries.

The actuarial present value of accumulated benefits was determined by Findley Davies, Inc. (Findley Davies), consulting actuaries, using the Unit Credit Cost Method. The significant actuarial assumptions used in the valuations as of December 31, 2010 and 2009, were:

- (a) Mortality rate - Healthy - 2007 Current Liability Blended Mortality Table; Disabled - 1965 Ultimate Disabled Mortality Rate; Disability - 11<sup>th</sup> Railroad Retirement Board Valuation.
- (b) Retirement age - 65, or age on the valuation date if older.
- (c) Investment return - Pre-decrement 8%, post-decrement 6%.

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

## NOTES TO THE FINANCIAL STATEMENTS

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Uncertain Tax Positions

The Plan recognizes and discloses uncertain tax positions in accordance with GAAP. As of December 31, 2010 and 2009, and for the year ended December 31, 2010, the Plan did not have a liability for unrecognized tax benefits. The Plan is no longer subject to examination by federal and state taxing authorities prior to 2007.

Subsequent Events

Management has evaluated subsequent events through October 14, 2011, the date the financial statements were available to be issued.

## 3. TAX STATUS

The IRS has determined and informed the Company by a letter dated December 1, 2004, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended subsequent to receiving the determination letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and is therefore tax exempt.

## 4. INFORMATION CERTIFIED BY THE CUSTODIAN

In accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator has elected to restrict the scope of the auditors' examination with regard to statements or information prepared and certified by Key, the custodian.

Key has certified as to the completeness and accuracy of the investments it holds, changes in net assets arising from said investment activity and the schedules of assets held at end of year and reportable transactions as of December 31, 2010 and 2009, and for the year ended December 31, 2010.

## 5. FUNDING POLICY

The Company's funding policy is to make quarterly minimum contributions to the Plan as provided by Findley Davies.

## NOTES TO THE FINANCIAL STATEMENTS

## 6. FAIR VALUE MEASUREMENTS

The various inputs that may be used to determine the fair value of the Plan's assets are summarized in three broad levels:

|         |                                                                                                                         |
|---------|-------------------------------------------------------------------------------------------------------------------------|
| Level 1 | Quoted prices in active markets for identical securities                                                                |
| Level 2 | Other significant observable inputs (including quoted prices for similar securities, interest rates, credit risk, etc.) |
| Level 3 | Significant unobservable inputs (including the Plan's own assumptions used to determine value)                          |

The asset'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.

Generally, the Plan utilizes quoted market prices, and other relevant information generated by market transactions, to measure fair value when available. If quoted prices are not available, fair values are measured using independent pricing models or other model-based valuation techniques. In certain cases, the Plan may be required to make judgments about assumptions that market participants would use in estimating the fair value of financial instruments (Level 3 valuations).

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

*Mutual funds*– Valued at the net asset value of shares held by the Plan at year-end.

*Common stock* – Valued at the closing price reported on the active market on which the individual securities are traded.

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

Assets measured at fair value are comprised of the following at December 31, 2010:

| <u>Description</u> | <u>Level 1</u>      | <u>Level 2</u> | <u>Level 3</u> |
|--------------------|---------------------|----------------|----------------|
| Mutual funds:      |                     |                |                |
| Blended funds      | \$ 1,319,539        |                |                |
| Fixed income funds | 2,130,121           |                |                |
| Growth fund        | 451,334             |                |                |
| Value funds        | 836,829             |                |                |
|                    | <u>\$ 4,737,823</u> | <u>\$</u>      | <u>\$</u>      |

## NOTES TO THE FINANCIAL STATEMENTS

## 6. FAIR VALUE MEASUREMENTS (Continued)

Assets measured at fair value are comprised of the following at December 31, 2009:

| <u>Description</u> | <u>Level 1</u>      | <u>Level 2</u> | <u>Level 3</u> |
|--------------------|---------------------|----------------|----------------|
| Mutual funds:      |                     |                |                |
| Blended funds      | \$ 1,136,009        |                |                |
| Fixed income funds | 2,111,670           |                |                |
| Growth fund        | 384,706             |                |                |
| Value funds        | 737,863             |                |                |
| Common stock       | 2,361               |                |                |
|                    | <u>\$ 4,372,609</u> | <u>\$</u>      | <u>\$</u>      |

The Plan held no Level 3 assets during 2010. There were no transfers in or out of different levels during 2010.

## 7. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of funds managed by Key. Key is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest.

## 8. RISKS AND UNCERTAINTIES

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

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based upon 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.

SCHEDULE H, LINE 4i -  
SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2010

EIN: 34-1694540

PLAN NUMBER: 002

| (a)                              | (b)<br>Identity of Issuer                               | (c)<br>Description<br>of Investment | (d)<br>Cost                       | (e)<br>Market                     |
|----------------------------------|---------------------------------------------------------|-------------------------------------|-----------------------------------|-----------------------------------|
| <b>Cash and Cash Equivalents</b> |                                                         |                                     |                                   |                                   |
| *                                | Employee Benefits Money Market Fund<br>Checking Account | Money Market<br>Cash                | \$ 11,185<br>164<br><u>11,349</u> | \$ 11,185<br>164<br><u>11,349</u> |
| <b>Mutual Funds</b>              |                                                         |                                     |                                   |                                   |
|                                  | American Fundamental Investors Fund                     | Mutual Fund                         | 374,328                           | 452,045                           |
|                                  | American Funds High Income Trust<br>Fund                | Mutual Fund                         | 277,049                           | 258,366                           |
|                                  | American Funds The Bond Fund of<br>America              | Mutual Fund                         | 365,088                           | 338,249                           |
|                                  | American Wash Mutual Inv. Fund                          | Mutual Fund                         | 85,297                            | 103,994                           |
|                                  | Lord Abbett Bond Debenture Fund                         | Mutual Fund                         | 416,532                           | 390,977                           |
|                                  | Lord Abbett Values Opportunities                        | Mutual Fund                         | 422,015                           | 464,227                           |
|                                  | Lord Abbett Fundamental Equity Fund                     | Mutual Fund                         | 340,337                           | 403,266                           |
|                                  | American Funds New World Fund                           | Mutual Fund                         | 234,405                           | 451,334                           |
|                                  | Intermediate Bond Fund of America                       | Mutual Fund                         | 546,645                           | 538,200                           |
|                                  | Thornburg Investment Income Builder Fund                | Mutual Fund                         | 683,705                           | 732,835                           |
|                                  | Natixis Loomis Sayles Strategic<br>Income Fund          | Mutual Fund                         | 302,841                           | 293,050                           |
|                                  | Lord Abbett Investments Core<br>Fixed Income Fund       | Mutual Fund                         | 304,084<br><u>4,352,326</u>       | 311,280<br><u>4,737,823</u>       |
|                                  |                                                         |                                     | <u>\$ 4,363,675</u>               | <u>\$ 4,749,172</u>               |

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

## SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2010

EIN: 34-1694540

PLAN NUMBER: 002

| (a)<br>Identity of Party Involved | (b)<br>Asset<br>Description      | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (e)<br>Lease<br>Rental | (f)<br>Expense<br>Incurred | (g)<br>Cost of<br>Asset | (h)<br>Current<br>Value | (i)<br>Net<br>Gain (Loss) |
|-----------------------------------|----------------------------------|--------------------------|-------------------------|------------------------|----------------------------|-------------------------|-------------------------|---------------------------|
| Lord Abbett Values Opportunities  | Equity Mutual Fund<br>1 Purchase | \$ 419,842               |                         |                        |                            | \$ 419,842              | \$ 419,842              |                           |
| Lord Abbett Classic Stock Fund    | Equity Mutual Fund<br>1 Sale     |                          | \$ 419,842              |                        |                            | \$ 452,276              | \$ 419,842              | \$ (32,434)               |

Schedule SB, line 22 – Description of Weighted Average Retirement Age  
Summitville Tiles, Inc. Pension Plan and Trust  
January 1, 2010 Valuation  
EIN/PN: 34-1694540 / 002

***Rates of Retirement***

| <u>Age(s)</u> | <u>Rate</u> |
|---------------|-------------|
| 55            | 2%          |
| 56-59         | 1           |
| 60            | 3           |
| 61            | 8           |
| 62            | 13          |
| 63            | 10          |
| 64            | 28          |
| 65            | 40          |
| 66-68         | 20          |
| 69-74         | 28          |
| 75            | 100         |

The weighted average retirement age is 65. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

## APPENDIX B

### STATEMENT OF ACTUARIAL ASSUMPTIONS AND METHODS

#### ***Interest Rates***

Funding: 24-month segment rates averaged through the end of August 2009:

- |    |                                               |       |
|----|-----------------------------------------------|-------|
| a. | First Rate, Years 1-5                         | 5.03% |
| b. | Second Rate, Years 5-20                       | 6.73% |
| c. | Third Rate, Years 20+                         | 6.82% |
| d. | Effective Interest Rate using the above rates | 6.73% |

#### ***Salary Scale***

For the frozen accrued benefits actual individual pay histories were used.

#### ***Mortality***

Funding:

- a. Healthy: Mandated RP-2000 Static Mortality Table for valuation year (male and female) combined annuitant/nonannuitant.
- b. Disabled: All four Disabled Tables of Revenue Ruling 96-7. These are applied conditionally as specified in 96-7.
- c. Lump sum settlements are reflected by using the unisex mortality rates for such purposes as of the valuation date.

#### ***Rates of Retirement***

| <u>Age(s)</u> | <u>Rate</u> |
|---------------|-------------|
| 55            | 2%          |
| 56-59         | 1           |
| 60            | 3           |
| 61            | 8           |
| 62            | 13          |
| 63            | 10          |
| 64            | 28          |
| 65            | 40          |
| 66-68         | 20          |
| 69-74         | 28          |
| 75            | 100         |

The weighted average retirement age is 65. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

#### ***Rates of Disability***

43% of Table S-10 of the 11<sup>th</sup> Railroad Retirement Board Valuation (modified). Sample rates and ages are as follows.

| <u>Age(s)</u> | <u>Rate</u> |
|---------------|-------------|
| 25            | 0.026%      |
| 40            | 0.052       |
| 55            | 0.461       |

## APPENDIX B (Continued)

### ***Rates of Turnover***

Based on age and length of service as follows:

| Age | Rate Per Year of Employment |        |        |        |        |        |
|-----|-----------------------------|--------|--------|--------|--------|--------|
|     | 1                           | 2      | 3      | 4      | 5      | 6+     |
| 25  | 43.60%                      | 37.06% | 19.62% | 15.26% | 13.10% | 13.10% |
| 35  | 45.50                       | 38.68  | 20.48  | 15.93  | 11.38  | 5.80   |
| 40  | 42.65                       | 36.25  | 19.19  | 14.93  | 10.66  | 5.80   |
| 45  | 39.80                       | 33.83  | 17.91  | 13.93  | 9.95   | 5.80   |
| 55  | 26.50                       | 22.53  | 11.93  | 9.28   | 6.63   | 5.80   |

### ***Assumptions Made In Valuing Spouse's Benefit***

Eighty-five percent of employees included in the valuation are assumed to be married. The wife is assumed to be three years younger than the husband.

### ***Optional Form Election***

All participants are assumed to elect a lump sum distribution at termination.

### ***Annual Increases to IRC 415 Limit***

Funding: 0.00%

### ***Provision for Expenses***

Administrative expenses expected to be paid during the year were added to the Target Normal Cost.

### ***Asset Method***

Funding: Market Value of Assets plus interest adjusted accrued but unpaid contributions as of the valuation date plus an adjustment to defer full recognition of investment losses and gains over a two-year period. The investment (gain)/loss for every year equals the market value at the beginning of the year projected to the end of the year using the interest rate above, but no greater than the third segment rate for the plan year, minus the end of the year actual market value. The actuarial value of assets will be no less than 90% and no more than 110% of the market value (including interest-adjusted accrued but unpaid contributions). Note that due to the regulatory constraint on the interest rate, a characteristic of this asset valuation method is that, over time, it may be more likely to produce an actuarial value of assets that is less than the market value of assets.

### ***Employees Valued***

Only participants as of the valuation date were valued.

Schedule SB, line 25 – Change in Method  
Summitville Tiles, Inc. Pension Plan and Trust  
January 1, 2010 Valuation  
EIN/PN: 34-1694540 / 002

***Change in Methods***

The Full Yield Curve for November was used last year.

Automatic approval for the change in interest rate methodology is granted per Reg. 1.430(h)(2) - 1(h)(3).

The 15-year amortization option allowed in the Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010 was elected for 2010.

Schedule SB, Line 26 - Schedule of Active Participant Data

January 1, 2010 Valuation  
Summitville Tiles, Inc. Pension Plan  
(EIN: 34-1694540; PN: 002)

| Attained<br>Age | Years of Credited Service |          |          |          |          |          |           |          |          |         |
|-----------------|---------------------------|----------|----------|----------|----------|----------|-----------|----------|----------|---------|
|                 | Under 1                   | 1 to 4   | 5 to 9   | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29  | 30 to 34 | 35 to 39 | 40 & up |
| Under 25        | -                         | -        | -        | -        | -        | -        | -         | -        | -        | -       |
| 25 to 29        | -                         | 1<br>(*) | -        | -        | -        | -        | -         | -        | -        | -       |
| 30 to 34        | -                         | 2<br>(*) | 2<br>(*) | -        | -        | -        | -         | -        | -        | -       |
| 35 to 39        | -                         | 1<br>(*) | 4<br>(*) | 2<br>(*) | -        | -        | -         | -        | -        | -       |
| 40 to 44        | -                         | 4<br>(*) | 3<br>(*) | 1<br>(*) | 1<br>(*) | -        | -         | -        | -        | -       |
| 45 to 49        | -                         | 2<br>(*) | 3<br>(*) | 1<br>(*) | 1<br>(*) | 8<br>(*) | 2<br>(*)  | -        | -        | -       |
| 50 to 54        | -                         | 3<br>(*) | 1<br>(*) | 2<br>(*) | 2<br>(*) | 7<br>(*) | 17<br>(*) | 5<br>(*) | -        | -       |
| 55 to 59        | -                         | 1<br>(*) | 2<br>(*) | 2<br>(*) | 1<br>(*) | 6<br>(*) | 4<br>(*)  | 6<br>(*) | 2<br>(*) | -       |
| 60 to 64        | -                         | 1<br>(*) | 1<br>(*) | -        | 1<br>(*) | 2<br>(*) | 2<br>(*)  | 2<br>(*) | 3<br>(*) | -       |
| 65 to 69        | -                         | 1<br>(*) | -        | -        | -        | -        | 1<br>(*)  | -        | 1<br>(*) | -       |
| 70 & up         | -                         | -        | -        | 1<br>(*) | -        | -        | -         | -        | -        | -       |

\* Average compensation is not shown since there are fewer than 1,000 active participants in this plan

Schedule SB, line 32 – Schedule of Amortization Bases  
Summitville Tiles, Inc. Pension Plan and Trust  
January 1, 2010 Valuation  
EIN/PN: 34-1694540 / 002

**EXHIBIT VII**

**SCHEDULE OF AMORTIZATION BASES**

**Plan Year Beginning**

**1/01/2010**

|                                             | Date<br>Established | Present Value<br>of Payments | Remaining<br>Years | Amortization<br>Installment |
|---------------------------------------------|---------------------|------------------------------|--------------------|-----------------------------|
| <b>Shortfall<br/>Amortization<br/>Bases</b> | 1/1/2010            | \$ 867,941                   | 15.00              | \$ 86,583                   |
|                                             | 1/1/2009            | (386,569)                    | 6.00               | (73,415)                    |
|                                             | 1/1/2008            | <u>658,564</u>               | 5.00               | <u>144,947</u>              |
|                                             | Total               | \$ 1,139,936                 |                    | \$ 158,115                  |
| <b>Waiver<br/>Amortization<br/>Bases</b>    | 1/1/2006            | \$ 86,317                    | 1.00               | \$ 86,317                   |

## APPENDIX A

### SUMMARY OF PRINCIPAL PLAN PROVISIONS

|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b><i>Plan Sponsor</i></b>                         | Summitville Tiles, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b><i>EIN/PN</i></b>                               | 34-1694540/002                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b><i>Effective Date and History</i></b>           | January 1, 1977; restated effective January 1, 1997; last amended effective April 30, 2004. Funding Waivers were granted for 2003, 2004 and 2005.                                                                                                                                                                                                                                                                                                                               |
| <b><i>Plan Year</i></b>                            | The 12-month period beginning each January 1.                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b><i>Participation</i></b>                        | Each employee becomes a participant on the January 1 following completion of four months of employment. Participation with respect to new employees was frozen effective April 30, 2004.                                                                                                                                                                                                                                                                                        |
| <b><i>Compensation</i></b>                         | W-2 earnings as limited by IRC Section 401(a)(17).                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b><i>Average Monthly Compensation</i></b>         | 1/60th of Compensation for the highest 5 consecutive years of the last 10 years of employment.                                                                                                                                                                                                                                                                                                                                                                                  |
| <b><i>Social Security Covered Compensation</i></b> | 1/12 of the average of the Social Security Taxable Wage Bases in effect for each calendar year during the 35-year period ending with the calendar year in which the employee attains Social Security Retirement Age. The Covered Compensation in effect in the year prior to the year of termination is used to determine accrued benefit. Social Security Retirement Age is 65 for employees born before 1938, 67 for those born after 1954, and 66 for those born in between. |
| <b><i>Year of Service</i></b>                      | Any plan year during which an employee has at least 1,000 hours of service with the employer.                                                                                                                                                                                                                                                                                                                                                                                   |
| <b><i>Accrued Benefit</i></b>                      | <p>A monthly life annuity equal to the greater of i) .65% of average monthly compensation plus .65% of average monthly compensation in excess of covered compensation with the sum multiplied by the number of years of service since January 1, 1977 up to 35, and ii) \$16.00 multiplied by the number of years of service since January 1, 1977.</p> <p>Benefit Accrual was frozen effective April 30, 2004.</p>                                                             |

## APPENDIX A (Continued)

### ***Normal or Late Retirement Benefit***

#### Eligibility:

Age 65.

#### Monthly Benefit:

The accrued benefit determined at normal retirement date. If late retirement, the greater of i) the accrued benefit at late retirement date and ii) the actuarial equivalent of the accrued benefit at normal retirement date.

### ***Early Retirement Benefit***

#### Eligibility:

Age 55 and 10 years of service.

#### Monthly Benefit:

The Accrued Benefit determined at the early retirement date, reduced by .00555 for each of the first 60 months and by .00277 for each of the additional months by which commencement of benefits precedes normal retirement date.

### ***Disability Retirement Benefit***

#### Eligibility:

10 years of service.

#### Monthly Benefit:

The accrued benefit determined at date of disablement payable monthly until age 65. The lump sum is then available at age 65.

### ***Termination Benefit***

#### Eligibility:

Termination of employment prior to retirement.

#### Monthly Benefit:

100% of the accrued benefit for participants with at least five Years of Service.

## APPENDIX A (Continued)

### ***Termination Benefit (Continued)***

For participants with at least one Year of Service as of January 1, 1998 the following schedule applies.

| <u>Years of Service</u> | <u>Vested Percent of<br/>Accrued Benefit</u> |
|-------------------------|----------------------------------------------|
| 0                       | 0%                                           |
| 1                       | 10                                           |
| 2                       | 20                                           |
| 3                       | 40                                           |
| 4                       | 60                                           |
| 5                       | 100                                          |

Participants with at least ten years of service can elect to receive benefits at any time after age 55 using the reduction factors described above for early retirement benefits.

### ***Death Benefit***

#### **Eligibility:**

Death of participant prior to benefit commencement.

#### **Benefit:**

If the participant was active at date of death the present value of the accrued benefit.

If the participant had terminated with a vested benefit prior to death the present value of the vested benefit.

### ***Optional Forms of Annuity Payment***

Life Annuity –monthly payments for the life of the participant.

Joint and 50% Survivor Annuity –monthly payments for the life of the participant with either 50% or 75% of the benefit continuing to the surviving spouse (if any).

The conversion factors for the optional forms of benefit are based on the 1951 Group Annuity Mortality (male) projected to 1985 by Scale C and setback 3 years for all, combined with 7% interest.

### ***Benefits Payable as Lump Sums***

The plan pays small benefits (lump sums not greater than \$5,000) automatically. Participants whose actuarial value is between \$5,000 and \$10,000 can elect a lump sum at termination. Lump sums greater than \$10,000 are only payable at retirement eligibility.

The conversion factors for calculating lump sums are based on the Applicable Mortality Table and the Applicable Interest Rate as defined in IRC Section 417(e)(3).

**APPENDIX A (Continued)**

***Maximum Benefit  
Limit***

The Internal Revenue Code Section 415 Maximum Benefit payable as a life annuity at Social Security Normal Retirement Age is assumed to remain unchanged in future years for contribution purposes.

***Plan Compensation  
Limit***

The Section 401(a)(17) Maximum Compensation that can be recognized for benefit calculation purposes is assumed to remain unchanged in future years for contribution purposes.

***Funding of the Plan***

Employer pays all costs.

***Changes in Plan  
Provisions***

None.

|                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                              |                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><hr/> Department of Labor<br>Employee Benefits Security Administration<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><b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2010</b><br><br>This Form is Open to Public Inspection |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|

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

▶ Round off amounts to nearest dollar.

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

|                                                                                                                                                                          |                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <b>A</b> Name of plan<br><br>Summitville Tiles, Inc. Pension Plan and Trust                                                                                              | <b>B</b> Three-digit plan number (PN) <u>002</u>                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>Summitville Tiles, Inc.                                                                  | <b>D</b> Employer identification number (EIN)<br><br>34-1694540 |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B <input type="checkbox"/> Other |                                                                 |
| <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500                  |                                                                 |

|                                                                                                                                                                                               |              |                            |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------|--------------------|
| <b>Part I Basic Information</b>                                                                                                                                                               |              |                            |                    |
| <b>1</b> Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2010</u>                                                                                                               |              |                            |                    |
| <b>2</b> Assets:                                                                                                                                                                              |              |                            |                    |
| a Market value.....                                                                                                                                                                           | <b>2a</b>    |                            | 4,501,702          |
| b Actuarial value.....                                                                                                                                                                        | <b>2b</b>    |                            | 4,590,138          |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                           |              | (1) Number of participants | (2) Funding Target |
| a For retired participants and beneficiaries receiving payment.....                                                                                                                           | <b>3a</b>    | 9                          | 644,957            |
| b For terminated vested participants.....                                                                                                                                                     | <b>3b</b>    | 194                        | 2,604,679          |
| c For active participants:                                                                                                                                                                    |              |                            |                    |
| (1) Non-vested benefits.....                                                                                                                                                                  | <b>3c(1)</b> |                            | 232,877            |
| (2) Vested benefits.....                                                                                                                                                                      | <b>3c(2)</b> |                            | 2,333,878          |
| (3) Total active.....                                                                                                                                                                         | <b>3c(3)</b> | 115                        | 2,566,755          |
| d Total.....                                                                                                                                                                                  | <b>3d</b>    | 318                        | 5,816,391          |
| <b>4</b> If the plan is at-risk, check the box and complete items (a) and (b) <input type="checkbox"/>                                                                                        |              |                            |                    |
| a Funding target disregarding prescribed at-risk assumptions.....                                                                                                                             | <b>4a</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>     |                            | 6.73 %             |
| <b>6</b> Target normal cost.....                                                                                                                                                              | <b>6</b>     |                            | 56,651             |

**Statement by Enrolled Actuary**

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

|                  |                                                                                                                                                                                                                                                                                                       |                                                                                                                                 |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| <b>SIGN HERE</b> | <br>Signature of actuary<br>Thomas G. Schryer, A.S.A.<br>Type or print name of actuary<br>Findley Davies, Inc.<br>Firm name<br>1300 East Ninth Street, Suite 850<br>Cleveland OH 44114-1516<br>Address of the firm | <u>9/16/11</u><br>Date<br>11-02957<br>Most recent enrollment number<br>(216) 875-1900<br>Telephone number (including area code) |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|

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

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

Schedule SB (Form 5500) 2010  
v.092308.1

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

|                                                                                                          | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) ..... | 10,539                | 0                      |
| <b>8</b> Portion used to offset prior year's funding requirement (Item 35 from prior year) .....         | 10,539                | 0                      |
| <b>9</b> Amount remaining (Item 7 minus Item 8) .....                                                    | 0                     | 0                      |
| <b>10</b> Interest on item 9 using prior year's actual return of <u>26.88</u> % .....                    |                       |                        |
| <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>8.10</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                     | 0                      |

**Part III Funding percentages**

|                                                                                                                                                                            |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 78.91 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 78.91 % |
| <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> | 89.83 % |
| <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               | 57,768                            |                                 |                          |                                   |                                 |
| 07/15/2010               | 57,768                            |                                 |                          |                                   |                                 |
| 10/15/2010               | 57,768                            |                                 |                          |                                   |                                 |
| 12/24/2010               | 10,000                            |                                 |                          |                                   |                                 |
| 01/14/2011               | 47,768                            |                                 |                          |                                   |                                 |
| 09/15/2011               | 89,067                            |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 320,139                           | <b>18(c)</b> 0                  |

**19** 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> | 301,127 |

**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>5.03 %                                                                                                                       | 2nd segment:<br>6.73 % | 3rd segment:<br>6.82 %                              |
|                                                 |                                                                                                                                              |                        | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code)          |                                                                                                                                              |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age       |                                                                                                                                              |                        | <b>22</b> 65                                        |
| <b>23</b> Mortality table(s) (see instructions) | <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                                                     |

**Part VI Miscellaneous items**

|                                                                                                                                                                   |                                         |                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. | <input 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>           | 56,651             |
| <b>32</b> Amortization Installments:                                                                                                                                           | Outstanding Balance | Installment        |
| <b>a</b> Net shortfall amortization installment                                                                                                                                | 1,139,936           | 158,115            |
| <b>b</b> Waiver amortization installment                                                                                                                                       | 86,317              | 86,317             |
| <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>           | 301,083            |
|                                                                                                                                                                                | Carryover balance   | Prefunding balance |
| <b>35</b> Balances used to offset funding requirement                                                                                                                          | 0                   | 0                  |
| <b>36</b> Additional cash requirement (item 34 minus item 35)                                                                                                                  | <b>36</b>           | 301,083            |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)                                                  | <b>37</b>           | 301,127            |
| <b>38</b> Interest-adjusted excess contributions for current year (see instructions)                                                                                           | <b>38</b>           | 44                 |
| <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                  |

SCHEDULE H, LINE 4i -  
SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2010

EIN: 34-1694540

PLAN NUMBER: 002

| (a)                              | (b)<br>Identity of Issuer                               | (c)<br>Description<br>of Investment | (d)<br>Cost                       | (e)<br>Market                     |
|----------------------------------|---------------------------------------------------------|-------------------------------------|-----------------------------------|-----------------------------------|
| <b>Cash and Cash Equivalents</b> |                                                         |                                     |                                   |                                   |
| *                                | Employee Benefits Money Market Fund<br>Checking Account | Money Market<br>Cash                | \$ 11,185<br>164<br><u>11,349</u> | \$ 11,185<br>164<br><u>11,349</u> |
| <b>Mutual Funds</b>              |                                                         |                                     |                                   |                                   |
|                                  | American Fundamental Investors Fund                     | Mutual Fund                         | 374,328                           | 452,045                           |
|                                  | American Funds High Income Trust<br>Fund                | Mutual Fund                         | 277,049                           | 258,366                           |
|                                  | American Funds The Bond Fund of<br>America              | Mutual Fund                         | 365,088                           | 338,249                           |
|                                  | American Wash Mutual Inv. Fund                          | Mutual Fund                         | 85,297                            | 103,994                           |
|                                  | Lord Abbett Bond Debenture Fund                         | Mutual Fund                         | 416,532                           | 390,977                           |
|                                  | Lord Abbett Values Opportunities                        | Mutual Fund                         | 422,015                           | 464,227                           |
|                                  | Lord Abbett Fundamental Equity Fund                     | Mutual Fund                         | 340,337                           | 403,266                           |
|                                  | American Funds New World Fund                           | Mutual Fund                         | 234,405                           | 451,334                           |
|                                  | Intermediate Bond Fund of America                       | Mutual Fund                         | 546,645                           | 538,200                           |
|                                  | Thornburg Investment Income Builder Fund                | Mutual Fund                         | 683,705                           | 732,835                           |
|                                  | Natixis Loomis Sayles Strategic<br>Income Fund          | Mutual Fund                         | 302,841                           | 293,050                           |
|                                  | Lord Abbett Investments Core<br>Fixed Income Fund       | Mutual Fund                         | 304,084<br><u>4,352,326</u>       | 311,280<br><u>4,737,823</u>       |
|                                  |                                                         |                                     | <u>\$ 4,363,675</u>               | <u>\$ 4,749,172</u>               |

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

## SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2010

EIN: 34-1694540

PLAN NUMBER: 002

| (a)<br>Identity of Party Involved | (b)<br>Asset<br>Description      | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (e)<br>Lease<br>Rental | (f)<br>Expense<br>Incurred | (g)<br>Cost of<br>Asset | (h)<br>Current<br>Value | (i)<br>Net<br>Gain (Loss) |
|-----------------------------------|----------------------------------|--------------------------|-------------------------|------------------------|----------------------------|-------------------------|-------------------------|---------------------------|
| Lord Abbett Values Opportunities  | Equity Mutual Fund<br>1 Purchase | \$ 419,842               |                         |                        |                            | \$ 419,842              | \$ 419,842              |                           |
| Lord Abbett Classic Stock Fund    | Equity Mutual Fund<br>1 Sale     |                          | \$ 419,842              |                        |                            | \$ 452,276              | \$ 419,842              | \$ (32,434)               |