# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

**2010**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

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

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
HOURLY RATE PENSION PLAN OF GMI HOLDINGS, INC. ALLIANCE, OHIO FACILITY

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 01/01/1991

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

22790 LAKE PARK BLVD
ALLIANCE, OH 44601-3498

22790 LAKE PARK BLVD
ALLIANCE, OH 44601-3498
ALLIANCE, OH 44601-3498

**2b** Employer Identification Number (EIN)
31-1302102

**2c** Sponsor's telephone number
469-549-7100

**2d** Business code (see instructions)
335900

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/17/2011 | MARC JENKINS |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/17/2011 | MARC JENKINS |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address (if same as plan sponsor, enter "Same")
GMI HOLDINGS, INC.

22790 LAKE PARK BLVD
ALLIANCE, OH 44601-3498

**3b** Administrator's EIN
31-1302102

**3c** Administrator's telephone number
469-549-7100

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

**4b** EIN

**4c** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 232 |
| **6** | Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**). | | |
| **a** | Active participants | **6a** | 95 |
| **b** | Retired or separated participants receiving benefits | **6b** | 89 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 43 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 227 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 2 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 229 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

**9a** Plan funding arrangement (check all that apply)

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

**9b** Plan benefit arrangement (check all that apply)

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

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

**a Pension Schedules**

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

**b General Schedules**

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

# SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

**2010**

**This Form is Open to Public Inspection**

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

▶ **Round off amounts to nearest dollar.**

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

**A** Name of plan
HOURLY RATE PENSION PLAN OF GMI HOLDINGS, INC. ALLIANCE, OHIO FACILITY

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
GMI HOLDINGS, INC.

**D** Employer Identification Number (EIN)
31-1302102

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

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

## Part I Basic Information

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

**2** Assets:

| | | | |
|---|---|---|---|
| **a** | Market value | **2a** | 3253514 |
| **b** | Actuarial value | **2b** | 3356904 |

**3** Funding target/participant count breakdown

| | | | **(1)** Number of participants | **(2)** Funding Target |
|---|---|---|---|---|
| **a** | For retired participants and beneficiaries receiving payment | **3a** | 89 | 1375778 |
| **b** | For terminated vested participants | **3b** | 43 | 718251 |
| **c** | For active participants: | | | |
| | **(1)** Non-vested benefits | **3c(1)** | | 11428 |
| | **(2)** Vested benefits | **3c(2)** | | 1909782 |
| | **(3)** Total active | **3c(3)** | 100 | 1921210 |
| **d** | Total | **3d** | 232 | 4015239 |

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

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

| | | | |
|---|---|---|---|
| **5** | Effective interest rate | **5** | 6.59 % |
| **6** | Target normal cost | **6** | 83885 |

**Statement by Enrolled Actuary**

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

**SIGN HERE**

10/10/2011
Signature of actuary — Date

GREGORY YOUNG — 08-03761
Type or print name of actuary — Most recent enrollment number

PRICEWATERHOUSECOOPERS LLP — 214-754-5212
Firm name — Telephone number (including area code)

2001 ROSS AVENUE, SUITE 1800
DALLAS, TX 75201-2997
Address of the firm

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

## Part II Beginning of year carryover and prefunding balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) | 71320 | 0 |
| 8 | Portion used to offset prior year's funding requirement (Item 35 from prior year) | 71320 | 0 |
| 9 | Amount remaining (Item 7 minus item 8) | 0 | 0 |
| 10 | Interest on item 9 using prior year's actual return of 21.91 % | | |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Excess contributions (Item 38 from prior year) | | 7 |
| | b Interest on (a) using prior year's effective rate of 8.17 % | | 1 |
| | c Total available at beginning of current plan year to add to prefunding balance | | 8 |
| | 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 | 83.60 % |
| 15 | Adjusted funding target attainment percentage | 15 | 83.60 % |
| 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 | 95.89 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

## Part IV Contributions and liquidity shortfalls

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

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| 04/13/2010 | 19225 | | | | |
| 07/15/2010 | 19225 | | | | |
| 10/15/2010 | 19225 | | | | |
| 01/15/2011 | 19225 | | | | |
| 03/31/2011 | 200000 | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 276900 | 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 | 258434 |

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of Quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---|---|---|---|
| 0 | 0 | 0 | 0 |

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

**21** Discount rate:

**a** Segment rates:

| 1st segment: | 2nd segment: | 3rd segment: | |
|---|---|---|---|
| 4.60 % | 6.65 % | 6.76 % | ☐ N/A, full yield curve used |

**b** Applicable month (enter code) — **21b**: 0

**22** Weighted average retirement age — **22**: 63

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

## Part VI Miscellaneous items

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

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

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

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

## Part VIII Minimum required contribution for current year

| | | | |
|---|---|---|---|
| **31** Target normal cost, adjusted, if applicable (see instructions) | **31** | | 83885 |
| **32** Amortization installments: | | Outstanding Balance | Installment |
| **a** Net shortfall amortization installment | | 497725 | 83183 |
| **b** Waiver amortization installment | | 0 | 0 |
| **33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount | **33** | | 0 |
| **34** Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33) | **34** | | 167068 |

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

| | | |
|---|---|---|
| **36** Additional cash requirement (item 34 minus item 35) | **36** | 167068 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) | **37** | 258434 |
| **38** Interest-adjusted excess contributions for current year (see instructions) | **38** | 91366 |
| **39** Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) | **39** | 0 |
| **40** Unpaid minimum required contribution for all years | **40** | 0 |

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2010**<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

**A** Name of plan
HOURLY RATE PENSION PLAN OF GMI HOLDINGS, INC. ALLIANCE, OHIO FACILITY

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
GMI HOLDINGS, INC.

**D** Employer Identification Number (EIN)
31-1302102

## Part I Service Provider Information (see instructions)

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

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

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

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

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

PNC BANK, NATIONAL ASSOCIATION

25-1211909

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Financial Information

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

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

OMB No. 1210-0110

**2010**

**This Form is Open to Public Inspection**

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

**A** Name of plan
HOURLY RATE PENSION PLAN OF GMI HOLDINGS, INC. ALLIANCE, OHIO FACILITY

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
GMI HOLDINGS, INC.

**D** Employer Identification Number (EIN)
31-1302102

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | 3220 | 2895 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 81647 | 43443 |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 3162666 | 3481786 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 3247533 | 3528124 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 3247533 | 3528124 |

## Part II Income and Expense Statement

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

| | Income | | (a) Amount | (b) Total |
|---|---|---|---|---|
| **a** | **Contributions:** | | | |
| | **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 64499 | |
| | **(B)** Participants | 2a(1)(B) | | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 64499 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| | **(B)** U.S. Government securities | 2b(1)(B) | | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 0 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 101946 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 101946 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| 2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate | 2b(5)(A) | | |
| (B) Other | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | 0 |
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 259383 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 425828 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 145237 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 145237 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 0 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 145237 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 280591 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

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

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

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

(1) Name: GRANT THORTON LLP (2) EIN: 36-6055558

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** | Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |
| **c** | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| **d** | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| **e** | Was this plan covered by a fidelity bond? | 4e | X | | 500000 |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| **g** | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| **h** | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| **i** | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| **j** | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | X | | |
| **k** | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | | |
| **n** | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

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

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Retirement Plan Information

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

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

OMB No. 1210-0110

**2010**

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

**A** Name of plan
HOURLY RATE PENSION PLAN OF GMI HOLDINGS, INC. ALLIANCE, OHIO FACILITY

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
GMI HOLDINGS, INC.

**D** Employer Identification Number (EIN)
31-1302102

## Part I Distributions

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

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

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

EIN(s): 25-1211909

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

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

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Grant Thornton

# REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

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Pension Plans Administrative
Committee of Overhead Door Corporation:

We were engaged to audit the financial statements of the Hourly Rate Pension Plan of GMI Holdings, Inc., Alliance, Ohio Facility, (the "Plan") as of December 31, 2010 and 2009 and for the year ended December 31, 2010, and the supplemental schedules of (1) Schedule H, Line 4i – Schedule of Assets (Held at End of Year), and (2) Schedule H, Line 4j – Schedule of Reportable Transactions as of and for the year ended December 31, 2010. 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 PNC Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of and for the years ended December 31, 2010 and 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

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 trustee, has 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 under the Employee Retirement Income Security Act of 1974.

Grant Thornton LLP

October 12, 2011
Dallas, Texas

Overhead Door Corporation
Hourly Rate Pension Plan of GMI Holdings, Inc. Alliance, OH
EIN: 31-1302102; Plan Number: 002
2010 Schedule SB, Line 22 - Description of Weighted Average Retirement Age

| Age | Assumed Ret Rate | Px+t | Qx+t | tPx | tPx*Qx+t | Ret Age Age*tPx*Qx+t |
|---|---|---|---|---|---|---|
| 55 | 5% | 95% | 5% | 1.000 | 0.050 | 2.750 |
| 56 | 2% | 98% | 2% | 0.950 | 0.019 | 1.064 |
| 57 | 2% | 98% | 2% | 0.931 | 0.019 | 1.061 |
| 58 | 2% | 98% | 2% | 0.912 | 0.018 | 1.058 |
| 59 | 2% | 98% | 2% | 0.894 | 0.018 | 1.055 |
| 60 | 8% | 92% | 8% | 0.876 | 0.070 | 4.206 |
| 61 | 8% | 92% | 8% | 0.806 | 0.064 | 3.934 |
| 62 | 20% | 80% | 20% | 0.742 | 0.148 | 9.197 |
| 63 | 8% | 92% | 8% | 0.593 | 0.047 | 2.990 |
| 64 | 8% | 92% | 8% | 0.546 | 0.044 | 2.795 |
| 65 | 75% | 25% | 75% | 0.502 | 0.377 | 24.482 |
| 66 | 50% | 50% | 50% | 0.126 | 0.063 | 4.143 |
| 67 | 50% | 50% | 50% | 0.063 | 0.031 | 2.103 |
| 68 | 50% | 50% | 50% | 0.031 | 0.016 | 1.067 |
| 69 | 50% | 50% | 50% | 0.016 | 0.008 | 0.541 |
| 70 | 100% | 0% | 100% | 0.008 | 0.008 | 0.549 |
| | | | | Totals | 1.000 | 62.996 |

For this case, the retirement age for Schedule SB, Line 22 is **63**

The following is a summary of the assumptions updated from the assumptions used in the 2009 Plan Year valuation to the assumptions used in the 2010 Plan Year valuation.

Effective January 1, 2010, the interest rate used to determine the liability for funding purposes was changed from October 2008 yield curve to the January 2010 segment rates. The reason for this change is that using the yield curve for any month other than the month that contains the valuation date is no longer permitted under IRS regulations. Per Reg. 1.430(h)(2)-1(h)(3), this change is treated as having been approved by the Commissioner and does not require the Commissioners specific prior approval.

**Schedule of Amortization Bases**

Amortization Charges

| | Type of Base | Date Established | Remaining Period (Years) | Present Value of Remaining Base | Amortization Installment |
|---|---|---|---|---|---|
| 2010 Shortfall | Shortfall | 1/1/2010 | 7 | 497,725 | 83,183 |

**HOURLY RATE PENSION PLAN OF GMI HOLDINGS, INC.**
**ALLIANCE, OHIO FACILITY**
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**
**As of the Year Ended December 31, 2010**

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Artisan Funds, Inc. | International Fund | $ 126,442 | $ 130,776 |
| | Artisan Funds, Inc. | Small Cap Value Fund | 38,274 | 39,800 |
| | Baird Funds | Aggregate Bond Fund | 845,145 | 854,180 |
| | Baron Asset Funds | Mid-Cap Growth Fund | 73,495 | 87,327 |
| | Baron Asset Funds | Small Cap Fund | 28,629 | 37,876 |
| | Blackrock Funds | Total Return Portfolio II Fund | 853,044 | 839,983 |
| | Blackrock Liquidity Funds | Tempfund | 61,168 | 61,168 |
| | Harbor Funds | International Fund | 116,940 | 140,861 |
| | iShares Trust | S&P 500 Index Fund | 444,348 | 446,546 |
| | MFS | Value Fund | 487,564 | 419,161 |
| | T. Rowe Price | Growth Stock Fund | 292,200 | 410,380 |
| | T. Rowe Price | Mid-Cap Value Fund | 51,081 | 74,896 |
| | | Uninvested Cash | (17,725) | (17,725) |
| | | | $ 3,400,605 | $ 3,525,229 |

**HOURLY PENSION PLAN OF GMI HOLDINGS, INC.**
**ALLIANCE, OHIO FACILITY**
**Schedule H, Part IV Line 4j - Schedule of Reportable Transactions**
**For the Year Ended December 31, 2010**

| (a) Identity of party Involved | (b) Description of Asset | (c) Purchase Price | (d) Selling Price | (g) Cost of Asset | (h) Current value of asset on transaction date | (i) Net Gain or (Loss) |
|---|---|---|---|---|---|---|
| **Category (i) - Single transactions in excess of 5% of beginning Plan assets:** | | | | | | |
| None | | | | | | |
| **Category (iii) - Series of transactions in excess of 5% of beginning Plan assets:** | | | | | | |
| Blackrock Liquidity Funds | Blackrock - Temp Fund | | | | | |
| | 25 Sale | | 162,513 | 162,513 | 162,513 | - |
| | 21 Purchases | 142,034 | | 142,034 | 142,034 | - |

**Note: Columns (e) and (f) are not applicable.**
**There was no category (ii) or (iv) transactions for 2010.**

**B. Age and Service Distribution of Active Members**

Completed Years of Service on January 1, 2010[1]

| Attained Age | Under 1 year | | 1 to 4 years | | 5 to 9 years | | 10 to 14 years | | 15 to 19 years | | 20 to 24 years | | 25 to 29 years | | 30 to 34 years | | 35 to 39 years | | Over 40 years | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | No. | Avg. Pay | No. | Avg. Pay | No. | Avg. Pay | No. | Avg. Pay | No. | Avg. Pay | No. | Avg. Pay | No. | Avg. Pay | No. | Avg. Pay | No. | Avg. Pay | No. | Avg. Pay | No. | Avg Pay |
| <25 | | | | | | | | | | | | | | | | | | | | | | |
| 25-29 | | | | | | | | | | | | | | | | | | | | | | |
| 30-34 | | | 1 | | | | | | | | | | | | | | | | | | 1 | |
| 35-39 | | | | | | | 2 | | 1 | | | | | | | | | | | | 3 | |
| 40-44 | | | 1 | | 1 | | 5 | | 6 | | | | | | | | | | | | 13 | |
| 45-49 | | | 1 | | | | 2 | | 8 | | | | | | | | | | | | 11 | |
| 50-54 | | | 1 | | 2 | | 3 | | 16 | | | | | | | | | | | | 22 | |
| 55-59 | | | | | 1 | | 2 | | 14 | | | | | | | | | | | | 17 | |
| 60-64 | | | | | | | 2 | | 23 | | | | | | | | | | | | 25 | |
| 65-69 | | | | | | | | | 6 | | | | | | | | | | | | 6 | |
| 70&Up | | | | | | | | | 2 | | | | | | | | | | | | 2 | |
| Total | | | 4 | | 4 | | 16 | | 76 | | | | | | | | | | | | 100 | |

[1] Credited Service.

**Actuarial Assumptions for Funding Purposes**

**Valuation Interest Rate**

Segment rates published for the month of January 2010

**Mortality**

Static separate, sex-distinct RP-2000 Healthy Annuitant tables projected 7 years from the valuation date and Non-Annuitant tables projected 15 years from the valuation date using projection scale AA.

**Salary Scale**

Not applicable.

**Withdrawal**

Percentages of Employees Withdrawaling from employment during the year of age shown.

| Age | Rate | Age | Rate |
|---|---|---|---|
| 20 | 13.2% | 40 | 7.6% |
| 25 | 10.6% | 45 | 6.4% |
| 30 | 9.6% | 50 | 3.0% |
| 35 | 9.0% | 55 | 0.6% |
| | | 60 | 0.0% |

**Retirement Age**

Percentage of employees retiring from employment during the year shown.

| Age | Rate |
|---|---|
| 55 | 5% |
| 56-59 | 2% |
| 60-61 | 8% |
| 62 | 20% |
| 63-64 | 8% |
| 65 | 75% |
| 66-69 | 50% |
| 70 | 100% |

**Disability**

None assumed.

**Expenses**

$0. No expenses are paid from the Plan.

**Actuarial Methods for Funding Purposes**

1. Actuarial Cost Method

The actuarial cost method is the Unit Credit Actuarial Cost Method.

Under this cost method, the target liability is defined as the present value of the accrued benefits on the valuation date. The funding shortfall is the excess, if any, of the amount by which the target liability exceeds the actuarial value of Plan Assets.

The target normal cost, determined on the valuation date, is the amount required to fund the benefit expected to be earned in the current year plus expected expenses.

2. Asset Valuation Method

Under this method the Plan Assets are equal to the average of the fair market value on the valuation date and the adjusted fair market value on each of the preceding two valuation dates, but not less than 90% nor more than 110% of the Fair Value of Assets. The adjusted fair market value as of any preceding valuation date is equal to the fair market value as of such date increased for contributions reflected in the fair market value of assets on the current valuation that were not reflected in the fair market value of assets as of such preceding valuation date, decreased for benefits payments and expenses reflected in the fair market value of assets on the current valuation that were not reflected in the fair market value of assets as of such preceding valuation date, and adjusted for expected earnings (not in excess of the third segment rate, with no phase-in, applicable to the corresponding valuation date).

**Effective Date**

Originally effective January 1, 1991. The plan was restated effective January 1, 1998 and most recently amended as of February 1, 2008.

**Eligibility**

Any employee in the bargaining unit represented by International Union of Electronic, Electrical, Technical, Salaried and Machine Workers, AFL-CIO Local No. 750, shall become a plan participant on the later of January 1, 1991 or date of hire.

**Credited Service**

Service is computed for each calendar year on the basis of compensated hours in the year according to the following schedule:

| Hours | Years of credited service | Hours | Years of credited service |
|---|---|---|---|
| 0 - 74.9 | 0.0000 | 975 - 1124.9 | 0.5833 |
| 75 - 224.9 | 0.0833 | 1125 - 1274.9 | 0.6667 |
| 225 - 374.9 | 0.1667 | 1275 - 1424.9 | 0.7500 |
| 375 - 524.9 | 0.2500 | 1425 - 1574.9 | 0.8333 |
| 525 - 674.9 | 0.3333 | 1575 - 1724.9 | 0.9167 |
| 675 - 824.9 | 0.4167 | 1725 - over | 1.0000 |
| 825 - 974.9 | 0.5000 | | |

No credit will be given for years prior to September 15, 1990. However, for purposes of determining eligibility for benefits only, one year of credited vesting service is granted if an employee works at least 1,000 hours. Partial credit will be given for years in which less that 1,000 hours are worked.

**Retirement Date**

Normal — The first day of the month coincident with or next following the participant's 65th birthday.

Early — A participant may elect to retire early on the first day of any month after attainment of age 55 and completing ten years of credited service.

Disability — A participant is eligible for disability after completing ten years of credited service.

| | |
|---|---|
| **Monthly Pension Benefit** | A monthly benefit for life equal to $18.25 multiplied by credited service, up to a maximum of 45 years. |
| **Retirement Income at Early Retirement** | The monthly pension benefit reduced by 1/15th for each of the first 5 years and by 1/30th for each of the next 5 years by which the benefit commencement date precedes the Normal Retirement Date. |
| **Retirement Income at Disability Retirement** | Monthly pension benefit at date of Disability Retirement and parable to the Normal Retirement Date. |

**Pre-Retirement Death Benefit**

| | |
|---|---|
| After Early Retirement Date | Upon the death of a participant, the qualifying spouse is entitled to an immediate monthly life annuity equal to one-half of the monthly 50% qualified joint and survivor annuity which the participant would have received had the participant starte receiving benefits immediately prior to the date of death. |
| Before Early Retirement Date | Upon the death of a participant, the qualifying spouse is entitled to a monthly life annuity equal to one-half of the monthly 50% qualified joint and survivor annuity payable at the participant's 55th birthday. The monthly annuity is reduced according to the Early Retirement Percentage Schedule. |
| Changes Since Prior Valuation | None. |

# SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

**2010**

This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

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

**A** Name of plan
HOURLY RATE PENSION PLAN OF GMI HOLDINGS, INC. ALLIANCE, OHIO FACILITY

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
GMI HOLDINGS, INC.

**D** Employer Identification Number (EIN)
31-1302102

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

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

## Part I Basic Information

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

**2** Assets:

| | | | |
|---|---|---|---|
| a | Market value | 2a | 3253514 |
| b | Actuarial value | 2b | 3356904 |

**3** Funding target/participant count breakdown

| | | | (1) Number of participants | (2) Funding Target |
|---|---|---|---|---|
| a | For retired participants and beneficiaries receiving payment | 3a | 89 | 1375778 |
| b | For terminated vested participants | 3b | 43 | 718251 |
| c | For active participants: | | | |
| | (1) Non-vested benefits | 3c(1) | | 11428 |
| | (2) Vested benefits | 3c(2) | | 1909782 |
| | (3) Total active | 3c(3) | 100 | 1921210 |
| d | Total | 3d | 232 | 4015239 |

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

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

| | | | |
|---|---|---|---|
| 5 | Effective interest rate | 5 | 6.59% |
| 6 | Target normal cost | 6 | 83885 |

**Statement by Enrolled Actuary**

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

**SIGN HERE**

GREGORY YOUNG
Signature of actuary

10/10/2011
Date

GREGORY YOUNG
Type or print name of actuary

1103761
Most recent enrollment number

PRICEWATERHOUSECOOPERS LLP
Firm name

214-754-5212
Telephone number (including area code)

2001 ROSS AVENUE, SUITE 1800
DALLAS TX 75201-2997
Address of the firm

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

## Part II Beginning of year carryover and prefunding balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) | 71320 | 0 |
| 8 | Portion used to offset prior year's funding requirement (Item 35 from prior year) | 71320 | 0 |
| 9 | Amount remaining (Item 7 minus item 8) | 0 | 0 |
| 10 | Interest on item 9 using prior year's actual return of 21.91% | 0 | 0 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Excess contributions (Item 38 from prior year) | | 0 |
| | b Interest on (a) using prior year's effective rate of 8.17% | | 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 | 83.60% |
| 15 | Adjusted funding target attainment percentage | 15 | 83.60% |
| 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 | 95.89% |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

## Part IV Contributions and liquidity shortfalls

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

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| 04/13/2010 | 19225 | 0 | | | |
| 07/15/2010 | 19225 | 0 | | | |
| 10/15/2010 | 19225 | 0 | | | |
| 01/15/2011 | 19225 | 0 | | | |
| 03/31/2011 | 200000 | 0 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ▶ 18(b) | 276900 | 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 | 258434 |

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of Quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---|---|---|---|
| 0 | 0 | 0 | 0 |

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

21 Discount rate:

| | 1st segment: | 2nd segment: | 3rd segment: | |
|---|---|---|---|---|
| a Segment rates: | 4.60% | 6.65% | 6.76% | ☐ N/A, full yield curve used |

| | | |
|---|---|---|
| b Applicable month (enter code) | 21b | 0 |
| 22 Weighted average retirement age | 22 | 63 |

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

## Part VI Miscellaneous items

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

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

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

## Part VIII Minimum required contribution for current year

| | | | |
|---|---|---|---|
| 31 Target normal cost, adjusted, if applicable (see instructions) | 31 | | 83885 |
| 32 Amortization installments: | | Outstanding Balance | Installment |
| a Net shortfall amortization installment | | 497725 | 83183 |
| b Waiver amortization installment | | 0 | 0 |
| 33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount | 33 | | 0 |
| 34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33) | 34 | | 167068 |

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

| | | |
|---|---|---|
| 36 Additional cash requirement (item 34 minus item 35) | 36 | 167068 |
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) | 37 | 258434 |
| 38 Interest-adjusted excess contributions for current year (see instructions) | 38 | 91366 |
| 39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) | 39 | 0 |
| 40 Unpaid minimum required contribution for all years | 40 | 0 |

Overhead Door Corporation
Hourly Rate Pension Plan of GMI Holdings, Inc. Alliance, OH
EIN: 31-1302102; Plan Number: 002
2010 Schedule SB, Line 22 - Description of Weighted Average Retirement Age

| Age | Assumed Ret Rate | Px+t | Qx+t | tPx | tPx*Qx+t | Ret Age Age*tPx*Qx+t |
|---|---|---|---|---|---|---|
| 55 | 5% | 95% | 5% | 1.000 | 0.050 | 2.750 |
| 56 | 2% | 98% | 2% | 0.950 | 0.019 | 1.064 |
| 57 | 2% | 98% | 2% | 0.931 | 0.019 | 1.061 |
| 58 | 2% | 98% | 2% | 0.912 | 0.018 | 1.058 |
| 59 | 2% | 98% | 2% | 0.894 | 0.018 | 1.055 |
| 60 | 8% | 92% | 8% | 0.876 | 0.070 | 4.206 |
| 61 | 8% | 92% | 8% | 0.806 | 0.064 | 3.934 |
| 62 | 20% | 80% | 20% | 0.742 | 0.148 | 9.197 |
| 63 | 8% | 92% | 8% | 0.593 | 0.047 | 2.990 |
| 64 | 8% | 92% | 8% | 0.546 | 0.044 | 2.795 |
| 65 | 75% | 25% | 75% | 0.502 | 0.377 | 24.482 |
| 66 | 50% | 50% | 50% | 0.126 | 0.063 | 4.143 |
| 67 | 50% | 50% | 50% | 0.063 | 0.031 | 2.103 |
| 68 | 50% | 50% | 50% | 0.031 | 0.016 | 1.067 |
| 69 | 50% | 50% | 50% | 0.016 | 0.008 | 0.541 |
| 70 | 100% | 0% | 100% | 0.008 | 0.008 | 0.549 |
| | | | | Totals | 1.000 | 62.996 |

For this case, the retirement age for Schedule SB, Line 22 is **63**

## Actuarial Assumptions for Funding Purposes

**Valuation Interest Rate**

Segment rates published for the month of January 2010

**Mortality**

Static separate, sex-distinct RP-2000 Healthy Annuitant tables projected 7 years from the valuation date and Non-Annuitant tables projected 15 years from the valuation date using projection scale AA.

**Salary Scale**

Not applicable.

**Withdrawal**

Percentages of Employees Withdrawaling from employment during the year of age shown.

| Age | Rate | Age | Rate |
|---|---|---|---|
| 20 | 13.2% | 40 | 7.6% |
| 25 | 10.6% | 45 | 6.4% |
| 30 | 9.6% | 50 | 3.0% |
| 35 | 9.0% | 55 | 0.6% |
| | | 60 | 0.0% |

**Retirement Age**

Percentage of employees retiring from employment during the year shown.

| Age | Rate |
|---|---|
| 55 | 5% |
| 56-59 | 2% |
| 60-61 | 8% |
| 62 | 20% |
| 63-64 | 8% |
| 65 | 75% |
| 66-69 | 50% |
| 70 | 100% |

**Disability**

None assumed.

**Expenses**

$0. No expenses are paid from the Plan.

## Actuarial Methods for Funding Purposes

1. Actuarial Cost Method

   The actuarial cost method is the Unit Credit Actuarial Cost Method.

   Under this cost method, the target liability is defined as the present value of the accrued benefits on the valuation date. The funding shortfall is the excess, if any, of the amount by which the target liability exceeds the actuarial value of Plan Assets.

   The target normal cost, determined on the valuation date, is the amount required to fund the benefit expected to be earned in the current year plus expected expenses.

2. Asset Valuation Method

   Under this method the Plan Assets are equal to the average of the fair market value on the valuation date and the adjusted fair market value on each of the preceding two valuation dates, but not less than 90% nor more than 110% of the Fair Value of Assets. The adjusted fair market value as of any preceding valuation date is equal to the fair market value as of such date increased for contributions reflected in the fair market value of assets on the current valuation that were not reflected in the fair market value of assets as of such preceding valuation date, decreased for benefits payments and expenses reflected in the fair market value of assets on the current valuation that were not reflected in the fair market value of assets as of such preceding valuation date, and adjusted for expected earnings (not in excess of the third segment rate, with no phase-in, applicable to the corresponding valuation date).

The following is a summary of the assumptions updated from the assumptions used in the 2009 Plan Year valuation to the assumptions used in the 2010 Plan Year valuation.

Effective January 1, 2010, the interest rate used to determine the liability for funding purposes was changed from October 2008 yield curve to the January 2010 segment rates. The reason for this change is that using the yield curve for any month other than the month that contains the valuation date is no longer permitted under IRS regulations. Per Reg. 1.430(h)(2)-1(h)(3), this change is treated as having been approved by the Commissioner and does not require the Commissioners specific prior approval.

**Effective Date**

Originally effective January 1, 1991. The plan was restated effective January 1, 1998 and most recently amended as of February 1, 2008.

**Eligibility**

Any employee in the bargaining unit represented by International Union of Electronic, Electrical, Technical, Salaried and Machine Workers, AFL-CIO Local No. 750, shall become a plan participant on the later of January 1, 1991 or date of hire.

**Credited Service**

Service is computed for each calendar year on the basis of compensated hours in the year according to the following schedule:

| Hours | Years of credited service | Hours | Years of credited service |
|---|---|---|---|
| 0 - 74.9 | 0.0000 | 975 - 1124.9 | 0.5833 |
| 75 - 224.9 | 0.0833 | 1125 - 1274.9 | 0.6667 |
| 225 - 374.9 | 0.1667 | 1275 - 1424.9 | 0.7500 |
| 375 - 524.9 | 0.2500 | 1425 - 1574.9 | 0.8333 |
| 525 - 674.9 | 0.3333 | 1575 - 1724.9 | 0.9167 |
| 675 - 824.9 | 0.4167 | 1725 - over | 1.0000 |
| 825 - 974.9 | 0.5000 | | |

No credit will be given for years prior to September 15, 1990. However, for purposes of determining eligibility for benefits only, one year of credited vesting service is granted if an employee works at least 1,000 hours. Partial credit will be given for years in which less that 1,000 hours are worked.

**Retirement Date**

Normal — The first day of the month coincident with or next following the participant's 65th birthday.

Early — A participant may elect to retire early on the first day of any month after attainment of age 55 and completing ten years of credited service.

Disability — A participant is eligible for disability after completing ten years of credited service.

| | |
|---|---|
| **Monthly Pension Benefit** | A monthly benefit for life equal to $18.25 multiplied by credited service, up to a maximum of 45 years. |
| **Retirement Income at Early Retirement** | The monthly pension benefit reduced by 1/15th for each of the first 5 years and by 1/30th for each of the next 5 years by which the benefit commencement date precedes the Normal Retirement Date. |
| **Retirement Income at Disability Retirement** | Monthly pension benefit at date of Disability Retirement and parable to the Normal Retirement Date. |

**Pre-Retirement Death Benefit**

| | |
|---|---|
| After Early Retirement Date | Upon the death of a participant, the qualifying spouse is entitled to an immediate monthly life annuity equal to one-half of the monthly 50% qualified joint and survivor annuity which the participant would have received had the participant starte receiving benefits immediately prior to the date of death. |
| Before Early Retirement Date | Upon the death of a participant, the qualifying spouse is entitled to a monthly life annuity equal to one-half of the monthly 50% qualified joint and survivor annuity payable at the participant's 55th birthday. The monthly annuity is reduced according to the Early Retirement Percentage Schedule. |
| Changes Since Prior Valuation | None. |

**Schedule of Amortization Bases**

Amortization Charges

| | Type of Base | Date Established | Remaining Period (Years) | Present Value of Remaining Base | Amortization Installment |
|---|---|---|---|---|---|
| 2010 Shortfall | Shortfall | 1/1/2010 | 7 | 497,725 | 83,183 |

**B. Age and Service Distribution of Active Members**

Completed Years of Service on January 1, 2010[1]

| Attained Age | Under 1 year | | 1 to 4 years | | 5 to 9 years | | 10 to 14 years | | 15 to 19 years | | 20 to 24 years | | 25 to 29 years | | 30 to 34 years | | 35 to 39 years | | Over 40 years | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | No. | Avg. Pay | No. | Avg. Pay | No. | Avg. Pay | No. | Avg. Pay | No. | Avg. Pay | No. | Avg. Pay | No. | Avg. Pay | No. | Avg. Pay | No. | Avg. Pay | No. | Avg. Pay | No. | Avg Pay |
| <25 | | | | | | | | | | | | | | | | | | | | | | |
| 25-29 | | | | | | | | | | | | | | | | | | | | | | |
| 30-34 | | | 1 | | | | | | | | | | | | | | | | | | 1 | |
| 35-39 | | | | | | | 2 | | 1 | | | | | | | | | | | | 3 | |
| 40-44 | | | 1 | | 1 | | 5 | | 6 | | | | | | | | | | | | 13 | |
| 45-49 | | | 1 | | | | 2 | | 8 | | | | | | | | | | | | 11 | |
| 50-54 | | | 1 | | 2 | | 3 | | 16 | | | | | | | | | | | | 22 | |
| 55-59 | | | | | 1 | | 2 | | 14 | | | | | | | | | | | | 17 | |
| 60-64 | | | | | | | 2 | | 23 | | | | | | | | | | | | 25 | |
| 65-69 | | | | | | | | | 6 | | | | | | | | | | | | 6 | |
| 70&Up | | | | | | | | | 2 | | | | | | | | | | | | 2 | |
| Total | | | 4 | | 4 | | 16 | | 76 | | | | | | | | | | | | 100 | |

[1] Credited Service.

# HOURLY RATE PENSION PLAN OF GMI HOLDINGS, INC.
# ALLIANCE, OHIO FACILITY

**Financial Statements and Supplemental Schedules**

**As of December 31, 2010 and 2009**
**And For the Year Ended December 31, 2010**

**(With Report of Independent Certified Public Accountant)**

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**HOURLY RATE PENSION PLAN OF GMI HOLDINGS, INC.**
**ALLIANCE, OHIO FACILITY**
**Statements of Net Assets Available for Benefits**
**December 31, 2010 and 2009**

| | 2010 | 2009 |
|---|---|---|
| Investments at fair value | | |
| Cash equivalents | $ 43,443 | $ 81,647 |
| Registered investment companies | 3,481,786 | 3,162,666 |
| Total investments | 3,525,229 | 3,244,313 |
| Receivables | | |
| Interest | 2,895 | 3,220 |
| Net assets available for plan benefits | $ 3,528,124 | $ 3,247,533 |

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

**HOURLY RATE PENSION PLAN OF GMI HOLDINGS, INC.**
**ALLIANCE, OHIO FACILITY**
**Statement of Changes in Net Assets Available for Benefits**
**For the Year Ended December 31, 2010**

| | | 2010 |
|---|---|---|
| **ADDITIONS:** | | |
| Investment income | | |
| Net appreciation in fair value of investments | $ | 259,383 |
| Interest and dividends | | 101,946 |
| Total investment income | | 361,329 |
| Employer contributions | | 64,499 |
| Total additions | | 425,828 |
| **DEDUCTIONS:** | | |
| Benefits paid to participants | | 145,237 |
| Net increase | | 280,591 |
| Net assets available for benefits at beginning of year | | 3,247,533 |
| Net assets available for benefits at end of year | $ | 3,528,124 |

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

**HOURLY RATE PENSION PLAN OF GMI HOLDINGS, INC.**
**ALLIANCE, OHIO FACILITY**
**Notes to Financial Statements**
**As of the Years Ended December 31, 2010 and 2009**
**And for the Year Ended December 31, 2010**

## 1. DESCRIPTION OF THE PLAN

The following description of the Hourly Rate Pension Plan of GMI Holdings, Inc. Alliance, Ohio Facility (the "Plan") provides only general information. Participants should refer to the plan document, available from the Alliance Employee Relations Office, for a more complete description of the Plan's provisions.

### (a) General

The Plan is a noncontributory defined benefit pension plan for employees of the Alliance, Ohio facility of GMI Holdings, Inc. (the "Company") who are employed within the collective bargaining unit represented by the International Union of Electronic, Electrical, Salaried, Machine and Furniture Workers AFL-CIO Local No. 750 (the "Union"). The Company is a wholly-owned subsidiary of Overhead Door Corporation, which is a wholly-owned subsidiary of Sanwa Shutter Corporation. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

### (b) Plan Administration

The Plan is administered by a committee (the "Pension Plans Administrative Committee') whose members are appointed by the Company's board of directors. Under the plan agreement, PNC Bank, N.A. (the "Trustee") is responsible for the custody of all trust assets and trust financial matters.

### (c) Eligibility and Vesting

Qualifying union employees become participants in the Plan on their date of hire. Benefits are fully vested after five full years of credited vesting services. A participant receives one year of credited vesting service for each calendar year in which he or she is paid for at least 1,000 hours. The eligibility requirements for benefits are as follows:

| | | |
|---|---|---|
| Normal retirement | - | Age 65 |
| Early retirement | - | Age 55 and ten years of credited vesting service |
| Disability retirement | - | After ten years of credited vesting service |
| Termination | - | Deferred or lump-sum benefits with five years of credited vesting service |

### (d) Funding Policy

The funding policy of the Company is to contribute such amounts as are necessary for purposes of meeting the minimum funding standards of ERISA on an actuarially determined basis to provide the Plan with assets sufficient to meet the benefits to be paid to Plan participants. The Company uses the unit credit actuarial cost method.

Contributions to the Plan by the Company are generally paid in quarterly minimum required payments subsequent to January 1 of each year with the balance due on or before the extended due date of the federal income tax return of the Company, which is the September 15th immediately following the end of the plan year. The Plan has met the minimum funding requirements of ERISA for the plan years ended December 31, 2010 and 2009.

### (e) Benefit Payments

The basic monthly single life benefit for life at the normal retirement date is equal to the number of years of credited benefit service, up to a maximum of 45 years, multiplied by $18.25.

The basic monthly benefit for early retirement or disability retirement is equal to the accrued normal retirement benefit reduced by a life-expectancy factor, as defined by the Plan. In the event of death, a married participant's spouse will receive a monthly life annuity equal to one-half of the monthly 50% qualified joint and survivor annuity.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

### (a) Basis of Accounting

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

### (b) Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

### (c) Valuation of Investments and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for a discussion of fair value measurements.

Purchase and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date, and interest income is recorded on the accrual basis. Net appreciation (depreciation) in fair value of investments includes realized gains and losses on investments sold during the year as well as appreciation (depreciation) of the investments held at the end of the year.

**(d) Benefits Paid to Participants**

Benefit payments to participants are recorded upon distribution from the Plan.

**(e) Administrative Expenses**

Certain administrative expenses of the Plan are paid by the Company, and totaled approximately $18,000 for the year ended December 31, 2010. In addition, all legal and actuarial fees incurred by the Plan are paid by the Company. These expenses, if not paid by the Company will be paid by the Plan.

## 3. ACCUMULATED PLAN BENEFITS

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by participants to the valuation date. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries and (b) present participants or their beneficiaries. Retirement benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included to the extent they are deemed attributable to employee service rendered to the benefit valuation date as specifically defined in the Plan document or clearly implied by the Plan's provisions.

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

The information below is presented as of December 31, 2009 for the valuation date as of January 1, 2010. The actuary has confirmed to the Company that the one day difference would not cause a significant difference in the valuation had it been performed as of December 31, 2009.

The following significant assumptions used in the valuation are presented in the following table as of December 31:

| | 2009 | 2008 |
|---|---|---|
| Discount rate | 8.00% | 8.00% |
| Mortality basis | 2010 Static Mortality Table | 2009 Static Mortality Table |
| Retirement age | Age-graded retirement rates pay from 5% at age 55 to 100% at age 70 | Age-graded retirement rates pay from 5% at age 55 to 100% at age 70 |

The actuarial present value of accumulated Plan benefits as of December 31 is as follows:

| | 2009 | 2008 |
|---|---|---|
| Vested benefits | | |
| Participants currently receiving payments | $ 1,334,102 | $ 1,200,310 |
| Other participants | 2,090,387 | 2,040,307 |
| Non-vested benefits | 15,013 | 16,742 |
| | $ 3,439,502 | $ 3,257,359 |

The change in the actuarial present value of accumulated Plan benefits from December 31, 2008 to December 31, 2009 is as follows:

| | |
|---|---|
| Actuarial present value of accumulated plan benefits as of December 31, 2008 | $ 3,257,359 |
| Increase/(decrease) during the plan year attributable to: | |
| Benefits Paid | (138,089) |
| Net benefits accumulated, including actuarial gains and losses | 60,099 |
| Change in assumptions | 4,962 |
| Increase for interest due to decrease in the discount period | 255,171 |
| Net increase | 182,143 |
| Actuarial present value of accumulated plan benefits as of December 31, 2009 | $ 3,439,502 |

The mortality assumption used to determine the liability for funding purposes was changed from the 2009 Static Mortality Table to the 2010 Static Mortality Table. Effective January 1, 2010, the interest rate used to determine the liability for funding purposes was changed from the October 2008 yield curve to the January 2010 segment rates.

## 4. INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE

The plan administrator elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator limited auditing procedures with respect to the information which was certified by PNC Bank, N.A., the trustee, as being complete and accurate, including investments at fair value reported in the statements of net assets available for benefits, total investment income/(loss) as reported in the statements of changes in net assets available for benefits, the information disclosed in Note 5, and all information presented in the supplemental schedules, Schedule H, line 4i – schedule of assets

(held at end of year) and Schedule H, line 4j – schedule of reportable transactions. The Plan's auditors performed no auditing procedures other than agreeing these amounts to the certified custodian statements.

## 5. INVESTMENTS

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

| | 2010 | 2009 |
|---|---|---|
| Baird Aggregate Bond Fund | $ 854,180 | $ 769,941 |
| Blackrock Total Return Portfolio II Fund | 839,983 | 754,947 |
| iShares Trust S&P 500 Index Fund | 446,546 | 417,722 |
| MFS Value Fund | 419,161 | 375,314 |
| T Rowe Price Growth Stock Fund | 410,380 | 372,320 |

## 6. FAIR VALUE MEASUREMENTS

Valuation techniques used to measure fair value use a hierarchy, which gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

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

*Registered investment companies:* Fair value of each investment is computed by using closing prices of the underlying securities, on nationally recognized stock exchanges or over-the-counter markets where no formal exchange exists. Where the investment is in shares of a mutual fund or portfolio, fair value is computed by using the net asset value per share provided by that mutual fund or portfolio.

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

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

**Assets at Fair Values as of December 31, 2010**

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Registered investment companies: | | | | |
| Equity funds | $ 1,787,623 | $ - | $ - | $ 1,787,623 |
| Corporate bonds | 854,180 | - | - | 854,180 |
| Fixed income funds | 839,983 | - | - | 839,983 |
| Total assets at fair value | $ 3,481,786 | $ - | $ - | $ 3,481,786 |

**Assets at Fair Values as of December 31, 2009**

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Registered investment companies: | | | | |
| Equity funds | $ 1,637,778 | $ - | $ - | $ 1,637,778 |
| Corporate bonds | 769,941 | - | - | 769,941 |
| Fixed income funds | 754,947 | - | - | 754,947 |
| Total assets at fair value | $ 3,162,666 | $ - | $ - | $ 3,162,666 |

## 7. 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 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 on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

## 8. PLAN TERMINATION

The Plan can be terminated by the Company in certain limited situations. If the Plan is terminated, the net assets of the Plan will be distributed to the participants in order of priority as outlined in the plan document and determined in accordance with ERISA and its applicable regulations.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") should the Plan terminate. Generally, the PBGC guarantees most vested, normal-age retirement benefits, early retirement benefits, and certain disability and survivors pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit. The monthly statutory limits during 2010 and 2009 were $4,500.

Whether all participants receive benefits, should the Plan be terminated at some future time, will depend on the sufficiency, at that time, of the Plan's net assets to provide such benefits, the priority of the benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

## 9. INCOME TAX STATUS

The Plan obtained its latest determination letter on September 3, 2002, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter; however, the plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

## 10. SUBSEQUENT EVENTS

Subsequent events have been evaluated up to October 12, 2011, the date the financial statements were available to be issued.

# SUPPLEMENTAL SCHEDULES

**HOURLY RATE PENSION PLAN OF GMI HOLDINGS, INC.**
**ALLIANCE, OHIO FACILITY**
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**
**As of the Year Ended December 31, 2010**

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Artisan Funds, Inc. | International Fund | $ 126,442 | $ 130,776 |
| | Artisan Funds, Inc. | Small Cap Value Fund | 38,274 | 39,800 |
| | Baird Funds | Aggregate Bond Fund | 845,145 | 854,180 |
| | Baron Asset Funds | Mid-Cap Growth Fund | 73,495 | 87,327 |
| | Baron Asset Funds | Small Cap Fund | 28,629 | 37,876 |
| | Blackrock Funds | Total Return Portfolio II Fund | 853,044 | 839,983 |
| | Blackrock Liquidity Funds | Tempfund | 61,168 | 61,168 |
| | Harbor Funds | International Fund | 116,940 | 140,861 |
| | iShares Trust | S&P 500 Index Fund | 444,348 | 446,546 |
| | MFS | Value Fund | 487,564 | 419,161 |
| | T. Rowe Price | Growth Stock Fund | 292,200 | 410,380 |
| | T. Rowe Price | Mid-Cap Value Fund | 51,081 | 74,896 |
| | | Uninvested Cash | (17,725) | (17,725) |
| | | | $ 3,400,605 | $ 3,525,229 |

(a) * Indicates party-in-interest.

**HOURLY PENSION PLAN OF GMI HOLDINGS, INC.**
**ALLIANCE, OHIO FACILITY**
**Schedule H, Part IV Line 4j - Schedule of Reportable Transactions**
**For the Year Ended December 31, 2010**

| (a) Identity of party Involved | (b) Description of Asset | (c) Purchase Price | (d) Selling Price | (g) Cost of Asset | (h) Current value of asset on transaction date | (i) Net Gain or (Loss) |
|---|---|---|---|---|---|---|
| **Category (i) - Single transactions in excess of 5% of beginning Plan assets:** | | | | | | |
| None | | | | | | |
| **Category (iii) - Series of transactions in excess of 5% of beginning Plan assets:** | | | | | | |
| Blackrock Liquidity Funds | Blackrock - Temp Fund | | | | | |
| | 25 Sale | | 162,513 | 162,513 | 162,513 | - |
| | 21 Purchases | 142,034 | | 142,034 | 142,034 | - |

**Note: Columns (e) and (f) are not applicable.**
**There was no category (ii) or (iv) transactions for 2010.**