

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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2012 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ 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.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☒ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information						
1a Name of plan <u>HOURLY RATE PENSION PLAN OF GMI HOLDINGS, INC. ALLIANCE, OHIO FACILITY</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1991</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/1991</u>			
1b Three-digit plan number (PN) ▶	<u>002</u>						
1c Effective date of plan <u>01/01/1991</u>							
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>GMI HOLDINGS, INC.</u> <u>22790 LAKE PARK BLVD</u> <u>ALLIANCE, OH 44601-3498</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">2b Employer Identification Number (EIN) <u>31-1302102</u></td> <td style="width: 20%;"></td> </tr> <tr> <td>2c Sponsor's telephone number <u>469-549-7100</u></td> <td></td> </tr> <tr> <td>2d Business code (see instructions) <u>335900</u></td> <td></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-1302102</u>		2c Sponsor's telephone number <u>469-549-7100</u>		2d Business code (see instructions) <u>335900</u>	
2b Employer Identification Number (EIN) <u>31-1302102</u>							
2c Sponsor's telephone number <u>469-549-7100</u>							
2d Business code (see instructions) <u>335900</u>							

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	11/25/2013	MARC JENKINS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	11/25/2013	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
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN
		3c Administrator's telephone number
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		5 230
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 0	
b Retired or separated participants receiving benefits.....	6b 109	
c Other retired or separated participants entitled to future benefits.....	6c 117	
d Subtotal. Add lines 6a , 6b , and 6c	6d 226	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 2	
f Total. Add lines 6d and 6e	6f 228	
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 Characteristics Codes in the instructions: 1B 1G		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ 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) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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 2012 This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

▶ **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 <u>HOURLY RATE PENSION PLAN OF GMI HOLDINGS, INC. ALLIANCE, OHIO FACILITY</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>GMI HOLDINGS, INC.</u>	D Employer Identification Number (EIN) <u>31-1302102</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2012</u>	
2 Assets:	
a Market value	2a <u>3913112</u>
b Actuarial value	2b <u>3958968</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>102</u> <u>1872244</u>
b For terminated vested participants.....	3b <u>41</u> <u>478366</u>
c For active participants:	
(1) Non-vested benefits.....	3c(1) <u>16894</u>
(2) Vested benefits.....	3c(2) <u>1795303</u>
(3) Total active	3c(3) <u>87</u> <u>1812197</u>
d Total	3d <u>230</u> <u>4162807</u>
4 If the plan is in at-risk status, check the box and complete lines (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 in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>7.00 %</u>
6 Target normal cost.....	6 <u>69924</u>

Statement by Enrolled Actuary

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

SIGN HERE	
Signature of actuary	Date
<u>AMY BEERT</u>	<u>11-07195</u>
Type or print name of actuary	Most recent enrollment number
<u>PRICEWATERHOUSECOOPERS LLP</u>	<u>214-754-7200</u>
Firm name	Telephone number (including area code)
<u>2001 ROSS AVENUE, SUITE 1800</u> <u>DALLAS, TX 75201-2997</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2012
v. 120126

Part II Beginning of Year Carryover Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>2.70</u> %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		12832
b	Interest on (a) using prior year's effective interest rate of <u>6.28</u> % except as otherwise provided (see instructions)		806
c	Total available at beginning of current plan year to add to prefunding balance		13638
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	95.10 %
15	Adjusted funding target attainment percentage	15	95.10 %
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	81.72 %
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
04/27/2012	56000	0			
07/13/2012	56000	0			
10/11/2012	56000	0			
09/13/2013	2749952	0			
Totals ▶			18(b)	2917952	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 contributions 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	2613148
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No		
c If line 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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
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 subject to 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 contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	69924	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	203839	60535	
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	130459	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35)	36	130459	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	2613148	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	2482689	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>HOURLY RATE PENSION PLAN OF GMI HOLDINGS, INC. ALLIANCE, OHIO FACILITY</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GMI HOLDINGS, INC.</u>	D Employer Identification Number (EIN) <u>31-1302102</u>

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)..... ☒ 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 ☐

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 ☐

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
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(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2012 This Form is Open to Public Inspection
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012		
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		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	177800	2749952
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	2737	1929
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	73717	185402
	(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)	3716509	4151083
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	3970763	7088366

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3970763	7088366
---	-----------	---------	---------

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)	2897698	
(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)		2897698
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)	90087	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		90087
(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)	51552	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		51552
(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
(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

		(a) Amount	(b) Total
(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)		313617
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3352954

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	199606	
(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)		199606
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)	35745	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		35745
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		235351

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		3117603
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) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: GRANT THORNTON LLP

(2) EIN: 36-6055558

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

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

Part IV Compliance Questions

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

During the plan year:

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.).....

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.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
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.)		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.)		X	
e Was this plan covered by a fidelity bond?	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?		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?		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?		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.)	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.)	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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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.			

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)

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

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 2012 This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>HOURLY RATE PENSION PLAN OF GMI HOLDINGS, INC. ALLIANCE, OHIO FACILITY</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GMI HOLDINGS, INC.</u>	D Employer Identification Number (EIN) <u>31-1302102</u>

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): <u>25-1211909</u>	
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 <u>0</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ 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 (include any prior year accumulated funding deficiency not waived)	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 or other authority 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. 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.
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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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):



REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Pension Plans Administrative Committee
of Overhead Door Corporation

Grant Thornton LLP
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Report on the financial statements

We were engaged to audit the accompanying financial statements of the Hourly Rate Pension Plan of GMI Holdings, Inc., Alliance, Ohio Facility (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statement of changes in net assets available for benefits for the year ended December 31, 2012, and the related notes to the financial statements.

Management's responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for disclaimer of opinion

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 certified information described in Note 4, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the certifying entities meet the requirements of 29 CFR 2520.103-8. The Plan administrator obtained certifications from these entities as of December 31, 2012 and 2011, and for the year ended December 31, 2012, stating that the certified information provided to the Plan administrator is complete and accurate.

Disclaimer of opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Supplementary information

The supplemental schedule of assets (held at end of year) and the supplemental schedule of reportable transactions as of December 31, 2012 are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

Report on form and content in compliance with DOL rules and regulations

The form and content of the information included in the financial statements and supplemental schedules other than that derived from the certified information described in Note 4, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Dallas, Texas

November 22, 2013

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 2012 This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

▶ **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: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1	Enter the valuation date: Month 01 Day 01 Year 2012
2	Assets:
a	Market value 2a 3913112
b	Actuarial value 2b 3958968
3	Funding target/participant count breakdown:
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment..... 3a 102 1872244
b	For terminated vested participants..... 3b 41 478366
c	For active participants:
(1)	Non-vested benefits 3c(1) 16894
(2)	Vested benefits 3c(2) 1795303
(3)	Total active..... 3c(3) 87 1812197
d	Total..... 3d 230 4162807
4	If the plan is in at-risk status, check the box and complete lines (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 in at-risk status for fewer than five consecutive years and disregarding loading factor..... 4b
5	Effective interest rate 5 7.00%
6	Target normal cost..... 6 69924

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	
AMY BEERT	Signature of actuary
PRICEWATERHOUSECOOPERS LLP	Type or print name of actuary
2001 ROSS AVENUE, SUITE 1800	Firm name
DALLAS TX 75201-2997	Address of the firm
	Date 1107195
	Most recent enrollment number 214-754-7200
	Telephone number (including area code)

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

Part II	Beginning of Year Carryover Prefunding Balances	(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>2.70</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		12832
	b Interest on (a) using prior year's effective interest rate of <u>6.28</u> % except as otherwise provided (see instructions)		806
	c Total available at beginning of current plan year to add to prefunding balance		13638
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III	Funding Percentages		
14	Funding target attainment percentage	14	95.10 %
15	Adjusted funding target attainment percentage	15	95.10 %
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	81.72 %
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
04/27/2012	56000	0			
07/13/2012	56000	0			
10/11/2012	56000	0			
09/13/2013	2749952	0			
Totals ▶			18(b)	2917952	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 contributions 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	2613148	
20 Quarterly contributions and liquidity shortfalls:			
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No			
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No			
c If 20a is "Yes," see instructions and complete the following table as applicable:			
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52%	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
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 subject to 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 contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6).....	31a	69924										
b Excess assets, if applicable, but not greater than line 31a	31b	0										
32 Amortization installments:	<table border="1"> <tr> <td></td> <td>Outstanding Balance</td> <td>Installment</td> </tr> <tr> <td>a Net shortfall amortization installment.....</td> <td>203839</td> <td>60535</td> </tr> <tr> <td>b Waiver amortization installment</td> <td></td> <td></td> </tr> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment.....	203839	60535	b Waiver amortization installment		
	Outstanding Balance	Installment										
a Net shortfall amortization installment.....	203839	60535										
b Waiver amortization installment												
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	130459										
	Carryover balance	Prefunding balance	Total balance									
35 Balances elected for use to offset funding requirement.....			0									
36 Additional cash requirement (line 34 minus line 35).....	36	130459										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	2613148										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	2482689										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b											
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0										
40 Unpaid minimum required contributions for all years	40	0										

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

Overhead Door Corporation
Hourly Rate Pension Plan of GMI Holdings, Inc. Alliance, OH
EIN: 31-1302102; Plan Number: 002
2012 Schedule SB, Line 19 - Discounted Employer Contributions

Contributions Made Toward Unpaid Minimum Required Contribution From Prior Years - (19a) - Not Applicable

Valuation Date: 1/1/2012

2012 Contributions - (19c)

Valuation Date: 1/1/2012

<i>Date Contribution Due</i>	<i>Date Contribution Made</i>	<i>Quarterly Contribution Due</i>	<i>Contribution Made</i>	<i>Days to Beginning of Year</i>	<i>Days Late</i>	<i>Effective Interest Rate</i>	<i>Penalty Rate (Effective Interest Rate + 5%)</i>	<i>Discounted Contribution to Valuation Date</i>
4/15/2012	4/27/2012	29,354	29,354	106	12	7.00%	12.00%	28,678
	4/27/2012		26,646	118		7.00%		26,071
7/13/2012	7/13/2012	29,354	56,000	195		7.00%		54,017
10/15/2012	10/11/2012	29,354	56,000	285		7.00%		53,126
	9/13/2013	N/A	2,749,952	622		7.00%		2,451,256
								2,613,148

Overhead Door Corporation
Hourly Rate Pension Plan of GMI Holdings, Inc. Alliance, OH
EIN: 31-1302102; Plan Number: 002
2012 Schedule SB, Line 22 - Description of Weighted Average Retirement Age

<u>Age</u>	<u>Assumed Ret Rate</u>	<u>Px+t</u>	<u>Qx+t</u>	<u>tPx</u>	<u>tPx*Qx+t</u>	<u>Ret Age Age*tPx*Qx+t</u>
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

Overhead Door Corporation
Hourly Rate Pension Plan of GMI Holdings, Inc. Alliance, OH
EIN: 31-1302102; Plan Number: 002
2010 Schedule SB, Line 26 - Schedule of Active Participant Data

B. Age and Service Distribution of Active Members

Completed Years of Service on January 1, 2012 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									1		1										2		
40-44							2		4		2										8		
45-49									3		7		2								12		
50-54							2		3		10		2								17		
55-59							2		4		6		6		1		1				20		
60-64									1		7		4		1				2		15		
65-69											3		3		1				4		11		
70&Up																			1		1		
Total							7		16		36		17		3		1		7		87		

¹ Credited Service.

Overhead Door Corporation
Hourly Rate Pension Plan of GMI Holdings, Inc. Alliance, OH
EIN: 31-1302102; Plan Number: 002
2012 Schedule SB, Line 32 - Schedule of Amortization Bases

Schedule of Amortization Bases

Amortization Charges

	<u>Type of Base</u>	<u>Date Established</u>	<u>Remaining Period (Years)</u>	<u>Present Value of Remaining Base</u>	<u>Amortization Installment</u>
2012 Shortfall	Shortfall	1/1/2012	7	(459,645)	(78,013)
2011 Shortfall	Shortfall	1/1/2011	6	289,001	55,365
2010 Shortfall	Shortfall	1/1/2010	5	<u>374,483</u>	<u>83,183</u>
				203,839	60,535

Overhead Door Corporation
Hourly Rate Pension Plan of GMI Holdings, Inc. Alliance, OH
EIN: 31-1302102; Plan Number: 002
2012 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Actuarial Assumptions for Funding Purposes

Valuation Interest Rate September 2011 segment rates, adjusted 24-Month Average
Segment Rates for 2012 under MAP-21 (5.54%, 6.85%, 7.52%)

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.

Expected Expenses \$0

Withdrawal Percentages of Employees Withdrawing
from Employment during the year of Age shown

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
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 of age shown

<u>Age</u>	<u>Rate</u>
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

Smoothed Method:

Smoothed value method. Under this method the Plan Assets is 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).

Overhead Door Corporation
Hourly Rate Pension Plan of GMI Holdings, Inc. Alliance, OH
EIN: 31-1302102; Plan Number: 002
2012 Schedule SB, Part V - Summary of Plan Provisions

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 than 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.

Overhead Door Corporation
Hourly Rate Pension Plan of GMI Holdings, Inc. Alliance, OH
EIN: 31-1302102; Plan Number: 002
2012 Schedule SB, Part V - Summary of Plan Provisions

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 started 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.

Overhead Door Corporation
Hourly Rate Pension Plan of GMI Holdings, Inc. Alliance, OH
EIN: 31-1302102; Plan Number: 002
2012 Schedule SB, Line 19 - Discounted Employer Contributions

Contributions Made Toward Unpaid Minimum Required Contribution From Prior Years - (19a) - Not Applicable

Valuation Date: 1/1/2012

2012 Contributions - (19c)

Valuation Date: 1/1/2012

<i>Date Contribution Due</i>	<i>Date Contribution Made</i>	<i>Quarterly Contribution Due</i>	<i>Contribution Made</i>	<i>Days to Beginning of Year</i>	<i>Days Late</i>	<i>Effective Interest Rate</i>	<i>Penalty Rate (Effective Interest Rate + 5%)</i>	<i>Discounted Contribution to Valuation Date</i>
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	4/27/2012		26,646	118		7.00%		26,071
7/13/2012	7/13/2012	29,354	56,000	195		7.00%		54,017
10/15/2012	10/11/2012	29,354	56,000	285		7.00%		53,126
	9/13/2013	N/A	2,749,952	622		7.00%		2,451,256
								2,613,148

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55	5%	95%	5%	1.000	0.050	2.750
56	2%	98%	2%	0.950	0.019	1.064
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59	2%	98%	2%	0.894	0.018	1.055
60	8%	92%	8%	0.876	0.070	4.206
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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

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B. Age and Service Distribution of Active Members

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									1		1										2	
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45-49									3		7		2								12	
50-54							2		3		10		2								17	
55-59							2		4		6		6		1		1				20	
60-64									1		7		4		1				2		15	
65-69											3		3		1				4		11	
70&Up																			1		1	
Total							7		16		36		17		3		1		7		87	

¹ Credited Service.

Overhead Door Corporation
Hourly Rate Pension Plan of GMI Holdings, Inc. Alliance, OH
EIN: 31-1302102; Plan Number: 002
2012 Schedule SB, Line 32 - Schedule of Amortization Bases

Schedule of Amortization Bases

Amortization Charges

		<u>Date</u>	<u>Remaining</u>	<u>Present</u>	
	<u>Type of Base</u>	<u>Established</u>	<u>Period</u>	<u>Value</u>	<u>Amortization</u>
			<u>(Years)</u>	<u>of Remaining</u>	<u>Installment</u>
				<u>Base</u>	
2012 Shortfall	Shortfall	1/1/2012	7	(459,645)	(78,013)
2011 Shortfall	Shortfall	1/1/2011	6	289,001	55,365
2010 Shortfall	Shortfall	1/1/2010	5	<u>374,483</u>	<u>83,183</u>
				203,839	60,535

Overhead Door Corporation
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Actuarial Assumptions for Funding Purposes

Valuation Interest Rate September 2011 segment rates, adjusted 24-Month Average
Segment Rates for 2012 under MAP-21 (5.54%, 6.85%, 7.52%)

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.

Expected Expenses \$0

Withdrawal Percentages of Employees Withdrawing
from Employment during the year of Age shown

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
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 of age shown

<u>Age</u>	<u>Rate</u>
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.

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Overhead Door Corporation
Hourly Rate Pension Plan of GMI Holdings, Inc. Alliance, OH
EIN: 31-1302102; Plan Number: 002
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Hours	Years of credited service	Hours	Years of credited service
0 - 74.9	0.0000	975 - 1124.9	0.5833
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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 than 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.

Overhead Door Corporation
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EIN: 31-1302102; Plan Number: 002
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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 started 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.

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

Financial Statements and Supplemental Schedules

**As of December 31, 2012 and 2011
And For the Year Ended December 31, 2012**

(With Report of Independent Certified Public Accountant)

TABLE OF CONTENTS

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Pension Plans Administrative Committee
of Overhead Door Corporation

Grant Thornton LLP
1717 Main Street, Suite 1500
Dallas, TX 75201-4667
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Report on the financial statements

We were engaged to audit the accompanying financial statements of the Hourly Rate Pension Plan of GMI Holdings, Inc., Alliance, Ohio Facility (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statement of changes in net assets available for benefits for the year ended December 31, 2012, and the related notes to the financial statements.

Management's responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for disclaimer of opinion

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 certified information described in Note 4, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the certifying entities meet the requirements of 29 CFR 2520.103-8. The Plan administrator obtained certifications from these entities as of December 31, 2012 and 2011, and for the year ended December 31, 2012, stating that the certified information provided to the Plan administrator is complete and accurate.

Disclaimer of opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Supplementary information

The supplemental schedule of assets (held at end of year) and the supplemental schedule of reportable transactions as of December 31, 2012 are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

Report on form and content in compliance with DOL rules and regulations

The form and content of the information included in the financial statements and supplemental schedules other than that derived from the certified information described in Note 4, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Dallas, Texas

November 22, 2013

HOURLY RATE PENSION PLAN OF GMI HOLDINGS, INC.
ALLIANCE, OHIO FACILITY
Statements of Net Assets Available for Benefits
December 31, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Investments at fair value		
Cash equivalents	\$ 185,402	\$ 73,717
Registered investment companies	<u>4,151,083</u>	<u>3,716,509</u>
Total investments	4,336,485	3,790,226
Receivables		
Employer contributions	2,805,952	177,800
Interest	<u>1,929</u>	<u>2,737</u>
Total receivables	2,807,881	180,537
Net assets available for plan benefits	<u><u>\$ 7,144,366</u></u>	<u><u>\$ 3,970,763</u></u>

The accompanying notes are an integral part of the 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, 2012

	<u>2012</u>
ADDITIONS:	
Investment income	
Net appreciation in fair value of investments	\$ 313,617
Interest	90,087
Dividends	<u>51,552</u>
Total investment income	455,256
Employer contributions	<u>2,953,698</u>
Total additions	3,408,954
 DEDUCTIONS:	
Benefits paid to participants	199,606
Administrative expenses	<u>35,745</u>
Total deductions	<u>235,351</u>
Net increase in net assets	3,173,603
 Net assets available for benefits at beginning of year	<u>3,970,763</u>
Net assets available for benefits at end of year	<u><u>\$ 7,144,366</u></u>

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

HOURLY RATE PENSION PLAN OF GMI HOLDINGS, INC.
ALLIANCE, OHIO FACILITY
Notes to Financial Statements
As of the Years Ended December 31, 2012 and 2011
And for the Year Ended December 31, 2012

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 Corporate Benefits Department, 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 Holdings Corporation. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

(b) Plan Document

In January 2011, the Company submitted a restatement of the Plan document to incorporate prior approved plan amendments to the Internal Revenue Service for a favorable determination request.

(c) 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. Graystone Consulting, a business of Morgan Stanley, was hired in 2011 as an investment consultant.

(d) 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

HOURLY RATE PENSION PLAN OF GMI HOLDINGS, INC.
ALLIANCE, OHIO FACILITY
Notes to Financial Statements
As of the Years Ended December 31, 2012 and 2011
And for the Year Ended December 31, 2012

(e) Funding Policy

The funding policy of the Company is to contribute such amounts as are necessary for purposes of meeting or exceeding 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, 2012 and 2011.

(f) 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) Cash Equivalents

Cash equivalents are highly liquid investments with maturities from date of purchase of three months or less. The carrying amount of cash equivalents approximates fair value because of the short maturity of these instruments.

HOURLY RATE PENSION PLAN OF GMI HOLDINGS, INC.
ALLIANCE, OHIO FACILITY
Notes to Financial Statements
As of the Years Ended December 31, 2012 and 2011
And for the Year Ended December 31, 2012

(d) 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.

(e) Benefits Paid to Participants

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

(f) Administrative Expenses

Certain administrative expenses of the Plan are paid by the Company, and totaled approximately \$36,000 for the year ended December 31, 2012. 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, 2011 and 2010 for the valuation date as of January 1, 2012 and 2011. 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, 2011 or 2010.

HOURLY RATE PENSION PLAN OF GMI HOLDINGS, INC.
ALLIANCE, OHIO FACILITY
Notes to Financial Statements
As of the Years Ended December 31, 2012 and 2011
And for the Year Ended December 31, 2012

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

	<u>2011</u>	<u>2010</u>
Discount rate	8.00%	8.00%
Mortality basis	2012 Static Mortality Table	2011 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:

	<u>2011</u>	<u>2010</u>
Vested benefits		
Participants currently receiving payments	\$ 1,721,828	\$ 1,449,116
Other participants	2,025,972	2,098,894
Non-vested benefits	16,222	16,794
	<u>\$ 3,764,022</u>	<u>\$ 3,564,804</u>

The change in the actuarial present value of accumulated Plan benefits from December 31, 2010 to December 31, 2011 is as follows:

Actuarial present value of accumulated plan benefits as of December 31, 2010	\$ 3,564,804
Increase/(decrease) during the plan year attributable to:	
Benefits Paid	(179,079)
Net benefits accumulated, including actuarial gains and losses	94,802
Change in assumptions	5,336
Increase for interest due to decrease in the discount period	<u>278,159</u>
Net increase	199,218
Actuarial present value of accumulated plan benefits as of December 31, 2011	<u>\$ 3,764,022</u>

The mortality assumption used to determine the liability for funding purposes was changed from the 2011 Static Mortality Table to the 2012 Static Mortality Table. Effective January 1, 2012, the segment rates used to determine the liability for funding purposes was changed from the September segment rates under IRC 430(h) to the rates prescribed by the Moving Ahead for Progress in the 21st Century Act for 2012.

HOURLY RATE PENSION PLAN OF GMI HOLDINGS, INC.
ALLIANCE, OHIO FACILITY
Notes to Financial Statements
As of the Years Ended December 31, 2012 and 2011
And for the Year Ended December 31, 2012

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 statement of net assets available for benefits, total investment income as reported in the statement 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, 2012 and 2011, that represent 5% or more of the Plan's net assets in one or both years is as follows:

	<u>2012</u>	<u>2011</u>
Baird Aggregate Bond Fund	\$ 1,109,296	\$ 947,659
Blackrock Total Return Portfolio II Fund	-	913,143
Vanguard Total Bond Market Index Fund	956,222	-
iShares Core S&P 500 Index Fund	347,115	305,453
MFS Value Fund	471,128	440,819
T. Rowe Price Growth Stock Fund	442,846	406,387

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;

HOURLY RATE PENSION PLAN OF GMI HOLDINGS, INC.
ALLIANCE, OHIO FACILITY
Notes to Financial Statements
As of the Years Ended December 31, 2012 and 2011
And for the Year Ended December 31, 2012

- 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, 2012 and 2011.

Registered investment companies: Valued at the daily closing price as reported by the registered investment company. Registered investment companies held by the Plan are open-end investments that are registered with the Securities and Exchange Commission. These investment companies are required to publish their daily net asset value and to transact at that price. The investment companies held by the Plan are deemed to be actively traded.

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.

HOURLY RATE PENSION PLAN OF GMI HOLDINGS, INC.
ALLIANCE, OHIO FACILITY
Notes to Financial Statements
As of the Years Ended December 31, 2012 and 2011
And for the Year Ended December 31, 2012

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, 2012

	Level 1	Level 2	Level 3	Total
Registered investment companies:				
Equity funds	\$ 2,085,565	\$ -	\$ -	\$ 2,085,565
Corporate bonds	1,109,296	-	-	1,109,296
Fixed income funds	956,222	-	-	956,222
Total assets at fair value	<u>\$ 4,151,083</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 4,151,083</u>

Assets at Fair Values as of December 31, 2011

	Level 1	Level 2	Level 3	Total
Registered investment companies:				
Equity funds	\$ 1,855,707	\$ -	\$ -	\$ 1,855,707
Corporate bonds	947,659	-	-	947,659
Fixed income funds	913,143	-	-	913,143
Total assets at fair value	<u>\$ 3,716,509</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 3,716,509</u>

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. RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of registered investment companies managed by the Trustee; therefore, these transactions qualify as party-in-interest with respect to the Plan. These transactions are covered by an exemption from the "prohibited transaction" provisions of ERISA and the Internal Revenue Code.

HOURLY RATE PENSION PLAN OF GMI HOLDINGS, INC.
ALLIANCE, OHIO FACILITY
Notes to Financial Statements
As of the Years Ended December 31, 2012 and 2011
And for the Year Ended December 31, 2012

9. 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 2012 and 2011 were \$4,653 and \$4,500, respectively.

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.

10. INCOME TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service dated June 25, 2012, stating that the Plan is qualified, as designed, under the Internal Revenue Code (IRC) and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan has been amended since receiving the determination letter; however, the Plan administrator believes that the Plan is currently designed, and being operated, in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified, and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the relevant taxing authorities. The Plan does not currently have any uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

11. SUBSEQUENT EVENTS

Subsequent events have been evaluated up to November 22, 2013, 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, 2012

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	* Prudential Short Term	Cash & Equivalents	\$ 52,002	\$ 52,002
	Artisan International Fund	Mutual Funds	129,824	152,073
	Artisan Small Cap Value Fund	Mutual Funds	42,729	40,897
	Baird Aggregate Bond Fund	Mutual Funds	1,067,625	1,109,296
	Baron Small Cap Fund	Mutual Funds	30,669	44,061
	Fidelity Money Market	Mutual Funds	133,401	133,401
	Goldman Sachs Growth Fund	Mutual Funds	95,937	95,087
	Harbor International Fund	Mutual Funds	122,999	151,307
	Harding Loevner Emerging Markets Portfolio Fund	Mutual Funds	82,126	96,302
	MFS Value Fund	Mutual Funds	489,218	471,128
	T. Rowe Price Growth Stock Fund	Mutual Funds	268,663	442,846
	T. Rowe Price Mid-Cap Value Fund	Mutual Funds	59,749	85,279
	Vanguard Total Bond Market Index Fund	Mutual Funds	952,914	956,222
	iShares Trust DJ Select Dividend Index	Exchange Traded Funds	154,594	159,471
	iShares Core S&P 500 Index Fund	Exchange Traded Funds	307,618	347,113
			<u>\$ 3,990,068</u>	<u>\$ 4,336,485</u>

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

**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, 2012**

(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)
<u>Category (i) - Single transactions in excess of 5% of beginning Plan assets:</u>						
Blackrock Funds	Bond Portfolio Fund					
	1 Sale		\$ 929,515	\$ 920,038	\$ 918,824	\$ 9,477
Vanguard	Total Bond Market Index Fund					
	1 Purchase	\$ 928,500		\$ 928,500	\$ 928,500	\$ -
<u>Category (iii) - Series of transactions in excess of 5% of beginning Plan assets:</u>						
Blackrock Funds	Bond Portfolio Fund					
	2 Sale		\$ 932,093	\$ 922,617	\$ 921,403	\$ 9,476
Fidelity	Money Market					
	14 Sale		\$ 469,583	\$ 469,583	\$ 469,583	\$ -
	17 Purchases	\$ 602,984		\$ 602,984	\$ 602,984	\$ -

**Note: Columns (e) and (f) are not applicable.
There was no category (ii) and (iv) transactions for 2012.**

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, 2012

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
*	Prudential Short Term	Cash & Equivalents	\$ 52,002	\$ 52,002
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	iShares Core S&P 500 Index Fund	Exchange Traded Funds	307,618	347,113
			<u>\$ 3,990,068</u>	<u>\$ 4,336,485</u>

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

**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, 2012**

(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)
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	1 Purchase	\$ 928,500		\$ 928,500	\$ 928,500	\$ -
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Fidelity	Money Market					
	14 Sale		\$ 469,583	\$ 469,583	\$ 469,583	\$ -
	17 Purchases	\$ 602,984		\$ 602,984	\$ 602,984	\$ -

**Note: Columns (e) and (f) are not applicable.
There was no category (ii) and (iv) transactions for 2012.**