

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A	This return/report is for: <div><div>☐ a multiemployer plan;</div><div>☒ a single-employer plan;</div><div>☐ a multiple-employer plan; or</div><div>☐ a DFE (specify) ____</div></div>
B	This return/report is: <div><div>☐ the first return/report;</div><div>☐ the final return/report;</div><div>☐ an amended return/report;</div><div>☐ a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: <div><div>☒ Form 5558;</div><div>☐ automatic extension;</div><div>☐ the DFVC program;</div><div>☐ special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information
1a	Name of plan RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHTCO, INC.
1b	Three-digit plan number (PN) ▶ 004
1c	Effective date of plan 01/01/1980
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) TIGHTCO, INC. CORP. BENEFITS OFFICE 8307 UNIV. EXEC. PK. DR., STE. 290 CHARLOTTE, NC 28262
2b	Employer Identification Number (EIN) 57-0934530
2c	Sponsor's telephone number 704-510-2237
2d	Business code (see instructions) 339900

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.	08/26/2010	THOMAS R. PLATTE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/26/2010	THOMAS R. PLATTE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

TIGHTCO, INC.
CORP. BENEFITS OFFICE
8307 UNIV. EXEC. PK. DR., STE. 290
CHARLOTTE, NC 28262

3b Administrator's EIN
57-0934530

3c Administrator's telephone number
704-510-2237

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**

120

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**

50

b Retired or separated participants receiving benefits.....**6b**

39

c Other retired or separated participants entitled to future benefits.....**6c**

19

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

108

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

1

f Total. Add lines **6d** and **6e**.....**6f**

109

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g****h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....**6h**

0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7****8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1B 1G 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**9a** Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ 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 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **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>RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHTCO, INC.</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TIGHTCO, INC.</u>	D Employer Identification Number (EIN) <u>57-0934530</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>2009</u>	
2 Assets:	
a Market value	2a <u>1060354</u>
b Actuarial value	2b <u>1166389</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>37</u> <u>717974</u>
b For terminated vested participants	3b <u>21</u> <u>215453</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>16046</u>
(2) Vested benefits	3c(2) <u>646283</u>
(3) Total active	3c(3) <u>51</u> <u>662329</u>
d Total	3d <u>109</u> <u>1595756</u>
4 If the plan is at-risk, check the box and complete items (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.49</u> %
6 Target normal cost	6 <u>27682</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>KATHLEEN M. POTTER</u>	<u>08-04226</u>
Type or print name of actuary	Most recent enrollment number
<u>BPS&M, LLC</u>	<u>804-267-3100</u>
Firm name	Telephone number (including area code)
<u>9020 STONY POINT PKWY, SUITE 200</u> <u>RICHMOND, VA 23235</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) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	57610	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8).....	57610	0
10 Interest on item 9 using prior year's actual return of <u>-33.34</u> %	-19207	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		92448
b Interest on (a) using prior year's effective rate of <u>6.13</u> %		5667
c Total available at beginning of current plan year to add to prefunding balance		98115
d Portion of (c) to be added to prefunding balance.....		98115
12 Reduction in balances due to elections or deemed elections.....		
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	38403	98115

Part III Funding percentages		
14 Funding target attainment percentage.....	14	64.54 %
15 Adjusted funding target attainment percentage.....	15	64.54 %
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	97.17 %
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
01/14/2009	16007				
04/17/2009	16007				
07/21/2009	16007				
10/19/2009	16007				
09/15/2010	49505				
			Totals ►	18(b)	113533
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	106849
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: 5.32 %	2nd segment: 6.45 %	3rd segment: 6.69 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	27682
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	470140	79167
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	106849
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	106849
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	106849
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

<div>A</div> <div>Name of plan</div> <div>RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHITCO, INC.</div>	<div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>004</div>
<div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>TIGHITCO, INC.</div>	<div>D</div> <div>Employer Identification Number (EIN)</div> <div>57-0934530</div>

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

(b)

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

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

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)

WACHOVIA BANK N.A.

1525 WEST W.T. HARRIS BLVD, 3C5
CHARLOTTE, NC 28288

22-1147022

(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?
15 21 27 28 49 99	PLAN RECORDKEEPER	8338	Yes ☒ No ☐	Yes ☒ No ☐	1212	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan <u>RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHTCO, INC.</u>	B Three-digit plan number (PN) ►	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TIGHTCO, INC.</u>	D Employer Identification Number (EIN) <u>57-0934530</u>	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	<u>5716</u>	<u>117116</u>
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	<u>64000</u>	<u>49493</u>
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	<u>6</u>	<u>2829</u>
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	<u>995437</u>	<u>1250455</u>
(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	1065159	1419893

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	2330	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	2330	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1062829	1419893
---	-----------	---------	---------

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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	113521	
(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)		113521

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	37028	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		37028

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	265474	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		265474
(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)		31184
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		447207

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	80593	
(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)		80593
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	9550	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		9550
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		90143

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		357064
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: HOBBS GROUP

(2) EIN: 57-0957419

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		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.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

- 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)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHTCO, INC.</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TIGHTCO, INC.</u>	D Employer Identification Number (EIN) <u>57-0934530</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>22-1147033</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	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

AUDITED FINANCIAL STATEMENTS

*RETIREMENT PLAN FOR HOURLY PAID
EMPLOYEES OF TIGHTCO, INC.*

December 31, 2009

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December 31, 2009

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Mark T. Hobbs, CPA
Eldora T. Whitcomb, CPA
Malynda M. Grimsley, CPA
Christina R. Kelly, CPA



Jeff Nates, CPA, CISA
Stacy F. Smith, CPA
Christie B. Gilbert, CPA

INDEPENDENT AUDITORS' REPORT

Plan Committee
Retirement Plan For The Hourly Paid Employees of TIGHITCO, Inc.

We were engaged to audit the accompanying statements of net assets available for benefits of the Retirement Plan For Hourly Paid Employees of TIGHITCO, Inc. ("the Plan") as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the years then ended and the supplemental schedules of (1) Schedule H, line 4i-Schedule of Assets (Held At End of Year), and (2) Schedule H, line 4j-Schedule of Reportable Transactions as of or for the years ended December 31, 2009 and 2008. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan committee instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Wachovia Bank, N.A. (A Wells Fargo Company), the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan committee that the trustee holds the Plan's investment assets and executes investment transactions. The Plan committee has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan committee by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, 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.

Columbia, South Carolina
July 27, 2010

The Hobbs Group, P.A.

AUDITED FINANCIAL STATEMENTS

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
 RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHTCO, INC.

	December 31,	
	2009	2008
ASSETS		
Investments, at fair value		
Money market fund	\$ 117,116	\$ 5,716
Mutual funds	1,250,455	995,437
	<u>1,367,571</u>	<u>1,001,153</u>
Employer contribution receivable	49,493	64,000
Accrued dividends	2,829	6
	<u>52,322</u>	<u>64,006</u>
TOTAL ASSETS	<u>1,419,893</u>	<u>1,065,159</u>
LIABILITIES		
Due to broker	0	2,329
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 1,419,893</u>	<u>\$ 1,062,830</u>

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

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHTCO, INC.

	For the Years Ended December 31,	
	2009	2008
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment Income:		
Net appreciation (depreciation) in fair value of investments	\$ 296,658	\$ (598,728)
Interest and dividends	37,028	80,753
	<u>333,686</u>	<u>(517,975)</u>
Contributions:		
Employer's	113,521	128,028
Other	0	192
TOTAL ADDITIONS (DEDUCTIONS)	<u>447,207</u>	<u>(389,755)</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid directly to participants	80,594	116,869
Administrative expenses	9,550	11,127
TOTAL DEDUCTIONS	<u>90,144</u>	<u>127,996</u>
NET INCREASE (DECREASE)	357,063	(517,751)
Net assets available for benefits at beginning of year	<u>1,062,830</u>	<u>1,580,581</u>
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	<u>\$ 1,419,893</u>	<u>\$ 1,062,830</u>

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

NOTES TO THE FINANCIAL STATEMENTS
RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHTCO, INC.
December 31, 2009

NOTE A -- DESCRIPTION OF THE PLAN

The Retirement Plan For Hourly Paid Employees of TIGHTCO, Inc. ("the Plan") is a non-contributory defined benefit plan that covers substantially all hourly employees of TIGHTCO, Inc. ("the Company") who are represented by the Glass Molders, Pottery, Plastics and Allied Workers International Union AFL-CIO, CLC, Local 204, and provides for retirement, death and disability benefits. In April 2000, the Plan was amended to disallow any new enrollment for employees hired after April 1, 2000 or current employees not previously enrolled in the Plan.

The Plan's assets are maintained in a trust established under the Plan. The following description of the Plan provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Under the provisions of the Plan, the Employer is required to make quarterly contributions to this Plan in actuarially determined amounts sufficient to meet the minimum funding requirements as established by ERISA. The Company's present intention is to make annual contributions in amounts sufficient to fund the Plan's current year's service cost and the past service cost plus interest over projected service. The Plan has met the ERISA minimum funding requirements. Participants are 100% vested after completing five continuous years of service.

On termination of service, the standard form of payment for a single participant is a life annuity. For a participant who is married at the time of retirement benefits, the standard form of payment is a qualified 50% joint and survivor annuity. Other optional forms of payment for married participants include 100% or 75% joint and survivor annuity, life annuity, or lump sum distribution.

Effective January 1, 2006 the Plan was amended to change the mandatory lump sum benefit be paid without the need for consent from the participant or participant spouse if the actuarial equivalent value of the benefit payable does not exceed \$5,000. In the event of a mandatory distribution that is greater than \$1,000, if the participant does not elect to have such distribution paid directly to an eligible retirement plan specified by the participant in a direct rollover or to receive the distribution directly, the plan administrator will pay the distribution in a direct rollover to an individual retirement plan designated by the plan administrator.

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

NOTES TO THE FINANCIAL STATEMENTS
RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHTCO, INC.

NOTE B -- SIGNIFICANT ACCOUNTING POLICIES

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

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

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

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

Use of Estimates: The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Subsequent Events: The plan has evaluated subsequent events through July 27, 2010, the date the financial statements were available to be issued.

Reclassifications: Certain reclassifications have been made to the 2008 balances to conform to the 2009 presentation.

NOTE C -- INFORMATION CERTIFIED BY THE PLAN TRUSTEE (UNAUDITED)

All investment information disclosed in the accompanying financial statements and schedules, including investments held at December 31, 2009 and 2008, and net appreciation (depreciation) in fair value of investments, interest and dividends for the years then ended, were obtained or derived from information supplied to the Plan committee and certified as complete and accurate by Wachovia Bank, N.A. (A Wells Fargo Company) ("the Trustee").

NOTES TO THE FINANCIAL STATEMENTS
RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHTCO, INC.

NOTE C -- INFORMATION CERTIFIED BY THE PLAN TRUSTEE (UNAUDITED) - Continued

	December 31,	
	2009	2008
Money Market Fund	\$ 117,116	\$ 5,716
Evergreen Strategic Growth Fund	139,861	113,826
Dreyfus Small Cap Equity Fund	98,225	77,662
Evergreen Equity TR Disciplined Value Fund	137,859	115,799
Evergreen International Equity Fund	97,294	161,610
Dreyfus Midcap Index Fund	0	59,243
Loomis Sayles Strategic Income Fund	412,297	309,077
Alger Fund Small Cap & Midcap Growth Fund	99,414	77,785
Thornburg International Value Fund	136,210	0
Lazard Emerging Markets Portfolio Retail	129,295	80,435
	<u>\$ 1,367,571</u>	<u>\$ 1,001,153</u>

NOTE D -- INVESTMENTS

The Plan's investments (including investments bought and sold, as well as held during the year) appreciated (depreciated) in fair value as follows:

	Years Ended December 31,	
	2009	2008
Mutual Funds:		
Evergreen Strategic Growth Fund	\$ 38,848	\$ (80,734)
Evergreen International Equity Fund	21,042	(115,380)
Evergreen Equity TR Disciplined Value Fund	20,444	(66,194)
Dreyfus Midcap Index Fund	12,312	(42,283)
Loomis Sayles Strategic Income Fund	91,274	(125,790)
Alger Fund Small Cap & Midcap Growth Fund	32,028	(63,466)
Thornburg International Value Fund	10,582	0
Dreyfus Premier Stk Fund S/C Equity Fund	23,396	(33,267)
Lazard Emerging Markets Portfolio Retail	46,732	(71,614)
	<u>\$ 296,658</u>	<u>\$ (598,728)</u>

The fair value of individual investments that represent 5% or more of the Plan's net assets are as follows:

	December 31,	
	2009	2008
Mutual Funds:		
Evergreen Strategic Growth Fund	\$ 139,861	\$ 113,826
Dreyfus Small Cap Equity Fund	98,225	77,662
Evergreen Equity TR Disciplined Value Fund	137,859	115,799
Evergreen International Equity Fund	97,294	161,610
Dreyfus Midcap Index Fund	*	59,243
Loomis Sayles Strategic Income Fund	412,297	309,077
Alger Fund Small Cap & Midcap Growth Fund	99,414	77,785
Thornburg International Value Fund	136,210	*
Lazard Emerging Markets Portfolio Retail	129,295	80,435
	<u>\$ 1,250,455</u>	<u>\$ 995,437</u>

* Did not represent 5% of the plan assets that year

NOTES TO THE FINANCIAL STATEMENTS
RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHTCO, INC.

NOTE E -- ACCUMULATED PLAN BENEFITS

A consulting actuary estimates the actuarial present value of accumulated Plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The accumulated Plan benefit information is as follows:

	Years Ended December 31,	
	2009	2008
Actuarial present value of accumulated Plan benefits		
Vested benefits:		
Participants currently receiving payments	\$ 716,990	\$ 645,745
Other participants	671,284	618,827
	<u>1,388,274</u>	<u>1,264,572</u>
Nonvested benefits	15,595	10,587
	<u>\$ 1,403,869</u>	<u>\$ 1,275,159</u>

Significant assumptions underlying the actuarial computations are:

Actuarial cost method	Unit Credit
Assumed rate of return on investments	8.0% for 2009 and 2008
Mortality basis	1994 Group Annuity Mortality Table (male and female)
Retirement	At normal retirement age (65)

NOTE F -- 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 those changes could materially affect the amounts reported in the statements 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 estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE G -- INCOME TAX STATUS

The Internal Revenue Service has determined and informed the company by a letter dated January 24, 2003, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The plan has been amended since receiving the determination letter. However, the plan administrator and the plan's tax counsel believe that the plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

NOTES TO THE FINANCIAL STATEMENTS
RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHTCO, INC.

NOTE H -- FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 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 inactive markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

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

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

Money market funds: Valued at cost.

The preceding method described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its valuation method is 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.

NOTES TO THE FINANCIAL STATEMENTS
 RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHTCO, INC.

NOTE H -- FAIR VALUE MEASUREMENTS - Continued

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008:

Assets at Fair Value as of December 31, 2009				
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Fixed income funds	\$ 412,298			\$ 412,298
Equity funds	838,157			838,157
Total mutual funds	1,250,455	0	0	1,250,455
Money market funds	117,116			117,116
Total assets at fair value	\$ 1,367,571	\$ 0	\$ 0	\$ 1,367,571

Assets at Fair Value as of December 31, 2008				
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Fixed income funds	\$ 309,078			\$ 309,078
Equity funds	686,359			686,359
Total mutual funds	995,437	0	0	995,437
Money market funds	5,716			5,716
Total assets at fair value	\$ 1,001,153	\$ 0	\$ 0	\$ 1,001,153

SUPPLEMENTAL SCHEDULES

Schedule H, Line 4i
RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHTCO, INC.
 EIN: 57-0834597
 Plan Number: 004

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 As of December 31, 2009

(a)	(b) Identity of Issuer, Borrower Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
*	Money Market Fund: Wachovia Bank, N.A.	Evergreen Money Market Fund	\$ 117,116	\$ 117,116
*	Mutual Funds:			
*	Wachovia Bank, N.A.	Loomis Sayles Strategic Income Fund Cl Y	396,667	412,297
*	Wachovia Bank, N.A.	Alger Fund Small and Midcap Growth Fund	109,133	99,414
*	Wachovia Bank, N.A.	Dreyfus Small Cap Equity Fund	110,783	98,225
*	Wachovia Bank, N.A.	Evergreen Strategic Growth Fund Cl I	138,347	139,861
*	Wachovia Bank, N.A.	Evergreen Equity TR Disciplined Value Fund Cl I	162,865	137,859
*	Wachovia Bank, N.A.	Thornburg International Value Fd	125,628	136,210
*	Wachovia Bank, N.A.	Evergreen International Equity Fund Cl I	113,818	97,294
*	Wachovia Bank, N.A.	Lazard Emerging Markets Portfolio Retail	126,973	129,295
			<u>1,284,214</u>	<u>1,250,455</u>
*			<u>\$ 1,401,330</u>	<u>\$ 1,367,571</u>

* Indicates party-in-interest to the Plan

Schedule H, Line 4i
RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHTCO, INC.
EIN: 57-0834597
Plan Number: 004

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
As of December 31, 2008

(a)	(b) Identity of Issuer, Borrower Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
*	Money Market Fund: Wachovia Bank, N.A.	Evergreen Money Market Fund	\$ 5,716	\$ 5,716
*	Mutual Funds:			
*	Wachovia Bank, N.A.	Loomis Syales Strategic Income Fund Cl Y	415,174	309,077
*	Wachovia Bank, N.A.	Alger Fund Small and Midcap Growth Fund	130,137	77,785
*	Wachovia Bank, N.A.	Dreyfus Small Cap Equity Fund	121,241	77,662
*	Wachovia Bank, N.A.	Evergreen Strategic Growth Fund Cl I	160,503	113,826
*	Wachovia Bank, N.A.	Evergreen Equity TR Disciplined Value Fund Cl I	181,705	115,799
*	Wachovia Bank, N.A.	Dreyfus Midcap Index Fund	79,921	59,243
*	Wachovia Bank, N.A.	Evergreen International Equity Fund Cl I	237,576	161,610
*	Wachovia Bank, N.A.	Lazard Emerging Markets Portfolio Retail	149,077	80,435
			<u>1,475,334</u>	<u>995,437</u>
			\$ 1,481,050	\$ 1,001,153

* Indicates party-in-interest to the Plan

Schedule H, Line 4j
RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHTCO, INC.
 EIN: 57-0834597
 Plan Number: 004

SCHEDULE OF REPORTABLE TRANSACTIONS
 As of December 31, 2009

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset Including Interest Rate and Maturity In Case of a Loan	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (iii) - series of transactions in excess of five percent of plan assets						
Wachovia Bank, N.A.	Evergreen Money Market Fund Cl I	\$ 235,732	\$ 124,332	\$ 235,732	235,732	0
	Purchases			\$ 235,732	235,732	
	Sales			124,332	124,332	
Wachovia Bank, N.A.	Loomis Sayles Strategic Income Fund Cl Y	127,846	115,900	127,846	211,332	(30,454)
	Purchases			127,846	211,332	
	Sales			146,354	115,900	
Wachovia Bank, N.A.	Evergreen Strategic Growth Fund Cl I	24,287	48,700	30,087	30,096	(9,343)
	Purchases			30,087	30,096	
	Sales			52,243	42,900	
Wachovia Bank, N.A.	Evergreen Equity TR Disciplined Value Fund Cl I	41,817	40,200	41,817	41,828	(20,456)
	Purchases			41,817	41,828	
	Sales			60,656	40,200	

Columns (e) and (f) have not been presented as this information is not applicable. There were not category (i), (ii), or (iv) reportable transactions during the year ended December 31, 2009.

Schedule H, Line 4j
RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHTCO, INC.
 EIN: 57-0834597
 Plan Number: 004

SCHEDULE OF REPORTABLE TRANSACTIONS
 As of December 31, 2009

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset Including Interest Rate and Maturity In Case of a Loan	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (iii) - series of transactions in excess of five percent of plan assets						
Wachovia Bank, N.A.	Dreyfus Midcap Index Fd Purchases	\$ 13,502	\$ 85,058	\$ 13,502	13,502	
	Sales			93,424	85,058	\$ (8,366)
Wachovia Bank, N.A.	Evergreen International Equity Fund Cl I Purchases	42,542	127,900	42,542	42,551	
	Sales			166,299	127,900	(38,399)
Wachovia Bank, N.A.	Lazard Emerging Markets Portfolio Retail Purchases	40,028	37,900	40,029	40,028	
	Sales			62,133	37,900	(24,234)
Wachovia Bank, N.A.	Thornburg International Value Fd Purchases	125,628		125,628	125,628	
	Sales		0	0	0	0

Columns (e) and (f) have not been presented as this information is not applicable. There were not category (i), (ii), or (iv) reportable transactions during the year ended December 31, 2009.

Schedule H, Line 4j
RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHTCO, INC.
 EIN: 57-0834597
 Plan Number: 004

SCHEDULE OF REPORTABLE TRANSACTIONS
 As of December 31, 2008

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset Including Interest Rate and Maturity In Case of a Loan	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (iii) - series of transactions in excess of five percent of plan assets						
Wachovia Bank, N.A.	Evergreen Money Market Fund Cl I	\$ 166,226	\$ 166,888	\$ 166,226	166,226	
	Purchases			\$ 166,888	166,888	\$ 0
	Sales					
Wachovia Bank, N.A.	Loomis Sayles Strategic Income Fund Cl Y	211,332	93,498	211,332	211,332	
	Purchases			107,686	93,498	(14,188)
	Sales					
Wachovia Bank, N.A.	Evergreen Strategic Growth Fund Cl I	29,227	72,300	29,227	28,944	
	Purchases			68,977	72,300	3,323
	Sales					
Wachovia Bank, N.A.	Evergreen Equity TR Disciplined Value Fund Cl I	53,183	28,300	53,183	53,001	
	Purchases			35,348	28,300	(7,048)
	Sales					

Columns (e) and (f) have not been presented as this information is not applicable. There were not category (i), (ii), or (iv) reportable transactions during the year ended December 31, 2008.

Schedule H, Line 4j
RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHTCO, INC.
 EIN: 57-0834597
 Plan Number: 004

SCHEDULE OF REPORTABLE TRANSACTIONS
 As of December 31, 2008

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset Including Interest Rate and Maturity In Case of a Loan	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (iii) - series of transactions in excess of five percent of plan assets						
Wachovia Bank, N.A.	Dreyfus Midcap Index Fund Purchases Sales	\$ 20,244	\$ 188,300	\$ 20,244 162,622	\$ 20,244 188,300	\$ 25,678
Wachovia Bank, N.A.	Lazard Emerging Markets Portfolio Retail Purchases Sales	51,199	29,000	51,199 35,199	51,199 29,000	(6,199)

Columns (e) and (f) have not been presented as this information is not applicable. There were not category (i), (ii), or (iv) reportable transactions during the year ended December 31, 2008.

Actuarial Assumptions and Methods

Section 4.1

A. Actuarial Assumptions

1. Economic assumptions

a. Interest rates

- i. Accounting (12/31/2009 disclosure and 2010 expense) 5.75%
- ii. FAS35 8.00%
- iii. Funding The spot segment rates as of September 1, 2009, as described in Internal Revenue Notice 2008-17, were used. The rates are as follows:

First Segment:	5.03%
Second Segment:	6.73%
Third Segment:	6.82%

- b. Return on assets for FAS 87 8.00%
- c. Indexed limits on compensation and benefits for FAS 87 2.50%

2. Demographic and other assumptions

a. Salary Increases

Not Applicable

b. Mortality

Funding: the 2009 Optional Small Plan Mortality Table, as described in proposed regulation 1.430(h)(3)-1.

Accounting: 1994 Group Annuity Reserving Table

c. Termination

Sample rates are as follows:

Age	Males	Females
25	11.50%	20.00%
35	7.20%	11.20%
40	5.90%	8.50%
45	5.00%	6.90%
55	2.80%	3.10%

d. Retirement

Rates are according to the following table:

Age	Annual Rates
55 - 61	1%
62	20%
63 - 64	10%
65+	100%

e. Disability

Sample rates are as follows:

Age	Males	Females
25	0.04%	0.05%
35	0.05%	0.08%
40	0.07%	0.10%
45	0.10%	0.15%
55	0.36%	0.49%
60	0.90%	1.21%

Actuarial Assumptions and Methods

Section 4.1

- f. Form of payment All single participants are assumed to elect a single life annuity upon retirement. All married participants are assumed to elect a joint & 50% survivor option upon retirement.
 - g. Percent Married 90%
 - h. Spouse Age Females assumed to be three years younger than males.
3. Changes in assumptions since the prior valuation
- a. Due to PPA, both the interest rate and mortality had to be changed for funding purposes.
 - b. Interest rate – funding: Last year, the spot segment rates as of January 1, 2009 were used. This year, the spot segment rates as of September 1, 2010 were used.

B. Actuarial Methods

- 1. Actuarial cost method
 - a. Funding – Unit credit as described in IRS Revenue Procedure 2000-40
 - b. Accounting – Projected unit credit as described under FASB No. 87
- 2. Asset valuation method
 - a. Funding – 2-year smoothing of assets as described in IRS Notice 09-22.
 - b. Accounting – 2-year smoothing of assets.
- 3. Benefits not valued
All benefits described were valued.
- 4. Changes in methods since the prior valuation
None
- 5. Valuation procedures
The limitations of Internal Revenue Code Section 415(b) and 401(a) (17) have been incorporated into our calculations. No actuarial liability is included for non-vested participants who terminated employment prior to the valuation date. The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the Plan's eligibility requirements on the valuation date are included in the valuation of liabilities.
- 6. Data sources
Asset data was supplied by Wachovia Bank. The InterTech Group furnished participant data as of January 1, 2010. Data was reviewed for reasonableness and consistency, but no audit was performed. Assumptions or estimates were made when data was not available. We are not aware of any errors or omissions in the data that would have a significant effect on the valuation results.

Attachment to 2009 Form 5500
Schedule SB, Line 19 - Discounted Employer Contributions
Retirement Plan for Hourly Employees of TIGHitco, Inc.
EIN:57-0934530 PN: 004

Date	For Plan Year	Amount of Contribution	Effective Interest Rate	Discounted Contribution
01/14/2009	2009	16,007	6.49%	15,971
04/17/2009	2009	16,007	6.49%	15,717
07/21/2009	2009	16,007	6.49%	15,462
10/19/2009	2009	16,007	6.49%	15,224
09/15/2010	2009	49,505	6.49%	44,475
Total		113,533		106,849

Attachment to 2009 Form 5500
Schedule SB, Line 22 - Description of Weighted Average Retirement Age
Retirement Plan for Hourly Employees of TIGHitco, Inc.
EIN:57-0934530 PN: 004

Age	Percent Retiring	Number Retiring	Number of Participants	Weighted Average
			100.00	
55	1%	1.00	99.00	55
56	1%	0.99	98.01	55
57	1%	0.98	97.03	56
58	1%	0.97	96.06	56
59	1%	0.96	95.10	57
60	1%	0.95	94.15	57
61	1%	0.94	93.21	57
62	20%	18.64	74.57	1,156
63	10%	7.46	67.11	470
64	10%	6.71	60.40	429
65	100%	60.40	0.00	3,926
Sum =				6,375
Weighted Average Retirement Age =				64

Attachment to 2009 Form 5500
Schedule SB, Line 25 - Change in Method
Retirement Plan for Hourly Employees of TIGHitco, Inc.
EIN:57-0934530 PN: 004

Effective January 1, 2009, the asset valuation method was changed from market value to the average fair market value method as described in IRS regulation 1.430(g)-1. This change is granted automatic approval as described in 1.430(g)-1(f)(B).

Attachment to 2009 Form 5500
Schedule SB, Line 26 - Schedule of Active Participant Data
Retirement Plan for Hourly Employees of TIGHitco, Inc.
EIN:57-0934530 PN: 004

Age	Years of Credited Service										Total
	0-1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	
< 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	2	2	0	0	0	0	0	0	4
35-39	0	0	2	1	0	0	0	0	0	0	3
40-44	0	0	3	3	1	1	0	0	0	0	8
45-49	0	0	2	5	3	0	1	0	0	0	11
50-54	0	0	2	2	0	5	0	0	0	0	9
55-59	0	0	1	4	0	1	1	2	1	0	10
60-64	0	0	0	0	0	0	0	2	3	0	5
65-69	0	0	0	0	0	1	0	0	0	0	1
70+	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	12	17	4	8	2	4	4	0	51

Attachment to 2009 Form 5500
Schedule SB, Line 32 - Schedule of Amortization Bases
Retirement Plan for Hourly Employees of TIGHitco, Inc.
EIN:57-0934530 PN: 004

Type	Present Value of Remaining Installments	Date Established	Years Remaining	Annual Installment
Shortfall	470,140	01/01/2009	7	79,167
Total	470,140			79,167

Summary of Plan Provisions

Section 4.2

This summary has been prepared for valuation purposes only. It summarizes the plan provisions necessary to perform the actuarial valuation.

1. Effective date January 1, 1980; amended and restated effective January 1, 2001. Latest amendment effective December 29, 2003.
2. Plan year Calendar year.
3. Covered employees All hourly employees of TIGHitco, Inc. covered by the collective bargaining agreement become participants immediately upon hire. Effective April 1, 2000, any employee hired on or after April 1, 2000 shall not be eligible to participate in the plan.

4. Definitions

- a. Vesting service A participant shall receive credit for one year of vesting service for each plan year in which the employee has worked at least 1,000 hours. Partial years of vesting service are credited according to the following table:

Hours	Vesting Service
Less than 145	0
145-289	1/12
290-434	2/12
435-579	3/12
580-724	4/12
725-869	5/12
870-999	6/12
1000 and greater	1

- b. Credited service A participant shall receive credit for one year of Credited service for each plan year in which the employee has worked at least 1,740 hours. Partial years of credited service are credited according to the following table:

Hours	Credited Service
Less than 145	0
145-289	1/12
290-434	2/12
435-579	3/12
580-724	4/12
725-869	5/12
870-1014	6/12
1,015-1,159	7/12
1,160-1,304	8/12
1,305-1,449	9/12
1,450-1,594	10/12
1,595-1,739	11/12
1,740 and greater	1

- c. Normal retirement date (NRD) First of month coincident with or next following the later of five years of participation or attainment of age 65.

Summary of Plan Provisions

Section 4.2

- d. Normal retirement benefit Monthly benefit equal to Credited service multiplied by the benefit level below:

Retirement on or after	Benefit Level
April 1, 1994	\$9.00
April 1, 1997	11.00

- e. Accrued benefit A participant's accrued benefit is equal to the normal retirement benefit accrued as of the date of determination.

- f. Pre-retirement spouse benefit The surviving spouse's benefit required by the Retirement Equity Act, which is the spouse's portion of the 50% Joint and Survivor Annuity that would have been payable had the participant terminated employment on his date of death, survived to his earliest possible retirement date and begun receiving benefits as a 50% Joint and Survivor Annuity. This benefit is payable at the earliest date the participant could have retired under the plan.

5. Eligibility for benefits

- a. Normal retirement Retirement on NRD.
- b. Early retirement Retirement before NRD and on or after both attaining age 55 and completing 10 years of vesting service.
- c. Disability Age 45 and 10 years of vesting service and permanent and total disability.
- d. Deferred vested Termination for reasons other than death or retirement after completing five years of vesting service.
- e. Pre-retirement spouse benefit Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

6. Monthly benefits paid upon the following events

- a. Normal retirement Monthly pension benefit determined as of NRD.
- b. Early retirement Monthly accrued pension benefit determined as of a participant's early retirement date, actuarially reduced for commencement prior to age 65.
- c. Disability Same as early retirement benefit, with no actuarial reduction.
- d. Termination with deferred vested benefits Monthly accrued pension benefit determined as of the participant's termination date and is payable at age 65.
- e. Death with pre-retirement spouse benefit Monthly pre-retirement spouse benefit is payable at the participant's earliest retirement date.

7. Other provisions

- Payment forms Unmarried participants receive a single life annuity. Married participants receive a 50% joint and survivor annuity. Other available optional payment forms are 50%, 75% and 100% joint & survivor annuities and life annuity.

8. Identification of benefits not included in the valuation

- All benefits were included in the valuation.

Summary of Plan Provisions

Section 4.2

9. Description of significant events

There were no significant events.

10. Plan provisions effective after January 1, 2010

We are not aware of any plan provisions with an effective date after January 1, 2010.

11. Changes in plan provisions since prior year

None.

Schedule H, Line 4i
RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHTCO, INC.
 EIN: 57-0834597
 Plan Number: 004

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 As of December 31, 2009

(a)	(b) Identity of Issuer, Borrower Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
*	Money Market Fund: Wachovia Bank, N.A.	Evergreen Money Market Fund	\$ 117,116	\$ 117,116
*	Mutual Funds:			
*	Wachovia Bank, N.A.	Loomis Sayles Strategic Income Fund Cl Y	396,667	412,297
*	Wachovia Bank, N.A.	Alger Fund Small and Midcap Growth Fund	109,133	99,414
*	Wachovia Bank, N.A.	Dreyfus Small Cap Equity Fund	110,783	98,225
*	Wachovia Bank, N.A.	Evergreen Strategic Growth Fund Cl I	138,347	139,861
*	Wachovia Bank, N.A.	Evergreen Equity TR Disciplined Value Fund Cl I	162,865	137,859
*	Wachovia Bank, N.A.	Thornburg International Value Fd	125,628	136,210
*	Wachovia Bank, N.A.	Evergreen International Equity Fund Cl I	113,818	97,294
*	Wachovia Bank, N.A.	Lazard Emerging Markets Portfolio Retail	126,973	129,295
			<u>1,284,214</u>	<u>1,250,455</u>
*	Indicates party-in-interest to the Plan		<u>\$ 1,401,330</u>	<u>\$ 1,367,571</u>

Part I Identification

A	Name of filer, plan administrator, or plan sponsor (see instructions) TIGHITCO, Inc.	B Filer's identifying number (see instructions). ☒ Employer identification number (EIN). 57-0934530			
	Number, street, and room or suite no. (If a P.O. box, see instructions) 8307 Univ. Exec. Pk. Dr., Ste. 290	☐ Social security number (SSN)			
	City or town, state, and ZIP code Charlotte NC 28262-1362				
C	Plan name	Plan number	Plan year ending—		
			MM	DD	YYYY
	1 Retirement Plan for Hourly Paid Employees of TigHITCO, Inc.	0 0 4	12	31	2009
	2				
	3				

Part II Extension of Time to File Form 5500 or Form 5500-EZ (see instructions)

1 I request an extension of time until 10 / 15 / 2010 to file Form 5500 or Form 5500-EZ.

The application is **automatically approved** to the date shown on line 1 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 or 5500-EZ for which this extension is requested, and **(b)** the date on line 1 is no more than 2½ months after the normal due date.

You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed after the due date for the plans listed in C above.

Note. A signature is not required if you are requesting an extension to file Form 5500 or Form 5500-EZ.

Part III Extension of Time to File Form 5330 (see instructions)

2 I request an extension of time until / / to file Form 5330.

You may be approved for up to a six (6) month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax **a**

b Enter the payment amount attached	b	
---	---	--

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date

c	
---	--

3 State in detail why you need the extension

[illegible]

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ▶

Date ►



Before printing the attached filing, change the following setting in Adobe Reader:



Choose *File>Print* and select *Page Scaling* menu, choose “NONE” and click ok.

The latest version of Adobe Reader should be used.

Also, turn off the duplex print setting on your printer.



Filings printed without changing these settings will be rejected.



Do not file this page with any government agency

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 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **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 Retirement Plan for Hourly Paid Employees of TigHITCO, Inc.	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TIGHITCO, Inc.	D Employer Identification Number (EIN) 57-0934530
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>1</u> Day <u>1</u> Year <u>2009</u>	
2 Assets:	
a Market value.....	2a 1,060,354
b Actuarial value.....	2b 1,166,389
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a 37 717,974
b For terminated vested participants.....	3b 21 215,453
c For active participants:	
(1) Non-vested benefits.....	3c(1) 16,046
(2) Vested benefits.....	3c(2) 646,283
(3) Total active.....	3c(3) 51 662,329
d Total.....	3d 109 1,595,756
4 If the plan is at-risk, check the box and complete items (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions.....	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate.....	5 6.49 %
6 Target normal cost.....	6 27,682

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 Kathleen M. Potter	Date 08-04226
Type or print name of actuary BPS&M, LLC	Most recent enrollment number (804)267-3100
Firm name 9020 Stony Point Pkwy, Suite 200	Telephone number (including area code)
Richmond VA 23235	
Address of the firm	

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

Part II	Beginning of year carryover and prefunding balances	(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	57,610	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	57,610	0
10	Interest on item 9 using prior year's actual return of <u>(33.34)</u> %	(19,207)	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		92,448
b	Interest on (a) using prior year's effective rate of <u>6.13</u> %		5,667
c	Total available at beginning of current plan year to add to prefunding balance		98,115
d	Portion of (c) to be added to prefunding balance.....		98,115
12	Reduction in balances due to elections or deemed elections.....		
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	38,403	98,115

Part III	Funding percentages		
14	Funding target attainment percentage.....	14	64.54 %
15	Adjusted funding target attainment percentage.....	15	64.54 %
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	97.17 %
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
01/14/2009	16,007				
04/17/2009	16,007				
07/21/2009	16,007				
10/19/2009	16,007				
09/15/2010	49,505				
			Totals ▶	18(b)	18(c)
				113,533	0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	106,849

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: 5.32 %	2nd segment: 6.45 %	3rd segment: 6.69 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	27,682
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	470,140	79,167
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33).....	34	106,849
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	106,849
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	106,849
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

Attachment to 2009 Form 5500
Schedule SB, Line 19 - Discounted Employer Contributions
Retirement Plan for Hourly Employees of TIGHitco, Inc.
EIN:57-0934530 PN: 004

Date	For Plan Year	Amount of Contribution	Effective Interest Rate	Discounted Contribution
01/14/2009	2009	16,007	6.49%	15,971
04/17/2009	2009	16,007	6.49%	15,717
07/21/2009	2009	16,007	6.49%	15,462
10/19/2009	2009	16,007	6.49%	15,224
09/15/2010	2009	49,505	6.49%	44,475
Total		113,533		106,849

Attachment to 2009 Form 5500
Schedule SB, Line 22 - Description of Weighted Average Retirement Age
Retirement Plan for Hourly Employees of TIGHitco, Inc.
EIN:57-0934530 PN: 004

Age	Percent Retiring	Number Retiring	Number of Participants	Weighted Average
			100.00	
55	1%	1.00	99.00	55
56	1%	0.99	98.01	55
57	1%	0.98	97.03	56
58	1%	0.97	96.06	56
59	1%	0.96	95.10	57
60	1%	0.95	94.15	57
61	1%	0.94	93.21	57
62	20%	18.64	74.57	1,156
63	10%	7.46	67.11	470
64	10%	6.71	60.40	429
65	100%	60.40	0.00	3,926
Sum =				6,375
Weighted Average Retirement Age =				64

Attachment to 2009 Form 5500
Schedule SB, Part V - Summary of Plan Provisions
The Retirement Plan for Hourly Paid Employees of TIGHitco, Inc.
EIN:57-0934530 PN: 004

Summary of Plan Provisions

Section 4.2

This summary has been prepared for valuation purposes only. It summarizes the plan provisions necessary to perform the actuarial valuation.

1. Effective date January 1, 1980; amended and restated effective January 1, 2001. Latest amendment effective December 29, 2003.
2. Plan year Calendar year.
3. Covered employees All hourly employees of TIGHitco, Inc. covered by the collective bargaining agreement become participants immediately upon hire. Effective April 1, 2000, any employee hired on or after April 1, 2000 shall not be eligible to participate in the plan.

4. Definitions

- a. Vesting service A participant shall receive credit for one year of vesting service for each plan year in which the employee has worked at least 1,000 hours. Partial years of vesting service are credited according to the following table:

Hours	Vesting Service
Less than 145	0
145-289	1/12
290-434	2/12
435-579	3/12
580-724	4/12
725-869	5/12
870-999	6/12
1000 and greater	1

- b. Credited service A participant shall receive credit for one year of Credited service for each plan year in which the employee has worked at least 1,740 hours. Partial years of credited service are credited according to the following table:

Hours	Credited Service
Less than 145	0
145-289	1/12
290-434	2/12
435-579	3/12
580-724	4/12
725-869	5/12
870-1014	6/12
1,015-1,159	7/12
1,160-1,304	8/12
1,305-1,449	9/12
1,450-1,594	10/12
1,595-1,739	11/12
1,740 and greater	1

- c. Normal retirement date (NRD) First of month coincident with or next following the later of five years of participation or attainment of age 65.

Summary of Plan Provisions

Section 4.2

- d. Normal retirement benefit Monthly benefit equal to Credited service multiplied by the benefit level below:

Retirement on or after	Benefit Level
April 1, 1994	\$9.00
April 1, 1997	11.00

- e. Accrued benefit A participant's accrued benefit is equal to the normal retirement benefit accrued as of the date of determination.

- f. Pre-retirement spouse benefit The surviving spouse's benefit required by the Retirement Equity Act, which is the spouse's portion of the 50% Joint and Survivor Annuity that would have been payable had the participant terminated employment on his date of death, survived to his earliest possible retirement date and begun receiving benefits as a 50% Joint and Survivor Annuity. This benefit is payable at the earliest date the participant could have retired under the plan.

5. Eligibility for benefits

- a. Normal retirement Retirement on NRD.
- b. Early retirement Retirement before NRD and on or after both attaining age 55 and completing 10 years of vesting service.
- c. Disability Age 45 and 10 years of vesting service and permanent and total disability.
- d. Deferred vested Termination for reasons other than death or retirement after completing five years of vesting service.
- e. Pre-retirement spouse benefit Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

6. Monthly benefits paid upon the following events

- a. Normal retirement Monthly pension benefit determined as of NRD.
- b. Early retirement Monthly accrued pension benefit determined as of a participant's early retirement date, actuarially reduced for commencement prior to age 65.
- c. Disability Same as early retirement benefit, with no actuarial reduction.
- d. Termination with deferred vested benefits Monthly accrued pension benefit determined as of the participant's termination date and is payable at age 65.
- e. Death with pre-retirement spouse benefit Monthly pre-retirement spouse benefit is payable at the participant's earliest retirement date.

7. Other provisions

- Payment forms Unmarried participants receive a single life annuity. Married participants receive a 50% joint and survivor annuity. Other available optional payment forms are 50%, 75% and 100% joint & survivor annuities and life annuity.

8. Identification of benefits not included in the valuation

- All benefits were included in the valuation.

Summary of Plan Provisions

Section 4.2

9. Description of significant events

There were no significant events.

10. Plan provisions effective after January 1, 2010

We are not aware of any plan provisions with an effective date after January 1, 2010.

11. Changes in plan provisions since prior year

None.

Attachment to 2009 Form 5500
Schedule SB, Line 25 - Change in Method
Retirement Plan for Hourly Employees of TIGHitco, Inc.
EIN:57-0934530 PN: 004

Effective January 1, 2009, the asset valuation method was changed from market value to the average fair market value method as described in IRS regulation 1.430(g)-1. This change is granted automatic approval as described in 1.430(g)-1(f)(B).

Attachment to 2009 Form 5500
Schedule SB, Line 26 - Schedule of Active Participant Data
Retirement Plan for Hourly Employees of TIGHitco, Inc.
EIN:57-0934530 PN: 004

Age	Years of Credited Service										Total
	0-1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	
< 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	2	2	0	0	0	0	0	0	4
35-39	0	0	2	1	0	0	0	0	0	0	3
40-44	0	0	3	3	1	1	0	0	0	0	8
45-49	0	0	2	5	3	0	1	0	0	0	11
50-54	0	0	2	2	0	5	0	0	0	0	9
55-59	0	0	1	4	0	1	1	2	1	0	10
60-64	0	0	0	0	0	0	0	2	3	0	5
65-69	0	0	0	0	0	1	0	0	0	0	1
70+	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	12	17	4	8	2	4	4	0	51

Attachment to 2009 Form 5500
Schedule SB, Line 32 - Schedule of Amortization Bases
Retirement Plan for Hourly Employees of TIGHitco, Inc.
EIN:57-0934530 PN: 004

Type	Present Value of Remaining Installments	Date Established	Years Remaining	Annual Installment
Shortfall	470,140	01/01/2009	7	79,167
Total	470,140			79,167