Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
TAUBENSEE STEEL AND WIRE COMPANY RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1994

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
TAUBENSEE STEEL & WIRE

600 DIENS DRIVE
WHEELING, IL 60090

600 DIENS DRIVE
WHEELING, IL 60090

2b Employer Identification Number (EIN)
36-2065420

2c Sponsor's telephone number
847-459-5100

2d Business code (see instructions)
331200

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2011	DALE TAUBENSEE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

TAUBENSEE STEEL & WIRE

600 DIENS DRIVE
WHEELING, IL 60090

3b Administrator's EIN
36-2065420

3c Administrator's telephone number
847-459-5100

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**	153
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**	140
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	20
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	161
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f	Total. Add lines **6d** and **6e**	**6f**	162
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	97
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
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:
2E 2F 2G 2J 2K 2T 3D 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

A Name of plan
TAUBENSEE STEEL AND WIRE COMPANY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TAUBENSEE STEEL & WIRE

D Employer Identification Number (EIN)
36-2065420

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
64 65 37	RECORDKEEPER	4193	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

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

A Name of plan
TAUBENSEE STEEL AND WIRE COMPANY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TAUBENSEE STEEL & WIRE

D Employer Identification Number (EIN)
36-2065420

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4538	3750
(2) Participant contributions	1b(2)	41895	26711
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	192407	196134
(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)	43964	142706
(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)	5103396	6031600
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	5386200	6400901
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	5386200	6400901

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	44169	
	(B) Participants	2a(1)(B)	330546	
	(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)		374715
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	38	
	(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)	3826	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3864
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	100797	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		100797
	(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)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(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)		621726
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1101102
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	82208	
(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)		82208
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)	4193	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		4193
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		86401
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1014701
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: HOCHFELDER AND WEBER P.C. (2) EIN: 36-3088257

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		1424
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		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)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

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

A Name of plan
TAUBENSEE STEEL AND WIRE COMPANY RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TAUBENSEE STEEL & WIRE

D Employer Identification Number (EIN)
36-2065420

Part I Distributions

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

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

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

EIN(s): 04-6568107

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**

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

TAUBENSEE STEEL & WIRE CO.
RETIREMENT PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES

WITH INDEPENDENT AUDITORS' REPORT

DECEMBER 31, 2010 AND 2009

TAUBENSEE STEEL & WIRE CO.
RETIREMENT PLAN
INDEX TO FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES
DECEMBER 31, 2010 AND 2009

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Hochfelder & Weber, P.C.
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Ronald J. Degner Jr., CPA

Allen R. Hochfelder, CPA
1957-2007
Ernest J. Hochfelder, CPA
1933-1984

CELEBRATING 75 YEARS 1933-2008

October 10, 2011

INDEPENDENT AUDITORS' REPORT

Taubensee Steel & Wire Co.
Retirement Plan
Wheeling, Illinois

We have audited the accompanying statements of net assets available for benefits of Taubensee Steel & Wire Co. Retirement Plan as of December 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

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

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

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedules have been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Hochfelder & Weber P.C.

HOCHFELDER & WEBER, P.C.
Certified Public Accountants
Chicago, Illinois

Members of American Institute of Certified Public Accountants, Illinois CPA Society and Affiliated Worldwide through AGN International, N.A.

TAUBENSEE STEEL & WIRE CO.
RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2010 AND 2009

	2010	2009
ASSETS		
Fidelity Investment Funds	$ 6,227,734	$ 5,295,803
Employee Contribution Receivable	26,711	41,895
Employer Contribution Receivable	3,750	4,538
Notes Receivable from Participants	142,706	43,964
Total Assets	6,400,901	5,386,200
LIABILITIES	0	0
NET ASSETS AVAILABLE FOR BENEFITS	$ 6,400,901	$ 5,386,200

The accompanying notes are an integral part of these statements.

TAUBENSEE STEEL & WIRE CO.
RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

	2010	2009
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment Income:		
Interest and Dividends	$ 104,951	$ 86,323
Gain (Loss) on Sale of Investments	6,290	(8,627)
Unrealized Gain on Investments	615,437	912,711
	726,678	990,407
Contributions:		
Employer	44,169	36,401
Participants	330,546	299,245
	374,715	335,646
Total Additions	1,101,393	1,326,053
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Equity Distributions to Participants	82,498	185,795
Administrative Fees	4,194	3,949
Total Deductions	86,692	189,744
NET ADDITIONS FOR THE YEAR	1,014,701	1,136,309
NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR	5,386,200	4,249,891
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	$ 6,400,901	$ 5,386,200

The accompanying notes are an integral part of these statements.

I. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following is a summary of the significant accounting policies of the Plan.

Basis of Accounting: The Plan's financial statements are prepared on the accrual basis of accounting.

Estimates: The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Fair Value Measurements: ASC 820, Fair Value Measurements and Disclosures, provides a framework for measuring fair value in generally accepted accounting principles, and expands disclosures about fair value measurements.

Companies are required to disclose fair value of certain assets and liabilities according to a fair value hierarchy. This hierarchy ranks the quality and reliability of the inputs used to determine fair values, which are then classified and disclosed in one of three categories. The three levels of the fair value hierarchy are:

- Level 1 – quoted prices in active markets for identical assets or liabilities.
- Level 2 – quoted prices in active markets for similar assets or liabilities; quoted prices in markets that are not active; and model-derived valuations whose inputs are observable. The plan did not have any investments in Level 2 at December 31, 2010.
- Level 3 – Model-derived valuations with unobservable inputs that are supported by little or no market activity. The Plan did not have any investments in Level 3 at December 31, 2010.

Mutual Funds: The plan measures its mutual funds that are exchanged traded in an active market using the funds' quoted prices. Therefore, this investment is classified within Level 1 of the valuation hierarchy. 100% of the investments held at December 31, 2010 are mutual funds

Investments: Investment transactions, including gains or losses on the sale of securities, are recorded on a trade-date basis. Interest income is recorded as earned on the accrual basis. Dividends are recorded on the ex-dividend date. Investments in mutual funds are stated at fair value as determined by quoted market prices at the end of the plan year, which represents the net asset value of shares held by the Plan at year-end.

Net realized and unrealized appreciation and depreciation is recorded in the accompanying statements of changes in net assets available for benefits as net appreciation in fair value of investments. Participant loans are valued at amortized cost, which approximates fair value.

Administrative and Other Expenses: General management fees and professional fees are borne by the plan sponsor. Transaction fees within the participant directed accounts are borne by the individual participants.

Payment of Benefits: Benefits are recorded when paid.

2. DESCRIPTION OF THE PLAN

The following description of the Taubensee Steel & Wire Co. Retirement Plan provides only general information. Participants should refer to the Plan agreement for a more comprehensive description of the Plan's provisions.

General: The Plan is a defined contribution plan with a 401(k) provision covering all full time employees of the Company who have 90 days of service and are age twenty-one or older. Employer matching begins one year from the date of hire. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions: Each year, participants may contribute up to 60 percent of pretax annual compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined-benefit or contribution plans. The Company may make matching contributions equal to a percentage declared by the employer, through an annual Board of Directors' resolution, of the deferral contributions made by each participant during the plan year. The Company may also contribute an amount, which is designated as a qualified discretionary contribution. There were no discretionary contributions for 2010 or 2009. Participants may also contribute after-tax (Roth) contributions. There are no Company matching requirements on Roth contributions.

Participant accounts: Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100 percent vested after six years of credited service.

Investment options: Participants may direct contributions in any of the mutual fund options set up by the employer at Fidelity Investments. At present there are twenty different fund options available.

Participant notes receivable: Participants may borrow from their fund accounts, only for hardship reasons, a minimum of $1,000 and up to a maximum of the lesser of $50,000 or 50 percent of their account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the Participants Notes fund. Loan terms shall not exceed five years. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest are paid ratably through monthly payroll deductions.

Payment of benefits: On termination of service due to death, disability, or retirement, a participant will receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. Participants may also receive the vested amount of their account upon attainment of normal retirement age, whether or not employment has terminated.

3. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts.

4. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

There are no material reconciling items between the Form 5500 and the financial statements for tax year ending December 31, 2010.

5. TAX STATUS

The trust constitutes a qualified trust under Section 401(a) of the Internal Revenue Code and is therefore exempt from Federal income taxes under provisions of Section 501(a). A favorable determination letter was received March 31, 2008 by the plan administrator for the prototype plan the sponsor adopted. Although the determination letter does not cover any variances from the prototype plan, management feels the plan is operating in accordance with the applicable sections of the Internal Revenue Code.

6. INVESTMENTS

The following table represents the fair values of investments and investment funds that totaled 5% or more of the Plan's net assets at December 31, 2010 and 2009:

	2010	2009
Fidelity Contrafund	$ 1,651,860	$ 1,397,210
Fidelity International Discovery	1,296,842	1,093,535
Fidelity Government Income	583,435	566,527
Fidelity Blue Chip Growth	576,557	444,821
Fidelity Balanced	332,018	264,765
Fidelity Mid Cap	456,578	264,066
Fidelity Ginnie Mae	370,779	359,581
Totals	$ 5,268,069	$ 4,390,505

7. SUBSEQUENT EVENTS

The Plan did not have any subsequent events through October 10, 2011, which is the date the financial statements were available to be issued for events requiring recording or disclosure in the financial statements for the year ended December 31, 2010.

7. PARTICIPANT DIRECTED INVESTMENTS

The participant directed accounts are invested in Fidelity Mutual Funds. Activity in these investments for 2010 and 2009 (on a cash basis) was as follows (000's omitted):

	Fidelity Fund	Contrafund	Growth & Income	Govnmt. Securities	Balanced Fund	Int'l Discovery	Blue Chip	Retirement Money Mkt.	Equity Income	Ginnie Mae
Balance January 1, 2009	$ 96	$ 1,031	$ 132	$ 392	$ 240	$ 868	$ 294	$ 491	$ 166	$ 198
Contributions deposited	6	56	16	19	29	64	28	29	14	9
Income	27	304	35	10	53	235	144	7	54	15
Net transfers	0	39	0	153	(17)	(20)	(2)	(320)	9	44
Distributions and fees	(1)	(33)	(6)	(7)	(40)	(53)	(19)	(15)	(7)	(2)
Balance December 31, 2009	$ 128	$ 1,397	$ 177	$ 567	$ 265	$ 1,094	$ 445	$ 192	$ 236	$ 264
Balance January 1, 2010	$ 128	$ 1,397	$ 177	$ 567	$ 265	$ 1,094	$ 445	$ 192	$ 236	$ 264
Contributions deposited	11	69	15	22	38	80	41	20	16	9
Income	20	237	28	33	41	141	99	2	38	22
Net transfers	(7)	36	0	(17)	0	(10)	5	10	0	86
Distributions and fees	(1)	(87)	(5)	(22)	(12)	(8)	(13)	(28)	(7)	(10)
Balance December 31, 2010	$ 151	$ 1,652	$ 215	$ 583	$ 332	$ 1,297	$ 577	$ 196	$ 283	$ 371

7. PARTICIPANT DIRECTED INVESTMENTS (CONTINUED)

The participant directed accounts are invested in Fidelity Mutual Funds. Activity in these investments for 2010 and 2009 (on a cash basis) was as follows (000's omitted):

	Mid Cap	AssetMgr 50%	Freedom 2000	Freedom 2005	Freedom 2015	Freedom 2020	Freedom 2025	Freedom 2030	Freedom 2035	Freedom 2040
Balance January 1, 2009	$ 167	$ 1	$ 0	$ 0	$ 25	$ 2	$ 38	$ 14	$ 1	$ 3
Contributions deposited	36	2	0	0	4	0	0	1	1	1
Income	101	0	1	0	7	1	10	6	0	2
Net transfers	56	60	0	0	0	0	0	0	0	0
Distributions and fees	0	0	0	0	0	0	(9)	0	0	0
Balance December 31, 2009	$ 360	$ 63	$ 1	$ 0	$ 36	$ 3	$ 39	$ 21	$ 2	$ 6
Balance January 1, 2010	$ 360	$ 63	$ 1	$ 0	$ 36	$ 3	$ 39	$ 21	$ 2	$ 6
Contributions deposited	54		0	0	5	1	4	1	1	1
Income	88	0	0	0	5	0	3	4	1	1
Net transfers	(44)	(60)	0	0	0	0	2	0	0	0
Distributions and fees	(1)	(2)	0	0	0	(1)	(19)	(3)	0	0
Balance December 31, 2010	$ 457	$ 1	$ 1	$ 0	$ 46	$ 3	$ 29	$ 23	$ 4	$ 8

SUPPLEMENTAL SCHEDULE

Form 5500
Schedule H
Part IV, Line 4i
Fein: 36-20655420
Plan No. 002

TAUBENSEE STEEL & WIRE CO.
RETIREMENT PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
DECEMBER 31, 2010

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Fidelity Investment Portfolio:			
	Contra Fund	Fund Shares		$ 1,651,860
	Growth & Income Fund	Fund Shares		214,874
	Government Securities	Fund Shares		583,435
	Balanced Fund	Fund Shares		332,018
	International Discovery	Fund Shares		1,296,842
	Blue Chip Growth	Fund Shares		576,557
	Money Market Fund	Fund Shares		196,135
	Fidelity Fund	Fund Shares		151,139
	Equity Income	Fund Shares		282,641
	Ginnie Mae	Fund Shares		370,779
	Mid Cap	Fund Shares		456,578
	Asset Manager 50%	Fund Shares		1,690
	Freedom 2000	Fund Shares		1,010
	Freedom 2005	Fund Shares		217
	Freedom 2015	Fund Shares		46,394
	Freedom 2020	Fund Shares		3,354

See Independent Auditor's Report.

Form 5500
Schedule H
Part IV, Line 4i
Fein: 36-20655420
Plan No. 002

TAUBENSEE STEEL & WIRE CO.
RETIREMENT PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
DECEMBER 31, 2010

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Freedom 2025	Fund Shares		27,954
	Freedom 2030	Fund Shares		22,710
	Freedom 2035	Fund Shares		3,546
	Freedom 2040	Fund Shares		8,001
	Notes Receivable from Participants	4 - 10 %		142,706

See Independent Auditor's Report.

TAUBENSEE STEEL & WIRE CO.
RETIREMENT PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES

WITH INDEPENDENT AUDITORS' REPORT

DECEMBER 31, 2010 AND 2009

TAUBENSEE STEEL & WIRE CO.
RETIREMENT PLAN
INDEX TO FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES
DECEMBER 31, 2010 AND 2009

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Ronald J. Degner Jr., CPA

Allen R. Hochfelder, CPA
1957-2007
Ernest J. Hochfelder, CPA
1933-1984

CELEBRATING 75 YEARS 1933-2008

October 10, 2011

INDEPENDENT AUDITORS' REPORT

Taubensee Steel & Wire Co.
Retirement Plan
Wheeling, Illinois

We have audited the accompanying statements of net assets available for benefits of Taubensee Steel & Wire Co. Retirement Plan as of December 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

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

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

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedules have been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Hochfelder & Weber P.C.

HOCHFELDER & WEBER, P.C.
Certified Public Accountants
Chicago, Illinois

Members of American Institute of Certified Public Accountants, Illinois CPA Society and Affiliated Worldwide through AGN International, N.A.

TAUBENSEE STEEL & WIRE CO.
RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2010 AND 2009

	2010	2009
ASSETS		
Fidelity Investment Funds	$ 6,227,734	$ 5,295,803
Employee Contribution Receivable	26,711	41,895
Employer Contribution Receivable	3,750	4,538
Notes Receivable from Participants	142,706	43,964
Total Assets	6,400,901	5,386,200
LIABILITIES	0	0
NET ASSETS AVAILABLE FOR BENEFITS	$ 6,400,901	$ 5,386,200

The accompanying notes are an integral part of these statements.

TAUBENSEE STEEL & WIRE CO.
RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

	2010	2009
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment Income:		
Interest and Dividends	$ 104,951	$ 86,323
Gain (Loss) on Sale of Investments	6,290	(8,627)
Unrealized Gain on Investments	615,437	912,711
	726,678	990,407
Contributions:		
Employer	44,169	36,401
Participants	330,546	299,245
	374,715	335,646
Total Additions	1,101,393	1,326,053
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Equity Distributions to Participants	82,498	185,795
Administrative Fees	4,194	3,949
Total Deductions	86,692	189,744
NET ADDITIONS FOR THE YEAR	1,014,701	1,136,309
NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR	5,386,200	4,249,891
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	$ 6,400,901	$ 5,386,200

The accompanying notes are an integral part of these statements.

I. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following is a summary of the significant accounting policies of the Plan.

Basis of Accounting: The Plan's financial statements are prepared on the accrual basis of accounting.

Estimates: The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Fair Value Measurements: ASC 820, Fair Value Measurements and Disclosures, provides a framework for measuring fair value in generally accepted accounting principles, and expands disclosures about fair value measurements.

Companies are required to disclose fair value of certain assets and liabilities according to a fair value hierarchy. This hierarchy ranks the quality and reliability of the inputs used to determine fair values, which are then classified and disclosed in one of three categories. The three levels of the fair value hierarchy are:

- Level 1 – quoted prices in active markets for identical assets or liabilities.
- Level 2 – quoted prices in active markets for similar assets or liabilities; quoted prices in markets that are not active; and model-derived valuations whose inputs are observable. The plan did not have any investments in Level 2 at December 31, 2010.
- Level 3 – Model-derived valuations with unobservable inputs that are supported by little or no market activity. The Plan did not have any investments in Level 3 at December 31, 2010.

Mutual Funds: The plan measures its mutual funds that are exchanged traded in an active market using the funds' quoted prices. Therefore, this investment is classified within Level 1 of the valuation hierarchy. 100% of the investments held at December 31, 2010 are mutual funds

Investments: Investment transactions, including gains or losses on the sale of securities, are recorded on a trade-date basis. Interest income is recorded as earned on the accrual basis. Dividends are recorded on the ex-dividend date. Investments in mutual funds are stated at fair value as determined by quoted market prices at the end of the plan year, which represents the net asset value of shares held by the Plan at year-end.

Net realized and unrealized appreciation and depreciation is recorded in the accompanying statements of changes in net assets available for benefits as net appreciation in fair value of investments. Participant loans are valued at amortized cost, which approximates fair value.

Administrative and Other Expenses: General management fees and professional fees are borne by the plan sponsor. Transaction fees within the participant directed accounts are borne by the individual participants.

Payment of Benefits: Benefits are recorded when paid.

2. DESCRIPTION OF THE PLAN

The following description of the Taubensee Steel & Wire Co. Retirement Plan provides only general information. Participants should refer to the Plan agreement for a more comprehensive description of the Plan's provisions.

General: The Plan is a defined contribution plan with a 401(k) provision covering all full time employees of the Company who have 90 days of service and are age twenty-one or older. Employer matching begins one year from the date of hire. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions: Each year, participants may contribute up to 60 percent of pretax annual compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined-benefit or contribution plans. The Company may make matching contributions equal to a percentage declared by the employer, through an annual Board of Directors' resolution, of the deferral contributions made by each participant during the plan year. The Company may also contribute an amount, which is designated as a qualified discretionary contribution. There were no discretionary contributions for 2010 or 2009. Participants may also contribute after-tax (Roth) contributions. There are no Company matching requirements on Roth contributions.

Participant accounts: Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100 percent vested after six years of credited service.

Investment options: Participants may direct contributions in any of the mutual fund options set up by the employer at Fidelity Investments. At present there are twenty different fund options available.

Participant notes receivable: Participants may borrow from their fund accounts, only for hardship reasons, a minimum of $1,000 and up to a maximum of the lesser of $50,000 or 50 percent of their account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the Participants Notes fund. Loan terms shall not exceed five years. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest are paid ratably through monthly payroll deductions.

Payment of benefits: On termination of service due to death, disability, or retirement, a participant will receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. Participants may also receive the vested amount of their account upon attainment of normal retirement age, whether or not employment has terminated.

3. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts.

4. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

There are no material reconciling items between the Form 5500 and the financial statements for tax year ending December 31, 2010.

5. TAX STATUS

The trust constitutes a qualified trust under Section 401(a) of the Internal Revenue Code and is therefore exempt from Federal income taxes under provisions of Section 501(a). A favorable determination letter was received March 31, 2008 by the plan administrator for the prototype plan the sponsor adopted. Although the determination letter does not cover any variances from the prototype plan, management feels the plan is operating in accordance with the applicable sections of the Internal Revenue Code.

6. INVESTMENTS

The following table represents the fair values of investments and investment funds that totaled 5% or more of the Plan's net assets at December 31, 2010 and 2009:

	2010	2009
Fidelity Contrafund	$ 1,651,860	$ 1,397,210
Fidelity International Discovery	1,296,842	1,093,535
Fidelity Government Income	583,435	566,527
Fidelity Blue Chip Growth	576,557	444,821
Fidelity Balanced	332,018	264,765
Fidelity Mid Cap	456,578	264,066
Fidelity Ginnie Mae	370,779	359,581
Totals	$ 5,268,069	$ 4,390,505

7. SUBSEQUENT EVENTS

The Plan did not have any subsequent events through October 10, 2011, which is the date the financial statements were available to be issued for events requiring recording or disclosure in the financial statements for the year ended December 31, 2010.

7. PARTICIPANT DIRECTED INVESTMENTS

The participant directed accounts are invested in Fidelity Mutual Funds. Activity in these investments for 2010 and 2009 (on a cash basis) was as follows (000's omitted):

	Fidelity Fund	Contrafund	Growth & Income	Govnmt. Securities	Balanced Fund	Int'l Discovery	Blue Chip	Retirement Money Mkt.	Equity Income	Ginnie Mae
Balance January 1, 2009	$ 96	$ 1,031	$ 132	$ 392	$ 240	$ 868	$ 294	$ 491	$ 166	$ 198
Contributions deposited	6	56	16	19	29	64	28	29	14	9
Income	27	304	35	10	53	235	144	7	54	15
Net transfers	0	39	0	153	(17)	(20)	(2)	(320)	9	44
Distributions and fees	(1)	(33)	(6)	(7)	(40)	(53)	(19)	(15)	(7)	(2)
Balance December 31, 2009	$ 128	$ 1,397	$ 177	$ 567	$ 265	$ 1,094	$ 445	$ 192	$ 236	$ 264
Balance January 1, 2010	$ 128	$ 1,397	$ 177	$ 567	$ 265	$ 1,094	$ 445	$ 192	$ 236	$ 264
Contributions deposited	11	69	15	22	38	80	41	20	16	9
Income	20	237	28	33	41	141	99	2	38	22
Net transfers	(7)	36	0	(17)	0	(10)	5	10	0	86
Distributions and fees	(1)	(87)	(5)	(22)	(12)	(8)	(13)	(28)	(7)	(10)
Balance December 31, 2010	$ 151	$ 1,652	$ 215	$ 583	$ 332	$ 1,297	$ 577	$ 196	$ 283	$ 371

7. PARTICIPANT DIRECTED INVESTMENTS (CONTINUED)

The participant directed accounts are invested in Fidelity Mutual Funds. Activity in these investments for 2010 and 2009 (on a cash basis) was as follows (000's omitted):

	Mid Cap	AssetMgr 50%	Freedom 2000	Freedom 2005	Freedom 2015	Freedom 2020	Freedom 2025	Freedom 2030	Freedom 2035	Freedom 2040
Balance January 1, 2009	$ 167	$ 1	$ 0	$ 0	$ 25	$ 2	$ 38	$ 14	$ 1	$ 3
Contributions deposited	36	2	0	0	4	0	0	1	1	1
Income	101	0	1	0	7	1	10	6	0	2
Net transfers	56	60	0	0	0	0	0	0	0	0
Distributions and fees	0	0	0	0	0	0	(9)	0	0	0
Balance December 31, 2009	$ 360	$ 63	$ 1	$ 0	$ 36	$ 3	$ 39	$ 21	$ 2	$ 6
Balance January 1, 2010	$ 360	$ 63	$ 1	$ 0	$ 36	$ 3	$ 39	$ 21	$ 2	$ 6
Contributions deposited	54		0	0	5	1	4	1	1	1
Income	88	0	0	0	5	0	3	4	1	1
Net transfers	(44)	(60)	0	0	0	0	2	0	0	0
Distributions and fees	(1)	(2)	0	0	0	(1)	(19)	(3)	0	0
Balance December 31, 2010	$ 457	$ 1	$ 1	$ 0	$ 46	$ 3	$ 29	$ 23	$ 4	$ 8

SUPPLEMENTAL SCHEDULE

Form 5500
Schedule H
Part IV, Line 4i
Fein: 36-20655420
Plan No. 002

TAUBENSEE STEEL & WIRE CO.
RETIREMENT PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
DECEMBER 31, 2010

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Fidelity Investment Portfolio:			
	Contra Fund	Fund Shares		$ 1,651,860
	Growth & Income Fund	Fund Shares		214,874
	Government Securities	Fund Shares		583,435
	Balanced Fund	Fund Shares		332,018
	International Discovery	Fund Shares		1,296,842
	Blue Chip Growth	Fund Shares		576,557
	Money Market Fund	Fund Shares		196,135
	Fidelity Fund	Fund Shares		151,139
	Equity Income	Fund Shares		282,641
	Ginnie Mae	Fund Shares		370,779
	Mid Cap	Fund Shares		456,578
	Asset Manager 50%	Fund Shares		1,690
	Freedom 2000	Fund Shares		1,010
	Freedom 2005	Fund Shares		217
	Freedom 2015	Fund Shares		46,394
	Freedom 2020	Fund Shares		3,354

See Independent Auditor's Report.

Form 5500
Schedule H
Part IV, Line 4i
Fein: 36-20655420
Plan No. 002

TAUBENSEE STEEL & WIRE CO.
RETIREMENT PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
DECEMBER 31, 2010

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Freedom 2025	Fund Shares		27,954
	Freedom 2030	Fund Shares		22,710
	Freedom 2035	Fund Shares		3,546
	Freedom 2040	Fund Shares		8,001
	Notes Receivable from Participants	4 - 10 %		142,706

See Independent Auditor's Report.