Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A This return/report is for: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) [ ] a one-participant plan

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ROYAL WIRE PRODUCTS, INC. CASH BALANCE PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2006

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
ROYAL WIRE PRODUCTS, INC.

13450 YORK DELTA DRIVE
NORTH ROYALTON, OH 44133-3529

2b Employer Identification Number (EIN) 34-0760118

2c Sponsor's telephone number 440-237-8787

2d Business code (see instructions) 332900

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
ROYAL WIRE PRODUCTS, INC. 13450 YORK DELTA DRIVE
NORTH ROYALTON, OH 44133-3529

3b Administrator's EIN 34-0760118

3c Administrator's telephone number 440-237-8787

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

5a Total number of participants at the beginning of the plan year	**5a**	112
b Total number of participants at the end of the plan year	**5b**	112
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	**5c**	

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) [X] Yes [ ] No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) [X] Yes [ ] No

If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1252062	1279529
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	1252062	1279529

8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from: **(1)** Employers	8a(1)	0	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	27467	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		27467
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	0	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0
i Net income (loss) (subtract line 8h from line 8c)	8i		27467
j Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1C 1D 1G 1I

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

Part V Compliance Questions

10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		100000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) ☒ Yes ☐ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ☐ Yes ☒ No

(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year	12b	
c Enter the amount contributed by the employer to the plan for this plan year	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	

e Will the minimum funding amount reported on line 12d be met by the funding deadline? ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? ☒ Yes ☐ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a** 0

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

c 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.)

13c(1) Name of plan(s):	**13c(2)** EIN(s)	**13c(3)** PN(s)

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	10/09/2012	NANCY DAUM
	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

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial 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) and section 6059 of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500 or 5500-SF.**	**2011** **This Form is Open to Public Inspection**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ **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
ROYAL WIRE PRODUCTS, INC. CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ROYAL WIRE PRODUCTS, INC.

D Employer Identification Number (EIN)
34-0760118

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2011

2 Assets:

a	Market value	**2a**	1252062
b	Actuarial value	**2b**	1252062

3 Funding target/participant count breakdown:

			(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	0	0
b	For terminated vested participants	**3b**	18	47630
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		0
	(2) Vested benefits	**3c(2)**		920062
	(3) Total active	**3c(3)**	94	920062
d	Total	**3d**	112	967692

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a	Funding target disregarding prescribed at-risk assumptions	**4a**	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5	Effective interest rate	**5**	5.97 %
6	Target normal cost	**6**	79075

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 10/05/2012
JULIUS SMETONA, F.S.A., E.A.	11-05589
Type or print name of actuary	Most recent enrollment number
DESALES ASSOCAITES	216-595-3940
Firm name	Telephone number (including area code)
29425 CHAGRIN BOULEVARD SUITE 307 PEPPER PIKE, OH 44122	
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 (line 13 from prior year)	0	256882
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		238098
9	Amount remaining (line 7 minus line 8)	0	18784
10	Interest on line 9 using prior year's actual return of 11.78 %	0	2213
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of 7.29 % except as otherwise provided (see instructions)		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	20997

Part III Funding percentages

14	Funding target attainment percentage	14	127.21 %
15	Adjusted funding target attainment percentage	15	127.22 %
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	100.84 %
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
			Totals ► 18(b)	0	18(c) 0

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

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

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
2.94%	5.82%	6.46 %	

b Applicable month (enter code)	21b	0
22 Weighted average retirement age	22	62

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

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	31a	79075
b Excess assets, if applicable, but not greater than 31a	31b	79075

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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 (lines 31a - 31b + 32a + 32b - 33)	34	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	42	
43 Excess installment acceleration amount to be carried over to future plan years	43	

2011 Schedule SB, Line 26
Schedule of Active Participants

	Years of Credited Service										
Attained Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 99	**Total**
0 to 24			2								2
25 to 29		1	8								9
30 to 34		2	9								11
35 to 39		1	7								8
40 to 44		1	6								7
45 to 49			9								9
50 to 54		2	14								16
55 to 59		1	12								13
60 to 64		2	9								11
65 to 69		2	4								6
70 to 99			2								2
Total	0	12	82	0	0	0	0	0	0	0	94

Royal Wire Products, Inc. Cash Balance Plan
EIN: 34-0760118
Plan Number: 002

2011 Schedule SB, Part 5
Statement of Actuarial Assumptions and Methods

Twenty-Four Month Segment Rates	January 2010	January 2011
First Segment Rate	4.60%	2.94%
Second Segment Rate	6.60%	5.82%
Third Segment Rate	6.76%	6.46%

Valuation Mortality Table (Static mortality table for valuations in 2011)	Pre-retirement	Post-retirement
Males	None	Male RP-2000 Combined
Females	None	Female RP-2000 Combined

Valuation Date	January 1, 2011
Assumed Retirement Age	62; participants who have attained age 62 as of the valuation date are assumed to retire at the end of the plan year
Assumed Interest Crediting Rate for all Future Years (thirty-year Treasury constant monthly maturity rate for October 2010)	3.87%
Assumed Profit Sharing Plan Growth Rate	5.50%
Assumed 2011 Employer Discretionary Contribution Rate as a Percent of Compensation	5.00%
Assumed 2011 Cash Balance Allocation for Category I Participant	$5,000
Assumed Form of Distribution	All Participants are assumed to elect to receive accrued benefits in the form of a single life annuity.
Expense Loading	None
Marital Assumption	All participants are assumed to be single at retirement.
Withdrawal Rates	None
Salary Scale	3.5%
Disability Rates	None
Asset Valuation Method	Market Value plus any contribution receivable for the prior Plan Year.
Actuarial Cost Method	Unit Credit

2011 Schedule SB, Part 5
Statement of Actuarial Assumptions and Methods
(continued)

The following data were used for the valuation:

Participant data	Supplied by the Employer as of January 1, 2011.
Asset data	Supplied by the Employer as of January 1, 2011.

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial 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) and section 6059 of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500 or 5500-SF.**	**2011** **This Form is Open to Public Inspection**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ **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
Royal Wire Products, Inc. Cash Balance Plan

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Royal Wire Products, Inc.

D Employer Identification Number (EIN)
34-0760118

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2011

2 Assets:

a Market value	2a	1252062
b Actuarial value	2b	1252062

3 Funding target/participant count breakdown:

		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	0	0
b For terminated vested participants	3b	18	47630
c For active participants:			
(1) Non-vested benefits	3c(1)		0
(2) Vested benefits	3c(2)		920062
(3) Total active	3c(3)	94	920062
d Total	3d	112	967692

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	5.97%
6 Target normal cost	6	79075

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

Julius Smetona, FSA, EA
Signature of actuary

10/05/2012
Date

Julius Smetona, F.S.A., E.A.
Type or print name of actuary

1105589
Most recent enrollment number

DeSales Assocaites
Firm name

216-595-3940
Telephone number (including area code)

29425 Chagrin Boulevard
Suite 307
Pepper Pike OH 44122
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.

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 (line 13 from prior year)	0	256882
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		238098
9 Amount remaining (line 7 minus line 8)	0	18784
10 Interest on line 9 using prior year's actual return of 11.78%	0	2213
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		0
b Interest on (a) using prior year's effective rate of 7.29% except as otherwise provided (see instructions)		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	20997

Part III Funding percentages

14 Funding target attainment percentage	14	127.21%
15 Adjusted funding target attainment percentage	15	127.22%
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	100.84%
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
			Totals ► 18(b)	0	18(c) 0

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

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

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
2.94%	5.82%	6.46%	

b Applicable month (enter code)	21b	0
22 Weighted average retirement age	22	62

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

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	31a	79075
b Excess assets, if applicable, but not greater than 31a	31b	79075

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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 (lines 31a - 31b + 32a + 32b - 33)	34	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	42	
43 Excess installment acceleration amount to be carried over to future plan years	43	

2011 Schedule SB, Part 5
Outline of Principal Provisions

1. Effective Date	January 1, 2006
2. Fiscal Year	January 1 to December 31
3. Plan Year	January 1 to December 31
4. Anniversary Date	January 1
5. Participation Eligibility	Immediate upon hire. However, the owner's spouse and children and spouses of the owner's children are excluded from participation
6. Participation Date	Immediate upon hire
7. Participant Classification	
Category I:	Owner of Royal Wire Products, Inc.
Category II:	All other employees of Royal Wire Products, Inc.
8. Compensation	Form W-2, Box 1 including salary deferrals paid during a Plan Year.
9. Actuarial Equivalent	For a given plan year, the IRS Applicable Mortality Table and the thirty-year treasury Not Applicable.
10. Normal Retirement Age	Age 62.
11. Normal Retirement Date	First day of the month coinciding with or next following Normal Retirement Age.
12. Normal Form of Benefit	Single Life Annuity.
13. Disability Retirement	Disability as determined and ascertained by an Employer selected Physician which permanently prevents a Participant from engaging in any substantial gainful employment and further Hours of Service with the Employer.
14. Hypothetical Contribution Credits	Hypothetical contributions are deemed to be made on the last day of the Plan Year.
Category I:	A Category I participant's hypothetical contribution for a Plan Year shall not exceed the maximum benefit permitted under Section 415 of the IRS Code.
Category II:	A Category II participant's hypothetical contribution for a Plan Year shall equal the greater of $1,700 or 5% of compensation earned during the Plan Year.

2011 Schedule SB, Part 5
Outline of Principal Provisions
(continued)

15. Hypothetical Interest Credits	For a given Plan Year, a participant's Hypothetical Account Balance as of the beginning of the Plan Year will be credited with interest using the thirty-year Treasury constant monthly maturity rate for the month of October preceding the Plan Year for which interest is credited.
16. Hypothetical Account Balance	The sum of a participant's Hypothetical Contribution and Hypothetical Interest Credits
17. Offset Cash Balance Benefit	A Category II participant's vested account balance attributable to Employer discretionary contributions made to the Royal Wire Products, Inc. Profit Sharing Plan.
18. Accrued Benefit	An amount equal to a lump sum at Normal Retirement Age which is the actuarial equivalent of a monthly annuity paying the hypothetical account balance annually, reduced to the Participant's current age at the current Interest Crediting rate.
Category I:	Hypothetical Account Balance.
Category II:	Hypothetical Account Balance reduced by the Offset Cash Balance Benefit but not below $-0-. Nevertheless, a participant's Accrued Benefit shall not be less than the actuarial equivalent of .5% of aggregate compensation earned during Plan Years during which a participant's Hypothetical Contribution Credit exceeded the Employer non-elective contribution on behalf of the participant to the Royal Wire Products, Inc. Profit Sharing Plan.
19. Disability Benefit	An amount equal to a Participant's Vested Cash Balance Benefit on the date the Participant incurs a Disability.
20. Early Retirement Benefit	None
21. Pre-Retirement Death Benefit	Present Value of Accrued Benefit.

22. Vesting Schedule

Years of Vesting Service	Vested Percentage
1	0%
2	0%
3 or more	100%

2011 Schedule SB, Part 5
Outline of Principal Provisions
(continued)

23. Year of Service (for vesting)	Plan Year during which an employee completes at least 1 hour of service.
24. Year of Service (for benefit accrual)	Plan Year during which an employee completes at least 1 hour of service.
25. Normal Retirement Benefit	The actuarial equivalent of a participant's accrued benefit payable as a single life annuity.

2011 Schedule SB, Line 24
Change in Actuarial Assumptions

The future hypothetical interest crediting rate was reduced from 5.50% to 3.87% as the 3.87% rate is the crediting rate in force for 2011 under the terms of the Plan and thirty-year Treasury constant monthly maturity rates have been decreasing.

In order to better reflect anticipated experience, a 3.5% salary scale assumption was added, a 5.5% rate of growth assumption was added for participant account balances attributable to employer non-elective contributions to the Royal Wire Products, Inc. Profit Sharing Plan, an employer non-elective contribution equal to 5% of 2011 compensation is assumed to be made for the 2011 Plan Year, and a hypothetical cash balance plan allocation of $5,000 is assumed to made to the Plan's sole Category I participant of the 2011 Plan Year. All other assumptions and methods remain unchanged from the prior actuarial valuation.