Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

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:
- [ ] 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. . . . . ▶ [ ]

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
THE 401(K) PLAN FOR THE EMPLOYEES OF PRECIOUS PLATE

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1998

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

PRECIOUS PLATE, INC

2124 LIBERTY DRIVE
NIAGARA FALLS, NY 14304-3727

2b Employer Identification Number (EIN) 16-1132470

2c Sponsor's telephone number 716-283-0690

2d Business code (see instructions) 332810

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.	10/15/2012	TERESA SCZESNIAK
	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")
PRECIOUS PLATE, INC

2124 LIBERTY DRIVE
NIAGARA FALLS, NY 14304-3727

3b Administrator's EIN
16-1132470

3c Administrator's telephone number
716-283-0690

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**	137
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**	138
b	Retired or separated participants receiving benefits	**6b**	3
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**	143
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	9
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 2J 2K 2G

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

(1)	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)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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

A Name of plan
THE 401(K) PLAN FOR THE EMPLOYEES OF PRECIOUS PLATE

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PRECIOUS PLATE, INC

D Employer Identification Number (EIN)
16-1132470

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
MASSACHUSETTS MUTUAL LIFE INS. CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	RM 84335-1	143	01/01/2011	12/31/2011

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
11019	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ROBIN M TOMASULA
8660 SHERIDAN DRIVE
WILLIAMSVILLE, NY 14221

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3802			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ANTHONY S TOMASULA
8660 SHERIDAN DRIVE
WILLIAMSVILLE, NY 14221

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3549			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

JOSEPH L DILEO
300 CORPORATE PKWY STE 21
AMHERST, NY 14226

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2964			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

MICHAEL J MCDERMID
37 FRANKLIN STREET SUITE 600
BUFFALO, NY 14202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
704			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	2769746

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	198834
c	Additions: (1) Contributions deposited during the year	7c(1)	379636		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	12906		
	(4) Transferred from separate account	7c(4)	616901		
	(5) Other (specify below)	7c(5)	105304		
	▶ LN INT, LN PRINC, LOAN DEFAULT, ROLLOVER, TRAN ASSETS, TRANS FORFS				
	(6) Total additions			7c(6)	1114747
d	Total of balance and additions (add **b** and **c(6)**)			7d	1313581
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	108423		
	(2) Administration charge made by carrier	7e(2)	333		
	(3) Transferred to separate account	7e(3)	434623		
	(4) Other (specify below)	7e(4)	1614		
	▶ LN DISTRIBUTION				
	(5) Total deductions			7e(5)	544993
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	768588

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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.**	**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

A Name of plan
THE 401(K) PLAN FOR THE EMPLOYEES OF PRECIOUS PLATE

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PRECIOUS PLATE, INC

D Employer Identification Number (EIN)
16-1132470

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

MASSACHUSETTS MUTUAL LIFE INSURANCE

04-1590850

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

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

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

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

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

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

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

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

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

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

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

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

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

MASSACHUSETTS MUTUAL LIFE INSURANCE

04-1590850

(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?
52 60 63 64 68 72	CONTRACT ADMINISTRATOR	4844	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

PPS PENSION AND FINANCIAL SERVICES

16-1062503

(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?
13	TPA	1617	Yes [X] No [ ]	Yes [ ] No [X]	3328	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PPS PENSION AND FINANCIAL SERVICES	13	3328
(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.	
MASSACHUSETTS MUTUAL LIFE INS CO. 04-1590850	EXPENSE REIMBURSEMENT TO THIRD PARTY	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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

A Name of plan
THE 401(K) PLAN FOR THE EMPLOYEES OF PRECIOUS PLATE

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
PRECIOUS PLATE, INC

D Employer Identification Number (EIN)
16-1132470

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-C2 REIT

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS. CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions)
04-1590850-272	P	163267

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-C4 SMALL & MID CAP VALUE

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS. CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions)
04-1590850-285	P	149968

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-CM CCM CAP APPRECIATION

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS. CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)
04-1590850-409	P	85771

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-D2 MODERATE JOURNEY

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS. CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)
04-1590850-034	P	235742

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-HF SMALL CAP VALUE

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS. CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)
90-0342299-064	P	145256

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-WZ TOTAL RETURN

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS. CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)
04-1590850-193	P	23175

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-WJ EQUITY GROWTH

b Name of sponsor of entity listed in (a): MASSACHUSETTE MUTUAL LIFE INS. CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)
04-1590850-129	P	73569

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-EG PREMIER FOCUSED INT'L

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS. CO.

c EIN-PN 04-1590850-385	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 254442

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-HW GROWTH AMERICA

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS. CO.

c EIN-PN 04-1590850-419	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 229382

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-QC PERMIER CAP APPRECIATION

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS. CO.

c EIN-PN 04-1590850-344	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7572

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-JK SELECT DIVERSIFIED VAL

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS. CO.

c EIN-PN 04-1590850-323	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 251130

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-WY GROWTH

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS. CO.

c EIN-PN 04-1590850-236	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 127601

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-TI MID CAP VALUE

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS. CO.

c EIN-PN 90-0342299-017	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1306

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-PH HIGH YIELD

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS. CO.

c EIN-PN 04-1590850-421	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7236

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-QG SMALL COMPANIES

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS. CO.

c EIN-PN 04-1590850-081	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 57072

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-XC PRO-BLEND CONTRM

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS. CO.

c EIN-PN 90-0342299-136	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2639

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-WV MUTUAL SHARES

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS. CO.

c EIN-PN 04-1590850-234	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1448

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-VB EUROPACIFIC GROWTH

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS. CO.

c EIN-PN 04-1590850-276	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 93480

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-VE BALANCED

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS. CO.

c EIN-PN 04-1590850-278	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37173

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-VI LEVERAGED CO STOCK

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS. CO.

c EIN-PN 04-1590850-363	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 160258

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-W9 SELECT MID CAP GR II

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS. CO.

c EIN-PN 04-1590850-121	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 495896

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-WH SPECTRUM GROWTH

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS. CO.

c EIN-PN 04-1590850-128	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 75628

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-A4 DOW JONES TARGET TODAY

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE CO.

c EIN-PN 90-0342299-145	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 141

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-MF ADV DOW JONES TRGT 2010

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE CO.

c EIN-PN 90-0342299-202	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1263

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-MG ADV DOWN JONES TRGT 2020

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE CO

c EIN-PN 90-0342299-203	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 458

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-MI ADV DOWN JONES TRGT 2030

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE CO

c EIN-PN 90-0342299-204	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4639

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-EG PREMIER FOCUSED INT'L

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS. CO.

c EIN-PN 04-1590850-385	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 254442

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-HW GROWTH AMERICA

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS. CO.

c EIN-PN 04-1590850-419	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 229382

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-QC PERMIER CAP APPRECIATION

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS. CO.

c EIN-PN 04-1590850-344	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7572

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-JK SELECT DIVERSIFIED VAL

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS. CO.

c EIN-PN 04-1590850-323	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 251130

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-WY GROWTH

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS. CO.

c EIN-PN 04-1590850-236	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 127601

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-TI MID CAP VALUE

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS. CO.

c EIN-PN 90-0342299-017	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1306

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-PH HIGH YIELD

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS. CO.

c EIN-PN 04-1590850-421	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7236

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-QG SMALL COMPANIES

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS. CO.

c EIN-PN 04-1590850-081	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 57072

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-XC PRO-BLEND CONTRM

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS. CO.

c EIN-PN 90-0342299-136	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2639

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

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

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

A Name of plan
THE 401(K) PLAN FOR THE EMPLOYEES OF PRECIOUS PLATE

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PRECIOUS PLATE, INC

D Employer Identification Number (EIN)
16-1132470

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)	0	
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	174761	197519
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1430710	1072894
(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)	1836852	1696852
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	198834	768588
(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	3641157	3735853
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	3641157	3735853

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)	89404	
(B) Participants	2a(1)(B)	290232	
(C) Others (including rollovers)	2a(1)(C)	4147	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		383783
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	12906	
(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)	9525	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		22431
(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)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-24345
(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)		-63749
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		318120
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	209905	
(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)		209905
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		8675
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	4844	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		4844
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		223424
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		94696
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: BROCK,SCHECHTER & POLAKOFF, LLP (2) EIN: 16-1003516

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) **4a**		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) **4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) **4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) **4d**		X	
e	Was this plan covered by a fidelity bond? **4e**	X		305000
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**			

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

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

A Name of plan
THE 401(K) PLAN FOR THE EMPLOYEES OF PRECIOUS PLATE

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PRECIOUS PLATE, INC

D Employer Identification Number (EIN)
16-1132470

Part I Distributions

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

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

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

EIN(s): 04-1590850

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 (include any prior year accumulated funding deficiency not waived) **6a**

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

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

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

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

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

Part III Amendments

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

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

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): _____

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):

The 401(k) Plan
for the Employees of Precious Plate

Financial Statements
December 31, 2011 and December 31, 2010

Independent Auditors' Report 1

Financial Statements

Statements of Net Assets Available for Plan Benefits - Modified Cash Basis 2-3

Statement of Changes in Net Assets Available for Plan Benefits - Modified Cash Basis 4

Notes to Financial Statements 5-13

Supplementary Information 14

Schedule of Assets (Held at End of Year) – Modified Cash Basis 15

BROCK, SCHECHTER & POLAKOFF, LLP
CERTIFIED PUBLIC ACCOUNTANTS • CONSULTANTS

Independent Auditors' Report

To the Pension Committee for
The 401(k) Plan for the Employees of Precious Plate
Niagara Falls, New York

We were engaged to audit the accompanying statements of net assets available for plan benefits - modified cash basis of The 401(k) Plan for the Employees of Precious Plate as of December 31, 2011 and December 31, 2010 and the related statement of changes in net assets available for plan benefits - modified cash basis for the year ended December 31, 2011 and the supplemental schedule of assets (held at end of year) – modified cash basis as of December 31, 2011. The financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, Precious Plate, Inc. instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which is certified by Massachusetts Mutual Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by Precious Plate, Inc. that the custodian holds the Plan's investment assets and executes investment transactions. Precious Plate, Inc. obtained a certification from the custodian as of December 31, 2011 and December 31, 2010 and for the year ended December 31, 2011, that the information provided to the Plan Administrator by the custodian is complete and accurate.

As described in Note 2, the financial statements and supplemental schedule were prepared on the modified cash basis of accounting which is a comprehensive basis of accounting other than U.S. generally accepted accounting principles.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule of assets (held at end of year) – modified cash basis as of December 31, 2011 is presented for the purposes of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statement and supplemental schedule, other than that derived from the information certified by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Brock Schechter & Polakoff, LLP

Buffalo, New York
October 10, 2012

726 Exchange Street • Suite 822
Buffalo, New York 14210
Tel: (716) 854-5034
Fax: (716) 854-7195
www.bspcpa.com

Brock, Schechter & Polakoff, LLP
40 Years
CPAMERICA INTERNATIONAL
Member of CPAmerica International

Statements of Net Assets Available for Plan Benefits
(All Participant Directed)
(Modified Cash Basis)

	December 31, 2011	December 31, 2010
Assets		
Notes receivable from participants	$ 197,519	$ 174,761
Investments held by Massachusetts Mutual Life Insurance Company		
Value in pooled separate accounts (at fair market value):		
Moderate Journey	235,742	381,891
Premier Capital Appreciation (OFI)	7,572	28,551
Premier Focused Intl (Baring)	254,442	382,728
Premier Strategic Income (OFI Inst.)	10,773	29,115
REIT (OFI)	163,267	133,088
Select Diversified Value (Lm SLS/Brywn)	251,130	244,362
Small & Mid Cap Value (OFI)	149,968	230,975
	1,072,894	1,430,710
Value in mutual funds (at fair market value):		
Advantage Target Today (Wells Fargo)	141	-
Advantage Target 2010 (Wells Fargo)	1,263	-
Advantage Target 2020 (Wells Fargo)	458	-
Advantage Target 2030 (Wells Fargo)	4,639	-
Advantage Target 2040 (Wells Fargo)	4,247	-
Advantage Target 2050 (Wells Fargo)	6,514	-
Balanced (American)	37,173	30,737
CCM Cap Appreciation (Allianz)	85,771	89,580
Equity Growth (Am Century)	73,569	91,633
EuroPacific Growth (American)	93,480	126,541
Growth (Baron)	127,601	163,916
Growth America (American)	229,382	289,319
High Yield (PIMCO)	7,236	11,167
Leveraged Co Stock (Fidelity Advisor)	160,258	204,147
Mid Cap Value (Perkins)	1,306	-
Mutual Shares (Franklin)	1,448	-
Pro-Blend Conservative Term (Manning & Napier)	2,639	1,663
Pro-Blend Extended Term (Manning & Napier)	56,973	60
Pro-Blend Maximum Term (Manning & Napier)	1,567	230
Pro-Blend Moderate Term (Manning & Napier)	4,160	628
Subtotal mutual funds	899,825	1,009,621

(Continued)

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

Statements of Net Assets Available for Plan Benefits
(All Participant Directed)
(Modified Cash Basis)
(Continued)

Subtotal mutual funds carried forward	$ 899,825	$ 1,009,621
Sel Mid Cap Growth II (T Rowe Price)	495,896	572,183
Small Cap Value (Invesco)	145,256	136,810
Small Companies (Invesco)	57,072	17,870
Spectrum Growth (T Rowe Price)	75,628	92,136
Total Return (PIMCO)	23,175	8,232
	1,696,852	1,836,852
Value in insurance company general accounts (at fair market value):		
General Asset Fund	818,129	214,766
	3,587,875	3,482,328
Net assets available for plan benefits at fair market value	3,785,394	3,657,089
Adjustment from fair value to contract value for fully benefit responsive investment contract	(49,541)	(15,932)
Net assets available for plan benefits	$ 3,735,853	$ 3,641,157

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

Statement of Changes in Net Assets Available for Plan Benefits
(All Participant Directed)
(Modified Cash Basis)
For the Year Ended December 31, 2011

Net assets available for plan benefits, beginning of year	$ 3,641,157
Contributions	
Employers	89,404
Participants	290,232
Rollovers	4,147
Total contributions	383,783
Notes receivable interest	9,525
Earnings (loss) on investments	
Other interest	12,906
Net loss from pooled separate accounts	(24,345)
Net loss from mutual funds	(63,749)
Total loss on investments	(75,188)
Deductions	
Benefits paid to participants	209,905
Deemed loan distributions	8,675
Administrative expenses	4,844
Total deductions	223,424
Net increase	94,696
Net assets available for plan benefits, end of year	$ 3,735,853

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

1. Description of the Plan

The following brief description of The 401(k) Plan for the Employees of Precious Plate is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a defined contribution plan which became effective January 1, 1986 and allows 401(k) salary reduction. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan Sponsor is Precious Plate, Inc. (Plan Sponsor). Participants are employees of Precious Plate, Inc., who have completed 6 months of service and have attained age 19 except for union and leased employees.

Contributions

Each year, participants may contribute up to 100 percent of eligible compensation, up to IRS limitations. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contributions plans. The Plan Sponsor matches 50 percent of the employee contribution to a maximum of 4 percent of compensation. The Plan Sponsor may also make a discretionary contribution to participants who have completed a year of service and are actively employed at the end of the Plan year. Participants direct the investment of contributions into various investment options offered by the Plan.

On the participant's eligibility date, a participant is automatically enrolled at 4 percent of pretax annual compensation, as defined by the Plan, into the default investment option if the participant does not indicate to the Plan Sponsor that the participant does not wish to participate in the Plan.

Participant Accounts

Each participant's account is credited with the participant's contribution, Plan Sponsor contributions, and earnings as allocated. The account is reduced by the payment of benefits and 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 vested immediately in their contributions plus actual earnings thereon. After two years of service, each participant will be fully vested in his or her Plan Sponsor contribution. One year of service is credited upon completion of 1,000 hours.

Notes Receivable from Participants

The Plan allows the custodian to make loans to participants and beneficiaries upon the written direction of the Plan Sponsor. The amount a participant may borrow is limited to 50 percent of the participant's vested account balance, provided such loan does not exceed $50,000. The Plan also includes a minimum loan amount of $1,000. No participant may have more than one loan outstanding at any time. Principal and interest are collected ratably through payroll deductions. Interest is charged at a reasonable rate of interest for similar types of loans made by other lenders, as determined by the Plan Sponsor.

Forfeitures

Forfeited accounts will be used to reduce future Plan Sponsor contributions to the Plan. At December 31, 2011 and December 31, 2010, forfeited non-vested accounts totaled $6,977 and $6,737, respectively.

1. Description of Plan (Continued)

Benefit Payments

The benefit to which a participant is entitled is the benefit that can be provided from the participant's account and normally takes the form of a lump sum. A participant may elect other installment options as provided for in the Plan with the approval of the Plan Sponsor. Benefits are provided for normal retirement at attained age 65, or may be deferred if the participant continues in active service with the Plan Sponsor. Participants may make in-service withdrawals at age 59½ if still in active service with the Plan Sponsor. Benefits are also provided upon permanent disability, separation from service, specific hardship or death.

2. Summary of Accounting Policies

Basis of Accounting

The Plan's policy is to prepare its financial statements on the modified cash basis of accounting; consequently, certain revenue is recognized when received rather than when earned and certain expenses are recognized when cash is disbursed rather than when the obligation is incurred. Contributions are shown on the accrual basis of accounting. Benefits are recorded when paid.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Use of Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Investment Valuation and Income Recognition

Investments are stated at fair value as certified by the custodian, Massachusetts Mutual Life Insurance Company. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. Interest income and dividends are recorded on the modified cash basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

2. Summary of Accounting Policies (Continued)

Administrative Expenses
Some Plan expenses are paid by the Plan and some by the Plan Sponsor.

Subsequent Events
The Plan has evaluated for subsequent events through the date of the independent auditors' report, which is the date the financial statements were made available to be issued.

Reclassification
Certain reclassifications have been made to the December 31, 2010 comparative totals to conform to December 31, 2011 presentation.

3. Fair Value Measurement
Fair value is the price at which an asset could be exchanged in a current transaction between knowledgeable, willing parties. Fair value measurements are categorized into one of three levels based on the lowest level of significant input used: Level 1 (unadjusted quoted prices in active markets); Level 2 (observable market inputs available at the measurement date, other than quoted prices included in Level 1); and Level 3 (unobservable inputs that cannot be corroborated by observable market data).

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and December 31, 2010:

Pooled Separate Accounts
Valued based on the unit values of the funds. Unit values are determined by dividing the fund's net assets, which represents the fair value of the underlying investments, by its units outstanding at the valuation date.

Mutual Funds
Valued at the net asset value (NAV) of shares held by the Plan at year end. The NAV is based on the estimated value of the underlying investments within the funds.

Guaranteed Investment Contract
Valued at a fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

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

3. Fair Value Measurement (Continued)

The following table presents information about our investments measured at fair value on a recurring basis as of December 31, 2011 and December 31, 2010, and indicates the fair value hierarchy of the valuation techniques utilized to determine such fair value:

	December 31, 2011		
	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Pooled separate accounts			
Growth	$ -	$ 254,442	$ -
Moderate	-	235,742	-
Real estate	-	163,267	-
Small cap	-	149,968	-
Value	-	251,130	-
Other	-	18,345	-
Mutual funds			
Growth	-	1,095,556	-
Small cap	-	202,328	-
Value	-	160,258	-
Other	-	238,710	-
Insurance company general account			
General asset fund	-	-	818,129
	$ -	$ 2,769,746	$ 818,129

	December 31, 2010		
	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Pooled separate accounts			
Growth	$ -	$ 382,728	$ -
Value	-	244,362	-
Moderate	-	381,891	-
Real estate	-	133,088	-
Small cap	-	230,975	-
Other	-	57,666	-
Mutual funds			
Growth	-	1,335,728	-
Small cap	-	154,680	-
Value	-	204,147	-
Other	-	142,297	-
Insurance company general account			
General asset fund	-	-	214,766
	$ -	$ 3,267,562	$ 214,766

There were no transfers of investments between Level 1 and Level 2 during the year ended December 31, 2011.

3. Fair Value Measurement (Continued)

The following table presents the changes in the above Level 3 instruments measured on a recurring basis for the year ended December 31, 2011:

	General Asset Fund
Balance, beginning of year	$ 214,766
Interest income	12,906
Purchases	1,101,841
Sales	(544,993)
Unrealized gains	33,609
Balance, end of year	$ 818,129

Except for the Plan's general asset fund, realized and unrealized gains and losses included in earnings are reported in Statement of Changes in Net Assets Available for Plan Benefits (Modified Cash Basis) as a component of earnings (loss) on investments.

The following table for December 31, 2011 and December 31, 2010 sets forth a summary of the Plan's investments with a reported net asset value:

		Fair Value at December 31, 2011	Fair Value at December 31, 2010	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Moderate Journey	(a)	$ 235,742	$ 381,891	$ -	Daily	None	None
Premier Capital Appreciation (OFI)	(b)	7,572	28,551	-	Daily	None	None
Premier Focused Intl (Baring)	(c)	254,442	382,728	-	Daily	None	None
Premier Strategic Income (OFI Inst.)	(d)	10,773	29,115	-	Daily	None	None
REIT (OFI)	(e)	163,267	133,088	-	Daily	None	None
Select Diversified Value (Lm SLS/Brywn)	(f)	251,130	244,362	-	Daily	None	None
Small & Mid Cap Value (OFI)	(g)	149,968	230,975	-	Daily	None	None
Advantage Target Today (Wells Fargo)	(h)	141	-	-	Daily	None	None
Advantage Target 2010 (Wells Fargo)	(i)	1,263	-	-	Daily	None	None
Advantage Target 2020 (Wells Fargo)	(j)	458	-	-	Daily	None	None
Advantage Target 2030 (Wells Fargo)	(k)	4,639	-	-	Daily	None	None
Advantage Target 2040 (Wells Fargo)	(l)	4,247	-	-	Daily	None	None
Advantage Target 2050 (Wells Fargo)	(m)	6,514	-	-	Daily	None	None
Balanced (American)	(n)	37,173	30,737	-	Daily	None	None
CCM Cap Appreciation (Allianz)	(o)	85,771	89,580	-	Daily	None	None
Equity Growth (Am Century)	(p)	73,569	91,633	-	Daily	None	None
EuroPacific Growth (American)	(q)	93,480	126,541	-	Daily	None	None
Growth (Baron)	(r)	127,601	163,916	-	Daily	None	None
Growth America (American)	(s)	229,382	289,319	-	Daily	None	None
High Yield (PIMCO)	(t)	7,236	11,167	-	Daily	None	None
Leveraged Co Stock (Fidelity Advisor)	(u)	160,258	204,147	-	Daily	None	None
Mid Cap Value (Perkins)	(v)	1,306	-	-	Daily	None	None
Mutual Shares (Franklin)	(w)	1,448	-	-	Daily	None	None
Pro-Blend Conservative Term (Manning & Napier)	(x)	2,639	1,663	-	Daily	None	None
Pro-Blend Extended Term (Manning & Napier)	(y)	56,973	60	-	Daily	None	None
Pro-Blend Maximum Term (Manning & Napier)	(z)	1,567	230	-	Daily	None	None
Pro-Blend Moderate Term (Manning & Napier)	(aa)	4,160	628	-	Daily	None	None
Sel Mid Cap Growth II (T Rowe Price)	(bb)	495,896	572,183	-	Daily	None	None
Small Cap Value (Invesco)	(cc)	145,256	136,810	-	Daily	None	None
Small Companies (Invesco)	(dd)	57,072	17,870	-	Daily	None	None
Spectrum Growth (T Rowe Price)	(ee)	75,628	92,136	-	Daily	None	None
Total Return (PIMCO)	(ff)	23,175	8,232	-	Daily	None	None

3. Fair Value Measurement (Continued)

(a) This option provides both long-term growth and short-term stability. The portfolio is tilted toward equities but also includes fixed-income and cash investments to take advantage of a variety of markets. The mix offers good growth potential.
(b) The investment seeks long-term capital appreciation.
(c) The investment option seeks long-term capital appreciation through an investment strategy of growth at a reasonable price (GARP), investing in under-recognized growth companies.
(d) The investment seeks high current income.
(e) The fund typically invests in real estate securities, primarily real estate investment trusts (REITs).
(f) The fund seeks to achieve long-term growth of capital and income by investing primarily in a diversified portfolio of equity securities of larger, well-established companies.
(g) This fund typically invests primarily in small and mid-cap U.S. value stocks.
(h) This fund invests in a portfolio of equity, fixed income, and short-term securities, and seeks current income with modest capital appreciation.
(i) This fund invests in a portfolio of equity, fixed income, and short-term securities, and is reallocated over time to become more conservative as the fund approaches its target year.
(j) This fund invests in a portfolio of equity, fixed income, and short-term securities, and is reallocated over time to become more conservative as the fund approaches its target year.
(k) This fund invests in a portfolio of equity, fixed income, and short-term securities, and is reallocated over time to become more conservative as the fund approaches its target year.
(l) This fund invests in a portfolio of equity, fixed income, and short-term securities, and is reallocated over time to become more conservative as the fund approaches its target year.
(m) This fund invests in a portfolio of equity, fixed income, and short-term securities, and is reallocated over time to become more conservative as the fund approaches its target year.
(n) The investment seeks conservation of capital, current income, and long-term growth of capital and income.
(o) The investment seeks capital growth.
(p) The objective of this fund is capital appreciation.
(q) The investment seeks long-term growth of capital.
(r) The fund invests in small-sized U.S. companies with significant growth potential.
(s) The fund seeks to provide growth of capital.
(t) The fund seeks maximum total return, consistent with preservation of capital and prudent investment management.
(u) The investment seeks capital appreciation.
(v) The investment seeks capital appreciation.
(w) The fund seeks capital appreciation, with income as a secondary goal.
(x) The fund is invested in a conservative mix of stocks, bonds, and cash that seeks to provide capital preservation as a primary goal, with income and capital growth as secondary objectives.
(y) The fund is invested in a growth-oriented mix of stocks, bonds, and cash that seeks to earn a good portion of the long-term growth of the stock market with moderate stability.
(z) The fund is invested in an aggressive, growth-oriented mix of stocks, bonds, and cash that seeks to earn the long-term growth typically associated with the stock market.
(aa) The fund is invested in a moderately conservative mix of stocks, bonds, and cash that seeks to balance growth and capital preservation for a more stable rate of long-term growth than that of the broad stock market.
(bb) The investment seeks growth of capital over the long-term.
(cc) The fund seeks long-term growth of capital by investing primarily in common stocks of small-cap companies that management believes can generate sustainable growth in revenue, earnings, and cash flow.
(dd) Fund managers seek to invest in companies that can be purchased at a discount to their intrinsic value and demonstrate the potential to grow that value over time.
(ee) The investment seeks long-term capital appreciation and growth of income with current income as a secondary objective.
(ff) The investment seeks maximum total return, consistent with preservation of capital and prudent investment management.

4. General Asset Fund

The Plan holds a benefit-responsive group annuity investment contract with MassMutual Retirement Services (MassMutual). MassMutual maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in Note 2, because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value, as reported to the Plan by MassMutual, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than a gross 3 percent, which excludes such items as contributions, distributions, and transfers. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) temporary absence, (2) change in position or other occurrence qualifying as a temporary break in service under the Plan, (3) transfer or other change of position resulting in employment by an entity controlling, controlled by, or under other common control with the Plan Sponsor (4) cessation of employment relationship resulting from a reorganization, merger, layoff or the sale or discontinuance of all or any part of the Plan sponsor's business, (5) removal from the Plan of one or more groups or classifications or participants, (6) partial or complete plan termination, or (7) Plan disqualification. The Plan Sponsor does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

The average net yields for the years ending December 31, are as follows:

	2011	2010
Based on actual earnings	2.50%	2.27%
Based on interest rate credited to participants	2.50%	2.27%

5. Financial Certification (Unaudited)

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan has elected to utilize the certification of certain financial information by Massachusetts Mutual Life Insurance Company in compliance with the audit requirements of the Act.

The following is a summary of the unaudited information included in the accompanying financial statements and supplemental schedule that was prepared and furnished to the Plan by Massachusetts Mutual Life Insurance Company. The Plan has obtained a certification from Massachusetts Mutual Life Insurance Company that such information is complete and accurate as of December 31, 2011 and December 31, 2010 and for the year ended December 31, 2011.

	December 31, 2011	December 31, 2010
Investments at fair market value:		
Advantage Target Today (Wells Fargo)	$ 141	$ -
Advantage Target 2010 (Wells Fargo)	1,263	-
Advantage Target 2020 (Wells Fargo)	458	-
Advantage Target 2030 (Wells Fargo)	4,639	-
Advantage Target 2040 (Wells Fargo)	4,247	-
Advantage Target 2050 (Wells Fargo)	6,514	-
Balanced (American)	37,173	30,737
CCM Cap Appreciation (Allianz)	85,771	89,580
Equity Growth (Am Century)	73,569	91,633
EuroPacific Growth (American)	93,480	126,541
Growth (Baron)	127,601	163,916
Growth America (American)	229,382	289,319
High Yield (PIMCO)	7,236	11,167
Leveraged Co Stock (Fidelity Advisor)	160,258	204,147
Mid Cap Value (Perkins)	1,306	-
Moderate Journey	235,742	381,891
Mutual Shares (Franklin)	1,448	-
Premier Capital Appreciation (OFI)	7,572	28,551
Premier Focused Intl (Baring)	254,442	382,728
Premier Strategic Income (OFI Inst.)	10,773	29,115
Pro-Blend Conservative Term (Manning & Napier)	2,639	1,663
Pro-Blend Extended Term (Manning & Napier)	56,973	60
Pro-Blend Maximum Term (Manning & Napier)	1,567	230
Pro-Blend Moderate Term (Manning & Napier)	4,160	628
REIT (OFI)	163,267	133,088
Sel Mid Cap Growth II (T Rowe Price)	495,896	572,183
Select Diversified Value (Lm SLS/Brywn)	251,130	244,362
Small & Mid Cap Value (OFI)	149,968	230,975
Small Cap Value (Invesco)	145,256	136,810
Small Companies (Invesco)	57,072	17,870
Spectrum Growth (T Rowe Price)	75,628	92,136
Total Return (PIMCO)	23,175	8,232
Investments at contract value		
General Asset Fund	$ 768,588	$ 198,834
Net loss on investments	$ (75,188)	

6. Party-in-Interest Transactions

Certain Plan investments are units of pooled separate accounts and shares of mutual fund managed by Massachusetts Life Insurance Company. Mass Mutual is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid to Mass Mutual by the Plan for administrative services amounted to $4,844 for the year ended December 31, 2011.

7. Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor reserves the right to terminate or revoke the Plan at any time, subject to the provisions of ERISA. In the event of termination or partial termination, all participants affected shall have a fully vested and non-forfeitable right to the amount credited to their accounts at the date of such termination.

8. Tax Status

The Plan uses a prototype plan document sponsored by Massachusetts Mutual Life Insurance Company. Massachusetts Mutual Life Insurance Company received an opinion letter from the IRS dated March 31, 2008, which states that the prototype document satisfies the applicable provisions of the Internal Revenue Code (IRC). The Plan itself has not received a determination letter from the IRS. Although the Plan has been amended since receiving the determination letter, the Plan Sponsor believes that the Plan is designed and currently being operated in compliance with the applicable provisions of the IRC and therefore believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Sponsor has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Sponsor believes it is no longer subject to income tax examinations for years prior to 2008.

9. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for plan benefits.

Supplementary Information

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) – Modified Cash Basis
The 401(k) Plan for the Employees of Precious Plate
EIN 59-2308106 Plan Number 001
As of December 31, 2011

(a)	(b) Identity of issuer, 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
		Pooled Separate Accounts		
*	Massachusetts Mutual Life Insurance Company	Moderate Journey		$ 235,742
*	Massachusetts Mutual Life Insurance Company	Premier Capital Appreciation (OFI)		7,572
*	Massachusetts Mutual Life Insurance Company	Premier Focused Intl (Baring)		254,442
*	Massachusetts Mutual Life Insurance Company	Premier Strategic Income (OFI Inst.)		10,773
*	Massachusetts Mutual Life Insurance Company	REIT (OFI)		163,267
*	Massachusetts Mutual Life Insurance Company	Select Diversified Value (Lm SLS/Brywn)		251,130
*	Massachusetts Mutual Life Insurance Company	Small & Mid Cap Value (OFI)		149,968
				1,072,894
		Mutual Funds		
	Wells Fargo	Advantage Target Today (Wells Fargo)		141
	Wells Fargo	Advantage Target 2010 (Wells Fargo)		1,263
	Wells Fargo	Advantage Target 2020 (Wells Fargo)		458
	Wells Fargo	Advantage Target 2030 (Wells Fargo)		4,639
	Wells Fargo	Advantage Target 2040 (Wells Fargo)		4,247
	Wells Fargo	Advantage Target 2050 (Wells Fargo)		6,514
	American Funds	Balanced (American)		37,173
	Allianz	CCM Cap Appreciation (Allianz)		85,771
	American Century	Equity Growth (Am Century)		73,569
	American Funds	EuroPacific Growth (American)		93,480
	Baron Funds	Growth (Baron)		127,601
	American Funds	Growth America (American)		229,382
	PIMCO	High Yield (PIMCO)		7,236
	Fidelity	Leveraged Co Stock (Fidelity Advisor)		160,258
	Perkins Investment Management	Mid Cap Value (Perkins)		1,306
	Franklin Templeton	Mutual Shares (Franklin)		1,448
	Manning & Napier	Pro-Blend Conservative Term (Manning & Napier)		2,639
	Manning & Napier	Pro-Blend Extended Term (Manning & Napier)		56,973
	Manning & Napier	Pro-Blend Maximum Term (Manning & Napier)		1,567
	Manning & Napier	Pro-Blend Moderate Term (Manning & Napier)		4,160
	T. Rowe Price	Sel Mid Cap Growth II (T Rowe Price)		495,896
	Invesco	Small Cap Value (Invesco)		145,256
	Invesco	Small Companies (Invesco)		57,072
	T. Rowe Price	Spectrum Growth (T Rowe Price)		75,628
	PIMCO	Total Return (PIMCO)		23,175
				1,696,852
		Insurance Company General		
*	Massachusetts Mutual Life Insurance Company	General Asset Fund maturing on January 1, 2012 with an interest rate of 3%		768,588
	Participant loans	**Notes receivable from participants with interest rates ranging from 5.25% To 10.25%**	$ -	197,519
				$3,735,853

*The above represents a party in interest as defined by ERISA.
^All investments are participant directed.

The 401(k) Plan
for the Employees of Precious Plate

Financial Statements
December 31, 2011 and December 31, 2010

Independent Auditors' Report 1

Financial Statements

Statements of Net Assets Available for Plan Benefits - Modified Cash Basis 2-3

Statement of Changes in Net Assets Available for Plan Benefits - Modified Cash Basis 4

Notes to Financial Statements 5-13

Supplementary Information 14

Schedule of Assets (Held at End of Year) – Modified Cash Basis 15

BROCK, SCHECHTER & POLAKOFF, LLP
CERTIFIED PUBLIC ACCOUNTANTS • CONSULTANTS

Independent Auditors' Report

To the Pension Committee for
The 401(k) Plan for the Employees of Precious Plate
Niagara Falls, New York

We were engaged to audit the accompanying statements of net assets available for plan benefits - modified cash basis of The 401(k) Plan for the Employees of Precious Plate as of December 31, 2011 and December 31, 2010 and the related statement of changes in net assets available for plan benefits - modified cash basis for the year ended December 31, 2011 and the supplemental schedule of assets (held at end of year) – modified cash basis as of December 31, 2011. The financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, Precious Plate, Inc. instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which is certified by Massachusetts Mutual Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by Precious Plate, Inc. that the custodian holds the Plan's investment assets and executes investment transactions. Precious Plate, Inc. obtained a certification from the custodian as of December 31, 2011 and December 31, 2010 and for the year ended December 31, 2011, that the information provided to the Plan Administrator by the custodian is complete and accurate.

As described in Note 2, the financial statements and supplemental schedule were prepared on the modified cash basis of accounting which is a comprehensive basis of accounting other than U.S. generally accepted accounting principles.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule of assets (held at end of year) – modified cash basis as of December 31, 2011 is presented for the purposes of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statement and supplemental schedule, other than that derived from the information certified by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Brock Schechter & Polakoff, LLP

Buffalo, New York
October 10, 2012

726 Exchange Street • Suite 822
Buffalo, New York 14210
Tel: (716) 854-5034
Fax: (716) 854-7195
www.bspcpa.com

Brock, Schechter & Polakoff, LLP
40 Years
CPAMERICA INTERNATIONAL
Member of CPAmerica International

Statements of Net Assets Available for Plan Benefits
(All Participant Directed)
(Modified Cash Basis)

	December 31, 2011	December 31, 2010
Assets		
Notes receivable from participants	$ 197,519	$ 174,761
Investments held by Massachusetts Mutual Life Insurance Company		
Value in pooled separate accounts (at fair market value):		
Moderate Journey	235,742	381,891
Premier Capital Appreciation (OFI)	7,572	28,551
Premier Focused Intl (Baring)	254,442	382,728
Premier Strategic Income (OFI Inst.)	10,773	29,115
REIT (OFI)	163,267	133,088
Select Diversified Value (Lm SLS/Brywn)	251,130	244,362
Small & Mid Cap Value (OFI)	149,968	230,975
	1,072,894	1,430,710
Value in mutual funds (at fair market value):		
Advantage Target Today (Wells Fargo)	141	-
Advantage Target 2010 (Wells Fargo)	1,263	-
Advantage Target 2020 (Wells Fargo)	458	-
Advantage Target 2030 (Wells Fargo)	4,639	-
Advantage Target 2040 (Wells Fargo)	4,247	-
Advantage Target 2050 (Wells Fargo)	6,514	-
Balanced (American)	37,173	30,737
CCM Cap Appreciation (Allianz)	85,771	89,580
Equity Growth (Am Century)	73,569	91,633
EuroPacific Growth (American)	93,480	126,541
Growth (Baron)	127,601	163,916
Growth America (American)	229,382	289,319
High Yield (PIMCO)	7,236	11,167
Leveraged Co Stock (Fidelity Advisor)	160,258	204,147
Mid Cap Value (Perkins)	1,306	-
Mutual Shares (Franklin)	1,448	-
Pro-Blend Conservative Term (Manning & Napier)	2,639	1,663
Pro-Blend Extended Term (Manning & Napier)	56,973	60
Pro-Blend Maximum Term (Manning & Napier)	1,567	230
Pro-Blend Moderate Term (Manning & Napier)	4,160	628
Subtotal mutual funds	899,825	1,009,621

(Continued)

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

Statements of Net Assets Available for Plan Benefits
(All Participant Directed)
(Modified Cash Basis)
(Continued)

Subtotal mutual funds carried forward	$ 899,825	$ 1,009,621
Sel Mid Cap Growth II (T Rowe Price)	495,896	572,183
Small Cap Value (Invesco)	145,256	136,810
Small Companies (Invesco)	57,072	17,870
Spectrum Growth (T Rowe Price)	75,628	92,136
Total Return (PIMCO)	23,175	8,232
	1,696,852	1,836,852
Value in insurance company general accounts (at fair market value):		
General Asset Fund	818,129	214,766
	3,587,875	3,482,328
Net assets available for plan benefits at fair market value	3,785,394	3,657,089
Adjustment from fair value to contract value for fully benefit responsive investment contract	(49,541)	(15,932)
Net assets available for plan benefits	$ 3,735,853	$ 3,641,157

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

Statement of Changes in Net Assets Available for Plan Benefits
(All Participant Directed)
(Modified Cash Basis)
For the Year Ended December 31, 2011

Net assets available for plan benefits, beginning of year	$ 3,641,157
Contributions	
Employers	89,404
Participants	290,232
Rollovers	4,147
Total contributions	383,783
Notes receivable interest	9,525
Earnings (loss) on investments	
Other interest	12,906
Net loss from pooled separate accounts	(24,345)
Net loss from mutual funds	(63,749)
Total loss on investments	(75,188)
Deductions	
Benefits paid to participants	209,905
Deemed loan distributions	8,675
Administrative expenses	4,844
Total deductions	223,424
Net increase	94,696
Net assets available for plan benefits, end of year	$ 3,735,853

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

1. Description of the Plan

The following brief description of The 401(k) Plan for the Employees of Precious Plate is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a defined contribution plan which became effective January 1, 1986 and allows 401(k) salary reduction. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan Sponsor is Precious Plate, Inc. (Plan Sponsor). Participants are employees of Precious Plate, Inc., who have completed 6 months of service and have attained age 19 except for union and leased employees.

Contributions

Each year, participants may contribute up to 100 percent of eligible compensation, up to IRS limitations. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contributions plans. The Plan Sponsor matches 50 percent of the employee contribution to a maximum of 4 percent of compensation. The Plan Sponsor may also make a discretionary contribution to participants who have completed a year of service and are actively employed at the end of the Plan year. Participants direct the investment of contributions into various investment options offered by the Plan.

On the participant's eligibility date, a participant is automatically enrolled at 4 percent of pretax annual compensation, as defined by the Plan, into the default investment option if the participant does not indicate to the Plan Sponsor that the participant does not wish to participate in the Plan.

Participant Accounts

Each participant's account is credited with the participant's contribution, Plan Sponsor contributions, and earnings as allocated. The account is reduced by the payment of benefits and 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 vested immediately in their contributions plus actual earnings thereon. After two years of service, each participant will be fully vested in his or her Plan Sponsor contribution. One year of service is credited upon completion of 1,000 hours.

Notes Receivable from Participants

The Plan allows the custodian to make loans to participants and beneficiaries upon the written direction of the Plan Sponsor. The amount a participant may borrow is limited to 50 percent of the participant's vested account balance, provided such loan does not exceed $50,000. The Plan also includes a minimum loan amount of $1,000. No participant may have more than one loan outstanding at any time. Principal and interest are collected ratably through payroll deductions. Interest is charged at a reasonable rate of interest for similar types of loans made by other lenders, as determined by the Plan Sponsor.

Forfeitures

Forfeited accounts will be used to reduce future Plan Sponsor contributions to the Plan. At December 31, 2011 and December 31, 2010, forfeited non-vested accounts totaled $6,977 and $6,737, respectively.

1. Description of Plan (Continued)

Benefit Payments

The benefit to which a participant is entitled is the benefit that can be provided from the participant's account and normally takes the form of a lump sum. A participant may elect other installment options as provided for in the Plan with the approval of the Plan Sponsor. Benefits are provided for normal retirement at attained age 65, or may be deferred if the participant continues in active service with the Plan Sponsor. Participants may make in-service withdrawals at age 59½ if still in active service with the Plan Sponsor. Benefits are also provided upon permanent disability, separation from service, specific hardship or death.

2. Summary of Accounting Policies

Basis of Accounting

The Plan's policy is to prepare its financial statements on the modified cash basis of accounting; consequently, certain revenue is recognized when received rather than when earned and certain expenses are recognized when cash is disbursed rather than when the obligation is incurred. Contributions are shown on the accrual basis of accounting. Benefits are recorded when paid.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Use of Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Investment Valuation and Income Recognition

Investments are stated at fair value as certified by the custodian, Massachusetts Mutual Life Insurance Company. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. Interest income and dividends are recorded on the modified cash basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

2. Summary of Accounting Policies (Continued)

Administrative Expenses
Some Plan expenses are paid by the Plan and some by the Plan Sponsor.

Subsequent Events
The Plan has evaluated for subsequent events through the date of the independent auditors' report, which is the date the financial statements were made available to be issued.

Reclassification
Certain reclassifications have been made to the December 31, 2010 comparative totals to conform to December 31, 2011 presentation.

3. Fair Value Measurement
Fair value is the price at which an asset could be exchanged in a current transaction between knowledgeable, willing parties. Fair value measurements are categorized into one of three levels based on the lowest level of significant input used: Level 1 (unadjusted quoted prices in active markets); Level 2 (observable market inputs available at the measurement date, other than quoted prices included in Level 1); and Level 3 (unobservable inputs that cannot be corroborated by observable market data).

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and December 31, 2010:

Pooled Separate Accounts
Valued based on the unit values of the funds. Unit values are determined by dividing the fund's net assets, which represents the fair value of the underlying investments, by its units outstanding at the valuation date.

Mutual Funds
Valued at the net asset value (NAV) of shares held by the Plan at year end. The NAV is based on the estimated value of the underlying investments within the funds.

Guaranteed Investment Contract
Valued at a fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

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

3. Fair Value Measurement (Continued)

The following table presents information about our investments measured at fair value on a recurring basis as of December 31, 2011 and December 31, 2010, and indicates the fair value hierarchy of the valuation techniques utilized to determine such fair value:

	December 31, 2011		
	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Pooled separate accounts			
Growth	$ -	$ 254,442	$ -
Moderate	-	235,742	-
Real estate	-	163,267	-
Small cap	-	149,968	-
Value	-	251,130	-
Other	-	18,345	-
Mutual funds			
Growth	-	1,095,556	-
Small cap	-	202,328	-
Value	-	160,258	-
Other	-	238,710	-
Insurance company general account			
General asset fund	-	-	818,129
	$ -	$ 2,769,746	$ 818,129

	December 31, 2010		
	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Pooled separate accounts			
Growth	$ -	$ 382,728	$ -
Value	-	244,362	-
Moderate	-	381,891	-
Real estate	-	133,088	-
Small cap	-	230,975	-
Other	-	57,666	-
Mutual funds			
Growth	-	1,335,728	-
Small cap	-	154,680	-
Value	-	204,147	-
Other	-	142,297	-
Insurance company general account			
General asset fund	-	-	214,766
	$ -	$ 3,267,562	$ 214,766

There were no transfers of investments between Level 1 and Level 2 during the year ended December 31, 2011.

3. Fair Value Measurement (Continued)

The following table presents the changes in the above Level 3 instruments measured on a recurring basis for the year ended December 31, 2011:

	General Asset Fund
Balance, beginning of year	$ 214,766
Interest income	12,906
Purchases	1,101,841
Sales	(544,993)
Unrealized gains	33,609
Balance, end of year	$ 818,129

Except for the Plan's general asset fund, realized and unrealized gains and losses included in earnings are reported in Statement of Changes in Net Assets Available for Plan Benefits (Modified Cash Basis) as a component of earnings (loss) on investments.

The following table for December 31, 2011 and December 31, 2010 sets forth a summary of the Plan's investments with a reported net asset value:

		Fair Value at December 31, 2011	Fair Value at December 31, 2010	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Moderate Journey	(a)	$ 235,742	$ 381,891	$ -	Daily	None	None
Premier Capital Appreciation (OFI)	(b)	7,572	28,551	-	Daily	None	None
Premier Focused Intl (Baring)	(c)	254,442	382,728	-	Daily	None	None
Premier Strategic Income (OFI Inst.)	(d)	10,773	29,115	-	Daily	None	None
REIT (OFI)	(e)	163,267	133,088	-	Daily	None	None
Select Diversified Value (Lm SLS/Brywn)	(f)	251,130	244,362	-	Daily	None	None
Small & Mid Cap Value (OFI)	(g)	149,968	230,975	-	Daily	None	None
Advantage Target Today (Wells Fargo)	(h)	141	-	-	Daily	None	None
Advantage Target 2010 (Wells Fargo)	(i)	1,263	-	-	Daily	None	None
Advantage Target 2020 (Wells Fargo)	(j)	458	-	-	Daily	None	None
Advantage Target 2030 (Wells Fargo)	(k)	4,639	-	-	Daily	None	None
Advantage Target 2040 (Wells Fargo)	(l)	4,247	-	-	Daily	None	None
Advantage Target 2050 (Wells Fargo)	(m)	6,514	-	-	Daily	None	None
Balanced (American)	(n)	37,173	30,737	-	Daily	None	None
CCM Cap Appreciation (Allianz)	(o)	85,771	89,580	-	Daily	None	None
Equity Growth (Am Century)	(p)	73,569	91,633	-	Daily	None	None
EuroPacific Growth (American)	(q)	93,480	126,541	-	Daily	None	None
Growth (Baron)	(r)	127,601	163,916	-	Daily	None	None
Growth America (American)	(s)	229,382	289,319	-	Daily	None	None
High Yield (PIMCO)	(t)	7,236	11,167	-	Daily	None	None
Leveraged Co Stock (Fidelity Advisor)	(u)	160,258	204,147	-	Daily	None	None
Mid Cap Value (Perkins)	(v)	1,306	-	-	Daily	None	None
Mutual Shares (Franklin)	(w)	1,448	-	-	Daily	None	None
Pro-Blend Conservative Term (Manning & Napier)	(x)	2,639	1,663	-	Daily	None	None
Pro-Blend Extended Term (Manning & Napier)	(y)	56,973	60	-	Daily	None	None
Pro-Blend Maximum Term (Manning & Napier)	(z)	1,567	230	-	Daily	None	None
Pro-Blend Moderate Term (Manning & Napier)	(aa)	4,160	628	-	Daily	None	None
Sel Mid Cap Growth II (T Rowe Price)	(bb)	495,896	572,183	-	Daily	None	None
Small Cap Value (Invesco)	(cc)	145,256	136,810	-	Daily	None	None
Small Companies (Invesco)	(dd)	57,072	17,870	-	Daily	None	None
Spectrum Growth (T Rowe Price)	(ee)	75,628	92,136	-	Daily	None	None
Total Return (PIMCO)	(ff)	23,175	8,232	-	Daily	None	None

3. Fair Value Measurement (Continued)

(a) This option provides both long-term growth and short-term stability. The portfolio is tilted toward equities but also includes fixed-income and cash investments to take advantage of a variety of markets. The mix offers good growth potential.
(b) The investment seeks long-term capital appreciation.
(c) The investment option seeks long-term capital appreciation through an investment strategy of growth at a reasonable price (GARP), investing in under-recognized growth companies.
(d) The investment seeks high current income.
(e) The fund typically invests in real estate securities, primarily real estate investment trusts (REITs).
(f) The fund seeks to achieve long-term growth of capital and income by investing primarily in a diversified portfolio of equity securities of larger, well-established companies.
(g) This fund typically invests primarily in small and mid-cap U.S. value stocks.
(h) This fund invests in a portfolio of equity, fixed income, and short-term securities, and seeks current income with modest capital appreciation.
(i) This fund invests in a portfolio of equity, fixed income, and short-term securities, and is reallocated over time to become more conservative as the fund approaches its target year.
(j) This fund invests in a portfolio of equity, fixed income, and short-term securities, and is reallocated over time to become more conservative as the fund approaches its target year.
(k) This fund invests in a portfolio of equity, fixed income, and short-term securities, and is reallocated over time to become more conservative as the fund approaches its target year.
(l) This fund invests in a portfolio of equity, fixed income, and short-term securities, and is reallocated over time to become more conservative as the fund approaches its target year.
(m) This fund invests in a portfolio of equity, fixed income, and short-term securities, and is reallocated over time to become more conservative as the fund approaches its target year.
(n) The investment seeks conservation of capital, current income, and long-term growth of capital and income.
(o) The investment seeks capital growth.
(p) The objective of this fund is capital appreciation.
(q) The investment seeks long-term growth of capital.
(r) The fund invests in small-sized U.S. companies with significant growth potential.
(s) The fund seeks to provide growth of capital.
(t) The fund seeks maximum total return, consistent with preservation of capital and prudent investment management.
(u) The investment seeks capital appreciation.
(v) The investment seeks capital appreciation.
(w) The fund seeks capital appreciation, with income as a secondary goal.
(x) The fund is invested in a conservative mix of stocks, bonds, and cash that seeks to provide capital preservation as a primary goal, with income and capital growth as secondary objectives.
(y) The fund is invested in a growth-oriented mix of stocks, bonds, and cash that seeks to earn a good portion of the long-term growth of the stock market with moderate stability.
(z) The fund is invested in an aggressive, growth-oriented mix of stocks, bonds, and cash that seeks to earn the long-term growth typically associated with the stock market.
(aa) The fund is invested in a moderately conservative mix of stocks, bonds, and cash that seeks to balance growth and capital preservation for a more stable rate of long-term growth than that of the broad stock market.
(bb) The investment seeks growth of capital over the long-term.
(cc) The fund seeks long-term growth of capital by investing primarily in common stocks of small-cap companies that management believes can generate sustainable growth in revenue, earnings, and cash flow.
(dd) Fund managers seek to invest in companies that can be purchased at a discount to their intrinsic value and demonstrate the potential to grow that value over time.
(ee) The investment seeks long-term capital appreciation and growth of income with current income as a secondary objective.
(ff) The investment seeks maximum total return, consistent with preservation of capital and prudent investment management.

4. General Asset Fund

The Plan holds a benefit-responsive group annuity investment contract with MassMutual Retirement Services (MassMutual). MassMutual maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in Note 2, because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value, as reported to the Plan by MassMutual, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than a gross 3 percent, which excludes such items as contributions, distributions, and transfers. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) temporary absence, (2) change in position or other occurrence qualifying as a temporary break in service under the Plan, (3) transfer or other change of position resulting in employment by an entity controlling, controlled by, or under other common control with the Plan Sponsor (4) cessation of employment relationship resulting from a reorganization, merger, layoff or the sale or discontinuance of all or any part of the Plan sponsor's business, (5) removal from the Plan of one or more groups or classifications or participants, (6) partial or complete plan termination, or (7) Plan disqualification. The Plan Sponsor does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

The average net yields for the years ending December 31, are as follows:

	2011	2010
Based on actual earnings	2.50%	2.27%
Based on interest rate credited to participants	2.50%	2.27%

5. Financial Certification (Unaudited)

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan has elected to utilize the certification of certain financial information by Massachusetts Mutual Life Insurance Company in compliance with the audit requirements of the Act.

The following is a summary of the unaudited information included in the accompanying financial statements and supplemental schedule that was prepared and furnished to the Plan by Massachusetts Mutual Life Insurance Company. The Plan has obtained a certification from Massachusetts Mutual Life Insurance Company that such information is complete and accurate as of December 31, 2011 and December 31, 2010 and for the year ended December 31, 2011.

	December 31, 2011	December 31, 2010
Investments at fair market value:		
Advantage Target Today (Wells Fargo)	$ 141	$ -
Advantage Target 2010 (Wells Fargo)	1,263	-
Advantage Target 2020 (Wells Fargo)	458	-
Advantage Target 2030 (Wells Fargo)	4,639	-
Advantage Target 2040 (Wells Fargo)	4,247	-
Advantage Target 2050 (Wells Fargo)	6,514	-
Balanced (American)	37,173	30,737
CCM Cap Appreciation (Allianz)	85,771	89,580
Equity Growth (Am Century)	73,569	91,633
EuroPacific Growth (American)	93,480	126,541
Growth (Baron)	127,601	163,916
Growth America (American)	229,382	289,319
High Yield (PIMCO)	7,236	11,167
Leveraged Co Stock (Fidelity Advisor)	160,258	204,147
Mid Cap Value (Perkins)	1,306	-
Moderate Journey	235,742	381,891
Mutual Shares (Franklin)	1,448	-
Premier Capital Appreciation (OFI)	7,572	28,551
Premier Focused Intl (Baring)	254,442	382,728
Premier Strategic Income (OFI Inst.)	10,773	29,115
Pro-Blend Conservative Term (Manning & Napier)	2,639	1,663
Pro-Blend Extended Term (Manning & Napier)	56,973	60
Pro-Blend Maximum Term (Manning & Napier)	1,567	230
Pro-Blend Moderate Term (Manning & Napier)	4,160	628
REIT (OFI)	163,267	133,088
Sel Mid Cap Growth II (T Rowe Price)	495,896	572,183
Select Diversified Value (Lm SLS/Brywn)	251,130	244,362
Small & Mid Cap Value (OFI)	149,968	230,975
Small Cap Value (Invesco)	145,256	136,810
Small Companies (Invesco)	57,072	17,870
Spectrum Growth (T Rowe Price)	75,628	92,136
Total Return (PIMCO)	23,175	8,232
Investments at contract value		
General Asset Fund	$ 768,588	$ 198,834
Net loss on investments	$ (75,188)	

6. Party-in-Interest Transactions

Certain Plan investments are units of pooled separate accounts and shares of mutual fund managed by Massachusetts Life Insurance Company. Mass Mutual is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid to Mass Mutual by the Plan for administrative services amounted to $4,844 for the year ended December 31, 2011.

7. Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor reserves the right to terminate or revoke the Plan at any time, subject to the provisions of ERISA. In the event of termination or partial termination, all participants affected shall have a fully vested and non-forfeitable right to the amount credited to their accounts at the date of such termination.

8. Tax Status

The Plan uses a prototype plan document sponsored by Massachusetts Mutual Life Insurance Company. Massachusetts Mutual Life Insurance Company received an opinion letter from the IRS dated March 31, 2008, which states that the prototype document satisfies the applicable provisions of the Internal Revenue Code (IRC). The Plan itself has not received a determination letter from the IRS. Although the Plan has been amended since receiving the determination letter, the Plan Sponsor believes that the Plan is designed and currently being operated in compliance with the applicable provisions of the IRC and therefore believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Sponsor has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Sponsor believes it is no longer subject to income tax examinations for years prior to 2008.

9. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for plan benefits.

Supplementary Information

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) – Modified Cash Basis
The 401(k) Plan for the Employees of Precious Plate
EIN 59-2308106 Plan Number 001
As of December 31, 2011

(a)	(b) Identity of issuer, 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
		Pooled Separate Accounts		
*	Massachusetts Mutual Life Insurance Company	Moderate Journey		$ 235,742
*	Massachusetts Mutual Life Insurance Company	Premier Capital Appreciation (OFI)		7,572
*	Massachusetts Mutual Life Insurance Company	Premier Focused Intl (Baring)		254,442
*	Massachusetts Mutual Life Insurance Company	Premier Strategic Income (OFI Inst.)		10,773
*	Massachusetts Mutual Life Insurance Company	REIT (OFI)		163,267
*	Massachusetts Mutual Life Insurance Company	Select Diversified Value (Lm SLS/Brywn)		251,130
*	Massachusetts Mutual Life Insurance Company	Small & Mid Cap Value (OFI)		149,968
				1,072,894
		Mutual Funds		
	Wells Fargo	Advantage Target Today (Wells Fargo)		141
	Wells Fargo	Advantage Target 2010 (Wells Fargo)		1,263
	Wells Fargo	Advantage Target 2020 (Wells Fargo)		458
	Wells Fargo	Advantage Target 2030 (Wells Fargo)		4,639
	Wells Fargo	Advantage Target 2040 (Wells Fargo)		4,247
	Wells Fargo	Advantage Target 2050 (Wells Fargo)		6,514
	American Funds	Balanced (American)		37,173
	Allianz	CCM Cap Appreciation (Allianz)		85,771
	American Century	Equity Growth (Am Century)		73,569
	American Funds	EuroPacific Growth (American)		93,480
	Baron Funds	Growth (Baron)		127,601
	American Funds	Growth America (American)		229,382
	PIMCO	High Yield (PIMCO)		7,236
	Fidelity	Leveraged Co Stock (Fidelity Advisor)		160,258
	Perkins Investment Management	Mid Cap Value (Perkins)		1,306
	Franklin Templeton	Mutual Shares (Franklin)		1,448
	Manning & Napier	Pro-Blend Conservative Term (Manning & Napier)		2,639
	Manning & Napier	Pro-Blend Extended Term (Manning & Napier)		56,973
	Manning & Napier	Pro-Blend Maximum Term (Manning & Napier)		1,567
	Manning & Napier	Pro-Blend Moderate Term (Manning & Napier)		4,160
	T. Rowe Price	Sel Mid Cap Growth II (T Rowe Price)		495,896
	Invesco	Small Cap Value (Invesco)		145,256
	Invesco	Small Companies (Invesco)		57,072
	T. Rowe Price	Spectrum Growth (T Rowe Price)		75,628
	PIMCO	Total Return (PIMCO)		23,175
				1,696,852
		Insurance Company General		
*	Massachusetts Mutual Life Insurance Company	General Asset Fund maturing on January 1, 2012 with an interest rate of 3%		768,588
	Participant loans	**Notes receivable from participants with interest rates ranging from 5.25% To 10.25%**	$ -	197,519
				$3,735,853

*The above represents a party in interest as defined by ERISA.
^All investments are participant directed.