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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2011</div><br><br><b>This Form is Open to Public Inspection</b> |
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|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2011 or fiscal plan year beginning <u>07/01/2011</u> and ending <u>06/30/2012</u> |                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                                      | <input type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                            |

|                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                              | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                         |                                                                     |                                                             |                                                             |  |
| <b>1a</b> Name of plan<br><u>OAK STATE PRODUCTS, INC. PENSION PLAN</u>                                                                                                                                                      | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>07/01/1965</u></td> </tr> </table>                        | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u>                                                  | <b>1c</b> Effective date of plan<br><u>07/01/1965</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                    | <u>001</u>                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                             |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>07/01/1965</u>                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2a</b> Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)<br><br><u>OAK STATE PRODUCTS, INC.</u><br><br><u>P.O. BOX 549, HIGHWAY 251</u><br><u>WENONA, IL 61377</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>36-2341822</u></td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number<br/><u>815-853-4348</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>311800</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>36-2341822</u> | <b>2c</b> Sponsor's telephone number<br><u>815-853-4348</u> | <b>2d</b> Business code (see instructions)<br><u>311800</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>36-2341822</u>                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2c</b> Sponsor's telephone number<br><u>815-853-4348</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>311800</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 01/24/2013 | LARRY BUTCHER PREPARER                                       |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2011)  
v.012611

|                                                                                                                                                                          |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>OAK STATE PRODUCTS, INC.<br><br>P.O. BOX 549, HIGHWAY 251<br>WENONA, IL 61377 | <b>3b</b> Administrator's EIN<br>36-2341822<br><br><b>3c</b> Administrator's telephone number<br>815-853-4348 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                       |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>4</b> 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:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                         |          |     |
|-------------------------------------------------------------------------|----------|-----|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 202 |
|-------------------------------------------------------------------------|----------|-----|

|                                                                                                                                                        |           |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |     |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 110 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 1   |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 79  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 190 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 0   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 190 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> |     |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> | 0   |

|                                                                                                                                      |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) ..... | <b>7</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1G 1I

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

|                                                                                |                                                                                |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)                      | <b>9b</b> Plan benefit arrangement (check all that apply)                      |
| <b>(1)</b> <input type="checkbox"/> Insurance                                  | <b>(1)</b> <input checked="" type="checkbox"/> Insurance                       |
| <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts | <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| <b>(3)</b> <input checked="" type="checkbox"/> Trust                           | <b>(3)</b> <input checked="" type="checkbox"/> Trust                           |
| <b>(4)</b> <input type="checkbox"/> General assets of the sponsor              | <b>(4)</b> <input type="checkbox"/> General assets of the sponsor              |

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

**a Pension Schedules**

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

**b General Schedules**

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

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
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| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>OAK STATE PRODUCTS, INC. PENSION PLAN</u>                                                                     | <b>B</b> Three-digit plan number (PN) ▶ <u>001</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>OAK STATE PRODUCTS, INC.</u>                               | <b>D</b> Employer Identification Number (EIN)<br><u>36-2341822</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|               |                                                                                                                                                                                                                  |
|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Basic Information</b>                                                                                                                                                                                         |
| <b>1</b>      | Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2011</u>                                                                                                                                         |
| <b>2</b>      | Assets:                                                                                                                                                                                                          |
| <b>a</b>      | Market value ..... <b>2a</b> <u>4125307</u>                                                                                                                                                                      |
| <b>b</b>      | Actuarial value ..... <b>2b</b> <u>4125307</u>                                                                                                                                                                   |
| <b>3</b>      | Funding target/participant count breakdown:                                                                                                                                                                      |
|               | (1) Number of participants (2) Funding Target                                                                                                                                                                    |
| <b>a</b>      | For retired participants and beneficiaries receiving payment ..... <b>3a</b> <u>1</u> <u>459331</u>                                                                                                              |
| <b>b</b>      | For terminated vested participants ..... <b>3b</b> <u>84</u> <u>952443</u>                                                                                                                                       |
| <b>c</b>      | For active participants:                                                                                                                                                                                         |
| (1)           | Non-vested benefits ..... <b>3c(1)</b> <u>0</u>                                                                                                                                                                  |
| (2)           | Vested benefits ..... <b>3c(2)</b> <u>4201317</u>                                                                                                                                                                |
| (3)           | Total active ..... <b>3c(3)</b> <u>117</u> <u>4201317</u>                                                                                                                                                        |
| <b>d</b>      | Total ..... <b>3d</b> <u>202</u> <u>5613091</u>                                                                                                                                                                  |
| <b>4</b>      | If the plan is in at-risk status, check the box and complete lines (a) and (b) ..... <input type="checkbox"/>                                                                                                    |
| <b>a</b>      | Funding target disregarding prescribed at-risk assumptions ..... <b>4a</b>                                                                                                                                       |
| <b>b</b>      | Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... <b>4b</b> |
| <b>5</b>      | Effective interest rate ..... <b>5</b> <u>5.73 %</u>                                                                                                                                                             |
| <b>6</b>      | Target normal cost ..... <b>6</b> <u>27815</u>                                                                                                                                                                   |

**Statement by Enrolled Actuary**

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

|                                                                                  |                                        |
|----------------------------------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                                                 | <u>01/24/2013</u>                      |
| Signature of actuary                                                             | Date                                   |
| <u>KARL K. OMAN</u>                                                              | <u>11-07459</u>                        |
| Type or print name of actuary                                                    | Most recent enrollment number          |
| <u>VERISIGHT, INC.</u>                                                           | <u>312-488-6758</u>                    |
| Firm name                                                                        | Telephone number (including area code) |
| <u>135 SOUTH LASALLE STREET</u><br><u>SUITE 2225</u><br><u>CHICAGO, IL 60603</u> |                                        |
| Address of the firm                                                              |                                        |

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

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

**Schedule SB (Form 5500) 2011**  
**v.012611**

| <b>Part II</b> |                                                                                                                          | <b>Beginning of year carryover and prefunding balances</b> |                        |
|----------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------|
|                |                                                                                                                          | (a) Carryover balance                                      | (b) Prefunding balance |
| <b>7</b>       | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                          | 0                                                          | 0                      |
| <b>8</b>       | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                       | 0                                                          | 0                      |
| <b>9</b>       | Amount remaining (line 7 minus line 8) .....                                                                             | 0                                                          | 0                      |
| <b>10</b>      | Interest on line 9 using prior year's actual return of <u>22.47</u> % .....                                              |                                                            |                        |
| <b>11</b>      | Prior year's excess contributions to be added to prefunding balance:                                                     |                                                            |                        |
| <b>a</b>       | Present value of excess contributions (line 38 from prior year) .....                                                    |                                                            | 0                      |
| <b>b</b>       | Interest on (a) using prior year's effective rate of <u>6.49</u> % except as otherwise provided (see instructions) ..... |                                                            | 0                      |
| <b>c</b>       | Total available at beginning of current plan year to add to prefunding balance .....                                     |                                                            | 0                      |
| <b>d</b>       | Portion of (c) to be added to prefunding balance .....                                                                   |                                                            |                        |
| <b>12</b>      | Other reductions in balances due to elections or deemed elections .....                                                  |                                                            |                        |
| <b>13</b>      | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                       | 0                                                          | 0                      |

| <b>Part III</b> |                                                                                                                                                                  | <b>Funding percentages</b> |         |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------|
| <b>14</b>       | Funding target attainment percentage .....                                                                                                                       | <b>14</b>                  | 73.49 % |
| <b>15</b>       | Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b>                  | 75.58 % |
| <b>16</b>       | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b>                  | 65.42 % |
| <b>17</b>       | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b>                  | %       |

| <b>Part IV</b>                                                                           |                                   | <b>Contributions and liquidity shortfalls</b> |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                               |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees               | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 10/20/2011                                                                               | 78204                             |                                               |                          |                                   |                                 |
| 12/05/2011                                                                               | 611                               |                                               |                          |                                   |                                 |
| 01/18/2012                                                                               | 75660                             |                                               |                          |                                   |                                 |
| 04/13/2012                                                                               | 75660                             |                                               |                          |                                   |                                 |
| 06/27/2012                                                                               | 800                               |                                               |                          |                                   |                                 |
| 07/02/2012                                                                               | 118740                            |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               | <b>Totals ▶</b>          | <b>18(b)</b>                      | 349675                          |
|                                                                                          |                                   |                                               |                          | <b>18(c)</b>                      |                                 |

|                                                                                                                                      |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |                                                                     |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                                 | <b>19a</b> 0                                                        |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                   | <b>19b</b> 0                                                        |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....              | <b>19c</b> 336266                                                   |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? .....                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b> If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>c</b> If 20a is "Yes," see instructions and complete the following table as applicable:                                           |                                                                     |
| Liquidity shortfall as of end of quarter of this plan year                                                                           |                                                                     |
| (1) 1st                                                                                                                              | (2) 2nd                                                             |
| 0                                                                                                                                    | 0                                                                   |
| (3) 3rd                                                                                                                              | (4) 4th                                                             |
| 0                                                                                                                                    | 0                                                                   |

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

|                                                                                                                                                                                              |                       |                       |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                       |                       |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>2.18% | 2nd segment:<br>5.36% | 3rd segment:<br>6.33 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                       |                       |                        | <b>21b</b> 0                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                       |                       |                        | <b>22</b> 65                                        |
| <b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                       |                       |                        |                                                     |

**Part VI Miscellaneous items**

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

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum required contribution for current year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 27815              |               |
| <b>b</b> Excess assets, if applicable, but not greater than 31a .....                                                                                                                | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance |                    | Installment   |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 1487784             |                    | 308451        |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   |                    | 0             |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                            | <b>34</b>           | 336266             |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 336266             |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 336266             |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                   | <b>40</b>           | 0                  |               |

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

|                                                                                                                 |                                                                                                                         |  |  |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>41</b> If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule: |                                                                                                                         |  |  |
| <b>a</b> Schedule elected .....                                                                                 | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....                                | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |  |
| <b>42</b> Amount of acceleration adjustment .....                                                               | <b>42</b>                                                                                                               |  |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years .....                  | <b>43</b>                                                                                                               |  |  |

|                                                                                                                                                                                                               |                                                                                                                                                                                                                |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                | <b>2011</b>                                    |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2011 or fiscal plan year beginning **07/01/2011** and ending **06/30/2012**

|                                                                                                  |                                                                    |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><b>OAK STATE PRODUCTS, INC. PENSION PLAN</b>                            | <b>B</b> Three-digit plan number (PN) ▶ <b>001</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>OAK STATE PRODUCTS, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>36-2341822</b> |

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

**(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

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

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

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

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

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

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

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

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

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

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

THOMAS PARTNERS, INC.

04-2489016

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28                            | INVESTMENT MANAGER                                                                                       | 11598                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

ESTABROOK CAPITAL MANAGEMENT

13-2670934

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28                            | INVESTMENT MANAGER                                                                                       | 6695                                                                          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

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

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

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

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

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

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2011 or fiscal plan year beginning <u>07/01/2011</u> and ending <u>06/30/2012</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>OAK STATE PRODUCTS, INC. PENSION PLAN</u>                                                                                                                                                                                                    | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>001</u>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>OAK STATE PRODUCTS, INC.</u>                                                                                                                                                                         | <b>D</b> Employer Identification Number (EIN)<br><br><u>36-2341822</u>                                                                                                                                                                                                       |                                                                                           |

|          | Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 | (a) Beginning of Year | (b) End of Year |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> | 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. <b>Round off amounts to the nearest dollar.</b> 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. |                 |                       |                 |
|          | <b>Assets</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                       |                 |
| <b>a</b> | Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       |                       |                 |
| <b>b</b> | Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
|          | <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1b(1)</b>    | 122232                | 118740          |
|          | <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1b(2)</b>    |                       |                 |
|          | <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1b(3)</b>    |                       |                 |
| <b>c</b> | General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
|          | <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(1)</b>    | 120033                | 39147           |
|          | <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(2)</b>    | 684760                | 363196          |
|          | <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                       |                 |
|          | <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(3)(A)</b> |                       |                 |
|          | <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(3)(B)</b> |                       | 297870          |
|          | <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                       |                 |
|          | <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(4)(A)</b> |                       |                 |
|          | <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(4)(B)</b> | 3144775               | 3073915         |
|          | <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(5)</b>    |                       |                 |
|          | <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(6)</b>    |                       |                 |
|          | <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1c(7)</b>    |                       |                 |
|          | <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(8)</b>    |                       |                 |
|          | <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(9)</b>    | 0                     |                 |
|          | <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>1c(10)</b>   |                       |                 |
|          | <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(11)</b>   |                       |                 |
|          | <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(12)</b>   |                       |                 |
|          | <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(13)</b>   | 55518                 | 25172           |
|          | <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(14)</b>   |                       |                 |
|          | <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(15)</b>   |                       | 144281          |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 4127318               | 4062321         |

**Liabilities**

|                                                                           |           |     |   |
|---------------------------------------------------------------------------|-----------|-----|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |     |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 444 | 0 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |     |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |     |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 444 | 0 |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 4126874 | 4062321 |
|-----------------------------------------------------------|-----------|---------|---------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 349675     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 349675    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 69         |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 20436      |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 20505     |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 95320      |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 95320     |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 2340647    |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 2196985    |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 143662    |

|                                                                                                   |          | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|----------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | 2b(5)(A) |            |           |
| (B) Other .....                                                                                   | 2b(5)(B) | -151226    |           |
| (C) Total unrealized appreciation of assets.<br>Add lines 2b(5)(A) and (B).....                   | 2b(5)(C) |            | -151226   |
| (6) Net investment gain (loss) from common/collective trusts .....                                | 2b(6)    |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | 2b(7)    |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | 2b(8)    |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | 2b(9)    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | 2b(10)   |            |           |
| <b>c</b> Other income.....                                                                        | 2c       |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | 2d       |            | 457936    |

**Expenses**

|                                                                                            |       |        |        |
|--------------------------------------------------------------------------------------------|-------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |       |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | 2e(1) | 79531  |        |
| (2) To insurance carriers for the provision of benefits .....                              | 2e(2) | 422634 |        |
| (3) Other .....                                                                            | 2e(3) |        |        |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                               | 2e(4) |        | 502165 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | 2f    |        |        |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | 2g    |        |        |
| <b>h</b> Interest expense.....                                                             | 2h    |        |        |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | 2i(1) |        |        |
| (2) Contract administrator fees .....                                                      | 2i(2) |        |        |
| (3) Investment advisory and management fees .....                                          | 2i(3) | 18294  |        |
| (4) Other .....                                                                            | 2i(4) | 2030   |        |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                        | 2i(5) |        | 20324  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |        | 522489 |

**Net Income and Reconciliation**

|                                                                |       |  |        |
|----------------------------------------------------------------|-------|--|--------|
| <b>k</b> Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | -64553 |
| <b>l</b> Transfers of assets:                                  |       |  |        |
| (1) To this plan.....                                          | 2l(1) |  |        |
| (2) From this plan .....                                       | 2l(2) |  |        |

**Part III Accountant's Opinion**

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

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

(1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

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

(1) Name: MCGLADREY LLP

(2) EIN: 42-0714325

**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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....                 |     | X  |        |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)..... |     | X  |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                            |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                                                                                                                  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                      |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                            |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....                                                                                    | X   |    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     |    |        |
| <b>n</b> 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. ....                                                                                                                        |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                       |     |    |        |

- 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) |
|--------------|-------------|
|              |             |
|              |             |
|              |             |
|              |             |
|              |             |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

|                                                                                                  |                                                                    |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>OAK STATE PRODUCTS, INC. PENSION PLAN</u>                            | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>OAK STATE PRODUCTS, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>36-2341822</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u>  |
| <b>2</b> 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):<br><br>EIN(s): <u>13-2655998</u> |          |           |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |           |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> | <u>12</u> |

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

|                                                                                                                                                                                                                                                                                                                                                             |                              |                             |                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                             |                                         |
| <b>5</b> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                              | <b>6a</b>                    |                             |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                             |                                         |
| <b>c</b> 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).....                                                                                                                                                                                                             | <b>6c</b>                    |                             |                                         |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                             |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <b>8</b> 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?.....                                                                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> 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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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): \_\_\_\_\_

# **Oak State Products, Inc.**

## **Pension Plan**

Financial Report  
June 30, 2012

## Contents

|                                                                                       |         |
|---------------------------------------------------------------------------------------|---------|
| Independent Auditor's Report                                                          | 1       |
| Financial Statements                                                                  |         |
| Statements of net assets available for benefits                                       | 2       |
| Statement of changes in net assets available for benefits                             | 3       |
| Statements of accumulated plan benefits                                               | 4       |
| Statement of changes in accumulated plan benefits                                     | 5       |
| Notes to financial statements                                                         | 6 – 14  |
| Supplementary Information                                                             |         |
| Form 5500, Schedule H, Part IV, Line 4i –<br>Schedule of assets (held at end of year) | 15 – 16 |
| Form 5500, Schedule H, Part IV, Line 4j –<br>Schedule of reportable transactions      | 17      |



## Independent Auditor's Report

To the Board of Trustees  
Oak State Products, Inc. Pension Plan  
Wenona, Illinois

We were engaged to audit the accompanying statements of net assets available for benefits and accumulated plan benefits of the Oak State Products, Inc. Pension Plan as of June 30, 2012 and 2011, and the related statements of changes in net assets available for benefits and changes in accumulated plan benefits for the year ended June 30, 2012. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the Oak State Products, Inc. Pension Plan as of June 30, 2012 and 2011, and the changes in its financial status for the year ended June 30, 2012, in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements as a whole. The supplemental schedule of assets (held at end of year) as of June 30, 2012 and the supplemental schedule of reportable transactions for the year ended June 30, 2012, are presented for the purpose of additional analysis and are not a required part of the basic financial statements, but are supplementary information required by the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

*McGladrey LLP*

Peoria, Illinois  
January 17, 2013

**Oak State Products, Inc. Pension Plan**

**Statements of Net Assets Available for Benefits  
June 30, 2012 and 2011**

|                                          | 2012                | 2011                |
|------------------------------------------|---------------------|---------------------|
| <b>Assets</b>                            |                     |                     |
| Investments, at fair value:              |                     |                     |
| Common stocks                            | \$ 3,073,915        | \$ 3,144,775        |
| Corporate debt securities                | 297,870             | -                   |
| U.S. government securities               | 363,196             | 684,760             |
| Exchange traded funds                    | 169,453             | 55,518              |
| Cash - interest bearing                  | 39,147              | 120,033             |
|                                          | <u>3,943,581</u>    | <u>4,005,086</u>    |
| Receivables:                             |                     |                     |
| Accrued interest income                  | -                   | 2,520               |
| Employer contribution receivable         | 118,740             | 122,232             |
|                                          | <u>118,740</u>      | <u>124,752</u>      |
| <b>Total assets</b>                      | <b>4,062,321</b>    | <b>4,129,838</b>    |
| <b>Liabilities</b>                       | <u>-</u>            | <u>444</u>          |
| <b>Net assets available for benefits</b> | <b>\$ 4,062,321</b> | <b>\$ 4,129,394</b> |

See Notes to Financial Statements.

## Oak State Products, Inc. Pension Plan

### Statement of Changes in Net Assets Available for Benefits Year Ended June 30, 2012

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Additions to net assets attributed to:

Investment income (loss):

Net depreciation in fair value of investments \$ (7,564)

Dividends 95,320

Interest 17,985

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105,741

Less investment expenses 18,294

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87,447

Employer contributions 349,675

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**Total additions** 437,122

Deductions from net assets attributed to:

Benefits paid directly to participants 79,531

Purchase of annuity contracts 422,634

Other expenses 2,030

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**Total deductions** 504,195

**Net decrease** (67,073)

Net assets available for benefits:

Beginning of year 4,129,394

End of year \$ 4,062,321

See Notes to Financial Statements.

**Oak State Products, Inc. Pension Plan**

**Statements of Accumulated Plan Benefits**  
**June 30, 2012 and 2011**

|                                                              | 2012                       | 2011                       |
|--------------------------------------------------------------|----------------------------|----------------------------|
| Actuarial present value of accumulated benefits:             |                            |                            |
| Vested benefits:                                             |                            |                            |
| Participants currently receiving payments                    | \$ 389,793                 | \$ 400,815                 |
| Other participants                                           | 4,773,218                  | 4,507,483                  |
|                                                              | <u>5,163,011</u>           | <u>4,908,298</u>           |
| Nonvested benefits                                           | -                          | -                          |
|                                                              | <u>-</u>                   | <u>-</u>                   |
| <b>Total actuarial present value of accumulated benefits</b> | <b><u>\$ 5,163,011</u></b> | <b><u>\$ 4,908,298</u></b> |

See Notes to Financial Statements.

**Oak State Products, Inc. Pension Plan**

**Statement of Changes in Accumulated Plan Benefits**  
**Year Ended June 30, 2012**

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|                                                                           |                            |
|---------------------------------------------------------------------------|----------------------------|
| Actuarial present value of accumulated plan benefits at beginning of year | <u>\$ 4,908,298</u>        |
| Increase (decrease) during the year attributable to:                      |                            |
| Increase for interest due to decrease in the discount period              | 302,705                    |
| Additional benefits earned, including experience gains and losses         | 454,617                    |
| Benefits paid                                                             | <u>(502,609)</u>           |
| <b>Net increase</b>                                                       | <u>254,713</u>             |
| Actuarial present value of accumulated benefits at end of year            | <u><u>\$ 5,163,011</u></u> |

See Notes to Financial Statements.

## Oak State Products, Inc. Pension Plan

### Notes to Financial Statements

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#### Note 1. Description of the Plan

The following brief description of the Oak State Products, Inc. Pension Plan (the Plan) is provided for general informational purposes only. Participants should refer to the plan agreement for a complete description of the Plan's provisions.

**General:** The Plan is a noncontributory defined benefit pension plan that provides retirement benefits for all eligible full-time employees of Oak State Products, Inc. (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

An amendment was made to the Plan on January 26, 2004, which provided that no additional employees shall become eligible to participate in the Plan effective January 29, 2004.

An amendment was made to the Plan on June 26, 2005, which provided that all future benefit accruals were frozen effective June 30, 2005.

**Contributions and funding policy:** Contributions are accrued by the Plan based upon amounts determined by the Plan's consulting actuary who calculates the acceptable contribution range under the provisions of ERISA. The Company generally funds the minimum acceptable contribution as determined by the Plan's actuary. The Plan had contributions receivable of \$118,740 and \$122,232 as of June 30, 2012 and 2011, respectively.

**Vesting:** Under the terms of the Plan, vesting is 20 percent after two years and another 20 percent each subsequent year. Participants become 100 percent vested after six years. All participants in the Plan are 100 percent vested.

**Payment of benefits:** Employees with five or more years of service are entitled to annual pension benefits beginning at normal retirement age (65) equal to the sum of (1) 1.67 percent of such participant's Average Monthly Compensation multiplied by the participant's total number of Periods of Service (up to a maximum of 25 periods), plus (2) 0.585 percent of such Average Monthly Compensation in excess of one-twelfth of Covered Compensation multiplied by the participant's total number of Periods of Service (up to a maximum of 25 periods), computed to the nearest dollar. Employees may elect to receive the value of their accumulated plan benefits upon normal retirement age in the form of substantially equal installments or as a straight life annuity. Additionally, participants may elect a lump-sum distribution upon normal retirement age provided the distribution is less than \$10,000. Participants are eligible for disability retirement benefits in the event of a disability, as defined under the terms of the Plan. Additionally, a death benefit is payable to a participant's spouse upon the participant's death as defined under the terms of the Plan. Early retirement is available to participants and results in a reduced benefit payment.

#### Note 2. Summary of Significant Accounting Policies

**Basis of accounting:** The financial statements of the Plan are prepared under the accrual basis of accounting.

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

## Oak State Products, Inc. Pension Plan

### Notes to Financial Statements

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#### Note 2. Summary of Significant Accounting Policies (Continued)

**Investment valuation and income recognition:** Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

**Actuarial present value of accumulated plan benefits:** Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered through June 30, 2005. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during their last five years of credited service through June 30, 2005. The accumulated plan benefits for active employees are based on their average compensation during the five years ended June 30, 2005. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits. As noted above, plan benefits were frozen effective June 30, 2005.

The actuarial present value of accumulated plan benefits was determined by an actuary from Verisight, Inc. and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. Actuarial valuations were performed as of July 1, 2012 and 2011. There were no significant differences between June 30, 2012 and 2011 and July 1, 2012 and 2011, respectively, which would cause the actuarial valuations not to be representative as of June 30, 2012 and 2011.

The Unit Credit Cost Method was used for purposes of the actuarial valuations of the Plan at July 1, 2012. The significant actuarial assumptions used in the valuation as of June 30, 2012 and 2011 were:

- Discount rate – 6.5% (7.5% net of 1% of assumed administrative expenses).
- Life expectancy of participants – RP-2000 Combined Healthy Mortality Table.
- Normal retirement age – 65 or fifth anniversary of initial plan entry, if later.

The Plan's active participants decreased by 7 and the Plan's inactive participants decreased by 5 from 2011 to 2012.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

## Oak State Products, Inc. Pension Plan

### Notes to Financial Statements

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#### Note 2. Summary of Significant Accounting Policies (Continued)

**Payment of benefits:** Benefit payments to participants are recorded upon distribution.

**Administrative expenses:** Certain administrative functions applicable to the Plan are performed by employees of the Company. No such employee receives compensation from the Plan. Administrative expenses may be paid by the Company or the Plan, at the discretion of the Plan trustees.

**Recent accounting standards:** In January 2010, the FASB issued an amendment to accounting guidance, *Fair Value Measurements and Disclosures – Improving Disclosures about Fair Value Measurements* (ASU 2010-06), which requires new disclosures and reasons for transfers of financial assets and liabilities between Levels 1 and 2. This amendment also clarifies that fair value measurement disclosures are required for each class of financial assets and liabilities, and disclosures about inputs and valuation techniques are required for both Level 2 and Level 3 measurements. It further clarifies that the reconciliation of Level 3 measurements should separately present purchases, sales, issuances, and settlements instead of netting those changes. With respect to matters other than Level 3 measurements, the amendment was effective for periods beginning on or after December 15, 2009. The adoption of this guidance related to Level 1 and Level 2 measurements effective July 1, 2010 did not have a significant impact on the Plan's disclosures about fair value measurements. The guidance related to Level 3 measurements was effective for periods beginning on or after December 15, 2010. The adoption of this guidance related to Level 3 measurements effective July 1, 2011 did not have an impact on the Plan's financial statements.

In May 2011, the FASB issued an amendment to accounting guidance, *Amendments to Achieve Common Fair Value Measurements and Disclosure Requirements in U.S. GAAP and IFRSs* (ASU 2011-04). ASU 2011-04 amended ASC 820, *Fair Value Measurements and Disclosures*, to converge the fair value measurement guidance in GAAP and International Financial Reporting Standards (IFRSs). Some of the amendments clarify the application of existing fair value measurement requirements, while other amendments change a particular principle in ASC 820. In addition, ASU 2011-04 requires additional fair value disclosures. The amendments are to be applied prospectively and are effective for annual periods beginning after December 15, 2011. The adoption of this guidance is not expected to have a material effect on the Plan's financial statements.

## Oak State Products, Inc. Pension Plan

### Notes to Financial Statements

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#### Note 3. Investments

The following table presents fair value of investments as of June 30, 2012 and 2011. Single investments representing more than 5 percent of the Plan's net assets are separately identified.

|                                                                          | 2012                | 2011                |
|--------------------------------------------------------------------------|---------------------|---------------------|
| Common stocks, individually less than 5% of net assets                   | \$ 3,073,915        | \$ 3,144,775        |
| Corporate debt securities:                                               |                     |                     |
| Hewlett Packard Co., 2.65%, due June 1, 2016                             | 204,472             | -                   |
| Other corporate debt securities, individually less than 5% of net assets | 93,398              | -                   |
|                                                                          | 297,870             | -                   |
| U.S. government securities, individually less than 5% of net assets      | 363,196             | 684,760             |
| Exchange traded funds, individually less than 5% of net assets           | 169,453             | 55,518              |
| Cash - interest bearing, individually less than 5% of net assets         | 39,147              | 120,033             |
|                                                                          | <u>\$ 3,943,581</u> | <u>\$ 4,005,086</u> |

During the year ended June 30, 2012, the Plan's investments (including investments bought, sold and held during the year) appreciated (depreciated) in value as follows:

|                            |                   |
|----------------------------|-------------------|
| Common stocks              | \$ 11,052         |
| Corporate debt securities  | (5,168)           |
| U.S. government securities | (17,292)          |
| Exchange traded funds      | 3,844             |
|                            | <u>\$ (7,564)</u> |

## Oak State Products, Inc. Pension Plan

### Notes to Financial Statements

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#### Note 4. Fair Value Measurements

FASB ASC 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2012 and 2011.

*Common stocks, corporate debt securities and U.S. government securities:* Valued at the quoted market prices of shares held by the Plan at year-end.

*Exchange traded funds:* Valued at the net asset value (NAV) of shares held by the Plan at year-end.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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.

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period.

We evaluate the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the year ended June 30, 2012, there were no transfers in or out of Levels 1, 2, or 3.

## Oak State Products, Inc. Pension Plan

### Notes to Financial Statements

#### Note 4. Fair Value Measurements (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2012 and 2011:

|                                 | Level 1             | Level 2     | Level 3     | Total               |
|---------------------------------|---------------------|-------------|-------------|---------------------|
|                                 | 2012                |             |             |                     |
| Common stocks:                  |                     |             |             |                     |
| Industrial                      | \$ 619,905          | \$ -        | \$ -        | \$ 619,905          |
| Health care                     | 409,302             | -           | -           | 409,302             |
| Technology                      | 331,390             | -           | -           | 331,390             |
| Consumer                        | 745,569             | -           | -           | 745,569             |
| Financial                       | 432,433             | -           | -           | 432,433             |
| Materials                       | 141,136             | -           | -           | 141,136             |
| Energy                          | 277,481             | -           | -           | 277,481             |
| Telecommunications              | 116,699             | -           | -           | 116,699             |
| Exchange traded funds:          |                     |             |             |                     |
| Energy                          | 94,394              | -           | -           | 94,394              |
| International                   | 10,621              | -           | -           | 10,621              |
| Financial                       | 64,438              | -           | -           | 64,438              |
| Corporate debt securities:      |                     |             |             |                     |
| A credit rating                 | 36,879              | -           | -           | 36,879              |
| A- credit rating                | 26,087              | -           | -           | 26,087              |
| A+ credit rating                | 10,351              | -           | -           | 10,351              |
| AA+ credit rating               | 20,081              | -           | -           | 20,081              |
| BBB+ credit rating              | 204,472             | -           | -           | 204,472             |
| U.S. government securities      | 363,196             | -           | -           | 363,196             |
| Cash - interest bearing         | 39,147              | -           | -           | 39,147              |
| Total investments at fair value | <u>\$ 3,943,581</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 3,943,581</u> |
|                                 | 2011                |             |             |                     |
| Common stocks:                  |                     |             |             |                     |
| Industrial                      | \$ 699,032          | \$ -        | \$ -        | \$ 699,032          |
| Health care                     | 354,455             | -           | -           | 354,455             |
| Technology                      | 565,671             | -           | -           | 565,671             |
| Consumer                        | 199,400             | -           | -           | 199,400             |
| Financial                       | 354,995             | -           | -           | 354,995             |
| Materials                       | 333,846             | -           | -           | 333,846             |
| Energy                          | 398,847             | -           | -           | 398,847             |
| Telecommunications              | 126,081             | -           | -           | 126,081             |
| Services                        | 16,380              | -           | -           | 16,380              |
| Utilities                       | 96,068              | -           | -           | 96,068              |
| Exchange traded funds:          |                     |             |             |                     |
| Energy                          | 43,017              | -           | -           | 43,017              |
| International                   | 12,501              | -           | -           | 12,501              |
| U.S. government securities      | 684,760             | -           | -           | 684,760             |
| Cash - interest bearing         | 120,033             | -           | -           | 120,033             |
| Total investments at fair value | <u>\$ 4,005,086</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 4,005,086</u> |

## Oak State Products, Inc. Pension Plan

### Notes to Financial Statements

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#### Note 5. Plan Termination

The Company anticipates and believes that the Plan will continue without interruption, but reserves the right to discontinue the Plan at any time. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. The annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would be payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- b. Other vested benefits insured by Pension Benefit Guaranty Corporation (PBGC), a U.S. governmental agency, up to the applicable limitations as described below.
- c. All other vested benefits, that is, vested benefits not insured by PBGC.
- d. All non-vested benefits.

Certain benefits under the Plan are insured by PBGC if the Plan terminates. Generally, PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees.

Whether all participants receive their benefits, should the Plan terminate at some future time, will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the level of benefits guaranteed by PBGC. Some benefits may be fully or partially provided for by the existing assets and the PBGC guaranty, while other benefits may not be provided at all.

#### Note 6. Reconciliation of the Financial Statements to the Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at June 30, 2012 and 2011 to the Form 5500:

|                                                                | 2012                | 2011                |
|----------------------------------------------------------------|---------------------|---------------------|
| Net assets available for benefits per the financial statements | \$ 4,062,321        | \$ 4,129,394        |
| Less accrued interest income                                   | -                   | (2,520)             |
| Net assets available for benefits per the Form 5500            | <u>\$ 4,062,321</u> | <u>\$ 4,126,874</u> |

## Oak State Products, Inc. Pension Plan

### Notes to Financial Statements

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#### Note 6. Reconciliation of the Financial Statements to the Form 5500 (Continued)

The following is a reconciliation of changes in net assets available for benefits for the year ended June 30, 2012 per the financial statements to the Form 5500:

|                                                                                |                           |
|--------------------------------------------------------------------------------|---------------------------|
| Net decrease in net assets available for benefits per the financial statements | \$ (67,073)               |
| Plus accrued interest income at June 30, 2011                                  | <u>2,520</u>              |
| Net decrease in net assets available for benefits per the Form 5500            | <u><u>\$ (64,553)</u></u> |

#### Note 7. Related-Party Transactions

The Plan paid Estabrook Capital Management, LLC and Thomas Partners, Inc. \$6,695 and \$11,599, respectively, in fees during the year ended June 30, 2012 for investment management services. The Plan's investments were held under safekeeping arrangements with Morgan Stanley and TD Ameritrade during the year ended June 30, 2012. The plan sponsor pays any fees and expenses related to these safekeeping arrangements.

Administrative expenses paid by the Plan include fees for actuarial services. The Plan also incurs expenses related to general administration and record keeping. The plan sponsor pays these expenses and certain accounting and auditing fees relating to the Plan.

#### Note 8. Tax Status

The Plan has received a favorable determination letter from the Internal Revenue Service dated July 11, 2012, stating that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Management has evaluated the Plan's tax positions and concluded that the Plan has maintained its tax exempt status and has taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by the U.S. federal tax authorities for years before 2009.

## **Oak State Products, Inc. Pension Plan**

### **Notes to Financial Statements**

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#### **Note 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 the amounts reported in the statement of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

#### **Note 10. Subsequent Events**

The Plan Administrator has evaluated subsequent events through January 17, 2013, the date on which the financial statements were available to be issued.

**Oak State Products, Inc. Pension Plan**

**Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)**  
**June 30, 2012**

| (a) | (b)<br>Identity of issue, borrower,<br>lessor or similar party | (c)<br>Description of investment<br>including maturity date, rate of interest,<br>collateral, par, or maturity value | (c)<br>Number of<br>shares or<br>principal amount | (d)<br>Cost | (e)<br>Current value |
|-----|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------|----------------------|
|     | 3M Company                                                     | Common Stock                                                                                                         | 730                                               | \$ 57,868   | \$ 65,408            |
|     | Abbott Labs                                                    | Common Stock                                                                                                         | 1,040                                             | 54,037      | 67,049               |
|     | Accenture Ltd                                                  | Common Stock                                                                                                         | 800                                               | 44,641      | 48,072               |
|     | Altria Group Inc                                               | Common Stock                                                                                                         | 700                                               | 18,254      | 24,185               |
|     | American Express Company                                       | Common Stock                                                                                                         | 1,169                                             | 47,005      | 68,047               |
|     | AT&T Inc                                                       | Common Stock                                                                                                         | 1,910                                             | 53,816      | 68,111               |
|     | Bank of America Corp                                           | Common Stock                                                                                                         | 3,000                                             | 92,701      | 24,540               |
|     | Bayer AG Sponsored ADR                                         | Common Stock                                                                                                         | 920                                               | 57,593      | 65,743               |
|     | BCE Inc                                                        | Common Stock                                                                                                         | 640                                               | 22,109      | 26,368               |
|     | Becton Dickinson & Company                                     | Common Stock                                                                                                         | 1,180                                             | 87,041      | 88,205               |
|     | Chevron Corp                                                   | Common Stock                                                                                                         | 555                                               | 51,573      | 58,552               |
|     | Chubb Corp                                                     | Common Stock                                                                                                         | 890                                               | 38,559      | 64,810               |
|     | Cincinnati Financial Corp                                      | Common Stock                                                                                                         | 1,275                                             | 39,212      | 48,539               |
|     | Coca Cola Company                                              | Common Stock                                                                                                         | 825                                               | 53,038      | 64,507               |
|     | Cullen Frost Bankers                                           | Common Stock                                                                                                         | 730                                               | 37,249      | 41,968               |
|     | Deere & Company                                                | Common Stock                                                                                                         | 790                                               | 53,057      | 63,887               |
|     | Diageo PLC Sponsored ADR                                       | Common Stock                                                                                                         | 680                                               | 52,079      | 70,088               |
|     | Du Pont El De Nemours & Co                                     | Common Stock                                                                                                         | 1,280                                             | 53,591      | 64,730               |
|     | Emerson Electric Company                                       | Common Stock                                                                                                         | 1,830                                             | 89,069      | 85,241               |
|     | Enbridge Energy Management                                     | Common Stock                                                                                                         | 1,627                                             | 42,337      | 52,015               |
|     | Exxon Mobil                                                    | Common Stock                                                                                                         | 738                                               | 56,660      | 63,151               |
|     | General Dynamics Corp                                          | Common Stock                                                                                                         | 895                                               | 56,320      | 59,034               |
|     | Genuine Parts Company                                          | Common Stock                                                                                                         | 1,025                                             | 52,038      | 61,756               |
|     | Illinois Tool Works Inc                                        | Common Stock                                                                                                         | 1,265                                             | 57,736      | 66,906               |
|     | Intel Corp                                                     | Common Stock                                                                                                         | 2,395                                             | 52,411      | 63,827               |
|     | International Business Machines Corp                           | Common Stock                                                                                                         | 490                                               | 60,766      | 95,834               |
|     | Janus Capital Group Inc                                        | Common Stock                                                                                                         | 5,675                                             | 41,375      | 44,378               |
|     | Johnson & Johnson                                              | Common Stock                                                                                                         | 1,270                                             | 32,258      | 85,801               |
|     | Kimberly Clark Corp                                            | Common Stock                                                                                                         | 828                                               | 56,926      | 69,361               |
|     | Kinder Morgan Management                                       | Common Stock                                                                                                         | 749                                               | 41,486      | 54,992               |
|     | Lowe's Cos Inc                                                 | Common Stock                                                                                                         | 2,625                                             | 54,047      | 74,655               |
|     | McCormick & Co Inc                                             | Common Stock                                                                                                         | 1,295                                             | 65,749      | 78,542               |
|     | McDonalds Corp                                                 | Common Stock                                                                                                         | 170                                               | 11,638      | 15,050               |
|     | Microsoft Corp                                                 | Common Stock                                                                                                         | 2,035                                             | 54,587      | 62,251               |
|     | Northern Trust Corp                                            | Common Stock                                                                                                         | 1,465                                             | 58,613      | 67,419               |
|     | Novartis AG ADR                                                | Common Stock                                                                                                         | 950                                               | 53,854      | 53,105               |
|     | Omnicom Group Inc                                              | Common Stock                                                                                                         | 1,375                                             | 55,185      | 66,825               |
|     | Parker Hannifin Corp                                           | Common Stock                                                                                                         | 760                                               | 54,697      | 58,429               |
|     | Paychex Inc                                                    | Common Stock                                                                                                         | 1,955                                             | 53,808      | 61,406               |
|     | Philip Morris International                                    | Common Stock                                                                                                         | 830                                               | 50,834      | 72,426               |
|     | PPG Industries Inc                                             | Common Stock                                                                                                         | 720                                               | 55,750      | 76,406               |
|     | Proctor & Gamble                                               | Common Stock                                                                                                         | 975                                               | 56,585      | 59,719               |

(Continued)

Oak State Products, Inc. Pension Plan

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) - (Continued)  
June 30, 2012

| (a) | (b)<br>Identity of issue, borrower,<br>lessor or similar party | (c)<br>Description of investment<br>including maturity date, rate of interest,<br>collateral, par, or maturity value | (c)<br>Number of<br>shares or<br>principal amount | (d)<br>Cost         | (e)<br>Current value |
|-----|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------|----------------------|
|     | Siemens A.G.                                                   | Common Stock                                                                                                         | 555                                               | \$ 59,228           | \$ 46,659            |
|     | Staples Inc                                                    | Common Stock                                                                                                         | 3,245                                             | 43,896              | 42,347               |
|     | Sysco Corp                                                     | Common Stock                                                                                                         | 920                                               | 24,182              | 27,425               |
|     | Total SA                                                       | Common Stock                                                                                                         | 1,085                                             | 56,164              | 48,771               |
|     | United Parcel Service                                          | Common Stock                                                                                                         | 810                                               | 53,867              | 63,796               |
|     | United Tech Corp                                               | Common Stock                                                                                                         | 745                                               | 53,358              | 56,270               |
|     | V F Corp                                                       | Common Stock                                                                                                         | 140                                               | 10,505              | 18,683               |
|     | Verizon Communications                                         | Common Stock                                                                                                         | 500                                               | 15,916              | 22,220               |
|     | Walgreen Company                                               | Common Stock                                                                                                         | 1,670                                             | 54,746              | 49,399               |
|     | Waste Management Inc                                           | Common Stock                                                                                                         | 1,625                                             | 53,979              | 54,275               |
|     | Wells Fargo Company                                            | Common Stock                                                                                                         | 2,175                                             | 57,768              | 72,732               |
|     |                                                                |                                                                                                                      |                                                   | <u>2,661,761</u>    | <u>3,073,915</u>     |
|     | Alps ETF TR Alerian MLP                                        | Exchange Traded Fund                                                                                                 | 940                                               | 14,589              | 15,021               |
|     | ISHARES Barclays 1-3 Year Credit BD FD                         | Exchange Traded Fund                                                                                                 | 375                                               | 39,365              | 39,266               |
|     | JP Morgan Chase & Company Alerian Index                        | Exchange Traded Fund                                                                                                 | 1,250                                             | 41,694              | 48,450               |
|     | Tortoise Energy ETF                                            | Exchange Traded Fund                                                                                                 | 775                                               | 27,395              | 30,923               |
|     | Wisdomtree Emerg Mkts Equity Income                            | Exchange Traded Fund                                                                                                 | 205                                               | 12,020              | 10,621               |
|     | Eaton Vance Mut Fds TR Floating Rate I                         | Exchange Traded Fund                                                                                                 | 2,806                                             | 25,000              | 25,172               |
|     |                                                                |                                                                                                                      |                                                   | <u>160,063</u>      | <u>169,453</u>       |
|     | American Express Credit                                        | Corporate debt security, 2.75% interest rate,<br>maturity date of September 15, 2015                                 | 25                                                | 25,512              | 26,087               |
|     | Federal Home Loan Banks                                        | Corporate debt security, 3.24% interest rate,<br>maturity date of September 7, 2021                                  | 20                                                | 20,280              | 20,081               |
|     | General Dynamics Corp                                          | Corporate debt security, 2.25% interest rate,<br>maturity date of July 15, 2017                                      | 15                                                | 15,549              | 15,653               |
|     | Hewlett Packard Co                                             | Corporate debt security, 2.65% interest rate,<br>maturity date of June 1, 2016                                       | 200                                               | 208,077             | 204,472              |
|     | John Deere Cap                                                 | Corporate debt security, 2.80% interest rate,<br>maturity date of September 18, 2017                                 | 20                                                | 21,096              | 21,226               |
|     | Wells Fargo Company                                            | Corporate debt security, 3.75% interest rate,<br>maturity date of October 1, 2014                                    | 10                                                | 10,693              | 10,351               |
|     |                                                                |                                                                                                                      |                                                   | <u>301,207</u>      | <u>297,870</u>       |
|     | United States Government                                       | U.S. Government security, 4.00% interest rate,<br>maturity date of November 15, 2012                                 | 50                                                | 50,049              | 50,711               |
|     | United States Government                                       | U.S. Government security, 4.25% interest rate,<br>maturity date of November 15, 2013                                 | 90                                                | 88,509              | 94,852               |
|     | United States Government                                       | U.S. Government security, 4.00% interest rate,<br>maturity date of February 15, 2014                                 | 100                                               | 103,479             | 105,914              |
|     | United States Government                                       | U.S. Government security, 4.25% interest rate,<br>maturity date of August 15, 2015                                   | 100                                               | 104,826             | 111,719              |
|     |                                                                |                                                                                                                      |                                                   | <u>346,863</u>      | <u>363,196</u>       |
|     | TD Ameritrade                                                  | Interest-bearing cash                                                                                                | 39,147                                            | 39,147              | 39,147               |
|     | Total Investments                                              |                                                                                                                      |                                                   | <u>\$ 3,509,041</u> | <u>\$ 3,943,581</u>  |

**Oak State Products, Inc. Pension Plan**

**Form 5500, Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions**  
**Year Ended June 30, 2012**

| (a) Identify<br>of party<br>involved | (b) Description of asset | (c) Purchase<br>price | (d) Selling<br>price | (g) Cost of<br>asset | (h) Current<br>value of<br>asset on<br>transaction<br>date | (i) Net<br>gain (loss) |
|--------------------------------------|--------------------------|-----------------------|----------------------|----------------------|------------------------------------------------------------|------------------------|
| Individual transaction:              |                          |                       |                      |                      |                                                            |                        |
| Hewlett Packard                      | Corporate debt security  | \$ 208,077            | \$ -                 | \$ 208,077           | \$ 208,077                                                 | \$ -                   |

## Schedule SB, Line 26 – Schedule of Active Participant Data

The following table shows the distribution of the plan's active participant population by age and service and other demographic statistics.

| Age                                             | Years of Service |           |           |           |          |          |           |          |          |          | Total      |
|-------------------------------------------------|------------------|-----------|-----------|-----------|----------|----------|-----------|----------|----------|----------|------------|
|                                                 | < 1              | 1 - 4     | 5 - 9     | 10 - 14   | 15 - 19  | 20 - 24  | 25 - 29   | 30 - 34  | 35 - 39  | 40 +     |            |
| Under 25                                        | 0                | 0         | 0         | 0         | 0        | 0        | 0         | 0        | 0        | 0        | 0          |
| 25 - 29                                         | 0                | 1         | 0         | 0         | 0        | 0        | 0         | 0        | 0        | 0        | 1          |
| 30 - 34                                         | 0                | 8         | 0         | 0         | 0        | 0        | 0         | 0        | 0        | 0        | 8          |
| 35 - 39                                         | 0                | 9         | 3         | 2         | 0        | 0        | 0         | 0        | 0        | 0        | 14         |
| 40 - 44                                         | 0                | 5         | 0         | 5         | 0        | 0        | 0         | 0        | 0        | 0        | 10         |
| 45 - 49                                         | 0                | 6         | 5         | 4         | 2        | 0        | 1         | 0        | 0        | 0        | 18         |
| 50 - 54                                         | 0                | 12        | 0         | 9         | 3        | 3        | 7         | 0        | 0        | 0        | 34         |
| 55 - 59                                         | 0                | 9         | 2         | 2         | 1        | 1        | 2         | 1        | 0        | 0        | 18         |
| 60 - 64                                         | 0                | 4         | 1         | 3         | 0        | 0        | 2         | 0        | 0        | 0        | 10         |
| 65 - 69                                         | 0                | 1         | 0         | 0         | 0        | 0        | 0         | 1        | 1        | 0        | 3          |
| Over 70                                         | 0                | 0         | 0         | 0         | 0        | 0        | 0         | 0        | 0        | 1        | 1          |
| <b>Total</b>                                    | <b>0</b>         | <b>55</b> | <b>11</b> | <b>25</b> | <b>6</b> | <b>4</b> | <b>12</b> | <b>2</b> | <b>1</b> | <b>1</b> | <b>117</b> |
| Average age 49.08<br>Average past service 16.77 |                  |           |           |           |          |          |           |          |          |          |            |

## Schedule SB, Part V – Statement of Actuarial Methods and Assumptions

| Summary of Methods            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Valuation date:               | July 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Actuarial cost method:        | Unit Credit Cost Method - Under this cost method, the costs attributable to past service and the current year's service are determined by prorating over all years of service the benefits expected to be paid from the plan. The normal cost for any year is determined equal to the present value of the current year's portion of the employee's expected pension benefit plus anticipated administrative expenses paid from plan assets. The current year's portion is equal to the expected pension benefit divided by the total credited service at the anticipated retirement date. The accrued liability is determined equal to the present value of the past year's portion of the employee's expected pension benefit. The past year's portion is equal to the expected pension benefit times the ratio of the participant's credited service to the total credited service at the anticipated retirement date. The sum of these values for all employees determines the normal cost and the accrued liability for the plan. |
| Actuarial value of assets:    | The actuarial value of assets is equal to the market value of assets plus contributions receivable discounted at the prior year's effective interest rate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Changes since last valuation: | The expense assumption for funding was changed from 1% of market value of assets (including discounted contribution receivables) rounded to the next highest \$1,000; to actual expenses for the prior plan year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

## Schedule SB, Part V – Statement of Actuarial Methods and Assumptions (continued)

| Primary Assumptions          |                                                                                                     |                             |
|------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------|
| Interest:                    |                                                                                                     |                             |
| Funding:                     | IRC 430(h) Transitional Funding Segment Rates for July 2011;                                        |                             |
| Pre and post-retirement:     | 2.18% per year for 1 <sup>st</sup> segment, 5.36% for 2 <sup>nd</sup> segment and 6.33% thereafter. |                             |
| ASC 960:                     | 6.50%                                                                                               |                             |
| Mortality:                   |                                                                                                     |                             |
| Funding:                     | IRS 2011 Combined Static Mortality Table.                                                           |                             |
| Pre and post-retirement:     | IRS 2011 Combined Static Mortality Table.                                                           |                             |
| ASC 960:                     | RP-2000 Combined Males and Females Mortality Table.                                                 |                             |
| Pre and post-retirement:     | RP-2000 Combined Males and Females Mortality Table.                                                 |                             |
| Salary increases:            | N/A (plan is frozen).                                                                               |                             |
| Taxable wage base increases: | N/A (plan is frozen).                                                                               |                             |
| Retirement:                  | Rates are as follows:                                                                               |                             |
|                              | <u>Age</u>                                                                                          | <u>Rate</u>                 |
|                              | 60                                                                                                  | 5%                          |
|                              | 61                                                                                                  | 2%                          |
|                              | 62                                                                                                  | 5%                          |
|                              | 63                                                                                                  | 2%                          |
|                              | 64                                                                                                  | 2%                          |
|                              | 65                                                                                                  | 100%                        |
| Withdrawal:                  | Sample rates are as follows:                                                                        |                             |
|                              | <u>Age</u>                                                                                          | <u>Males</u> <u>Females</u> |
|                              | 25                                                                                                  | 7.72%      7.72%            |
|                              | 30                                                                                                  | 7.40%      7.40%            |
|                              | 35                                                                                                  | 6.86%      6.86%            |
|                              | 40                                                                                                  | 6.11%      6.11%            |
|                              | 45                                                                                                  | 5.16%      5.16%            |
|                              | 50                                                                                                  | 3.62%      3.62%            |
|                              | 55                                                                                                  | 1.37%      1.37%            |
|                              | 60                                                                                                  | 0.13%      0.13%            |

## Schedule SB, Part V – Statement of Actuarial Methods and Assumptions (continued)

| Primary Assumptions               |                                                                                                                                                                                                                |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Disability:                       | None.                                                                                                                                                                                                          |
| Percentage married:               | Males 100%, Females 100%.                                                                                                                                                                                      |
| Age difference:                   | Husbands are assumed to be three years older than their wives.                                                                                                                                                 |
| Normal form:                      | Life and 10-Year Certain Annuity.                                                                                                                                                                              |
| Maximum benefit:                  | N/A                                                                                                                                                                                                            |
| Maximum compensation:             | N/A                                                                                                                                                                                                            |
| Expenses                          |                                                                                                                                                                                                                |
| Funding:                          | Actual administrative expenses from the prior plan year.                                                                                                                                                       |
| ASC 960:                          | Investment return assumption of 6.5% is net of administrative expenses.                                                                                                                                        |
| Changes since the last valuation: | <ul style="list-style-type: none"><li>• The mortality table and interest rates were updated as required per PPA.</li><li>• All other assumptions are identical to those used in the prior valuation.</li></ul> |

## Schedule SB, Line 25 – Change in Funding Method

The expense assumption for funding was changed from 1% of market value of assets (including discounted contribution receivables) rounded to the next highest \$1,000; to actual expenses for the prior plan year.

## Schedule SB, Line 25 – Change in Funding Method

The expense assumption for funding was changed from 1% of market value of assets (including discounted contribution receivables) rounded to the next highest \$1,000; to actual expenses for the prior plan year.

## Schedule SB, Line 32 – Schedule of Shortfall Amortization Charges

The amortization amounts for the minimum required contribution are developed in the following table.

| Shortfall Amortization Charge |                                                                                    |           |
|-------------------------------|------------------------------------------------------------------------------------|-----------|
| 1.                            | 1st segment rate                                                                   | 2.18%     |
|                               | 2nd segment rate                                                                   | 5.36%     |
| 2.                            | Funding target                                                                     | 5,613,091 |
| 3.                            | Adjusted plan assets                                                               |           |
|                               | (a) Actuarial assets                                                               | 4,125,307 |
|                               | (b) Funding Standard Carryover Balance                                             | 0         |
|                               | (c) Prefunding Balance (PFB)                                                       | 0         |
|                               | (d) Adjusted assets: (a)-(b)-(c), not less than 0                                  | 4,125,307 |
| 4.                            | Funding shortfall: (2)-(3)(d), not less than 0                                     | 1,487,784 |
| 5.                            | Current shortfall amortization installments                                        |           |
|                               | (b) Annual installments for:                                                       |           |
|                               | (ii) Year -1 base (6 years remaining)                                              | 35,445    |
|                               | (ii) Year -1 base (5 years remaining)                                              | 181,225   |
|                               | (iii) Year -1 base (4 years remaining)                                             | 64,146    |
|                               | Total annual installments                                                          | 280,816   |
|                               | (b) Present value of annual installments for:                                      |           |
|                               | (i) Year -1 base (6 years remaining)                                               | 197,123   |
|                               | (ii) Year -1 base (5 years remaining)                                              | 868,277   |
|                               | (iii) Year -1 base (4 years remaining)                                             | 248,489   |
|                               | Total present value of annual installments                                         | 1,313,889 |
| 6.                            | Exemption from new shortfall amortization base                                     |           |
|                               | (a) Target liability percentage                                                    | 100%      |
|                               | (b) Shortfall funding target: (2)x(a)                                              | 5,613,091 |
|                               | (c) Prefunding Balance if used to reduce the Minimum Required Contribution, else 0 | 0         |
|                               | (d) Exempt?: [(3)(a)-(c)]>=(b)                                                     | No        |
| 7.                            | Shortfall amortization base                                                        |           |
|                               | (a) Adjusted funding shortfall:<br>(6)(b)-(3)(d), not less than 0                  | 1,487,784 |
|                               | (b) New current year base:<br>(a)-(5)(b), or 0 if exempt                           | 173,895   |
|                               | (c) New 7-year installment amount                                                  | 27,635    |
| 8.                            | Shortfall amortization charge:<br>(5)(a)+(7)(c), not less than 0                   | 308,451   |

**Oak State Products, Inc. Pension Plan**

**Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)**  
**June 30, 2012**

| (a) | (b)<br>Identity of issue, borrower,<br>lessor or similar party | (c)<br>Description of investment<br>including maturity date, rate of interest,<br>collateral, par, or maturity value | (c)<br>Number of<br>shares or<br>principal amount | (d)<br>Cost | (e)<br>Current value |
|-----|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------|----------------------|
|     | 3M Company                                                     | Common Stock                                                                                                         | 730                                               | \$ 57,868   | \$ 65,408            |
|     | Abbott Labs                                                    | Common Stock                                                                                                         | 1,040                                             | 54,037      | 67,049               |
|     | Accenture Ltd                                                  | Common Stock                                                                                                         | 800                                               | 44,641      | 48,072               |
|     | Altria Group Inc                                               | Common Stock                                                                                                         | 700                                               | 18,254      | 24,185               |
|     | American Express Company                                       | Common Stock                                                                                                         | 1,169                                             | 47,005      | 68,047               |
|     | AT&T Inc                                                       | Common Stock                                                                                                         | 1,910                                             | 53,816      | 68,111               |
|     | Bank of America Corp                                           | Common Stock                                                                                                         | 3,000                                             | 92,701      | 24,540               |
|     | Bayer AG Sponsored ADR                                         | Common Stock                                                                                                         | 920                                               | 57,593      | 65,743               |
|     | BCE Inc                                                        | Common Stock                                                                                                         | 640                                               | 22,109      | 26,368               |
|     | Becton Dickinson & Company                                     | Common Stock                                                                                                         | 1,180                                             | 87,041      | 88,205               |
|     | Chevron Corp                                                   | Common Stock                                                                                                         | 555                                               | 51,573      | 58,552               |
|     | Chubb Corp                                                     | Common Stock                                                                                                         | 890                                               | 38,559      | 64,810               |
|     | Cincinnati Financial Corp                                      | Common Stock                                                                                                         | 1,275                                             | 39,212      | 48,539               |
|     | Coca Cola Company                                              | Common Stock                                                                                                         | 825                                               | 53,038      | 64,507               |
|     | Cullen Frost Bankers                                           | Common Stock                                                                                                         | 730                                               | 37,249      | 41,968               |
|     | Deere & Company                                                | Common Stock                                                                                                         | 790                                               | 53,057      | 63,887               |
|     | Diageo PLC Sponsored ADR                                       | Common Stock                                                                                                         | 680                                               | 52,079      | 70,088               |
|     | Du Pont El De Nemours & Co                                     | Common Stock                                                                                                         | 1,280                                             | 53,591      | 64,730               |
|     | Emerson Electric Company                                       | Common Stock                                                                                                         | 1,830                                             | 89,069      | 85,241               |
|     | Enbridge Energy Management                                     | Common Stock                                                                                                         | 1,627                                             | 42,337      | 52,015               |
|     | Exxon Mobil                                                    | Common Stock                                                                                                         | 738                                               | 56,660      | 63,151               |
|     | General Dynamics Corp                                          | Common Stock                                                                                                         | 895                                               | 56,320      | 59,034               |
|     | Genuine Parts Company                                          | Common Stock                                                                                                         | 1,025                                             | 52,038      | 61,756               |
|     | Illinois Tool Works Inc                                        | Common Stock                                                                                                         | 1,265                                             | 57,736      | 66,906               |
|     | Intel Corp                                                     | Common Stock                                                                                                         | 2,395                                             | 52,411      | 63,827               |
|     | International Business Machines Corp                           | Common Stock                                                                                                         | 490                                               | 60,766      | 95,834               |
|     | Janus Capital Group Inc                                        | Common Stock                                                                                                         | 5,675                                             | 41,375      | 44,378               |
|     | Johnson & Johnson                                              | Common Stock                                                                                                         | 1,270                                             | 32,258      | 85,801               |
|     | Kimberly Clark Corp                                            | Common Stock                                                                                                         | 828                                               | 56,926      | 69,361               |
|     | Kinder Morgan Management                                       | Common Stock                                                                                                         | 749                                               | 41,486      | 54,992               |
|     | Lowe's Cos Inc                                                 | Common Stock                                                                                                         | 2,625                                             | 54,047      | 74,655               |
|     | McCormick & Co Inc                                             | Common Stock                                                                                                         | 1,295                                             | 65,749      | 78,542               |
|     | McDonalds Corp                                                 | Common Stock                                                                                                         | 170                                               | 11,638      | 15,050               |
|     | Microsoft Corp                                                 | Common Stock                                                                                                         | 2,035                                             | 54,587      | 62,251               |
|     | Northern Trust Corp                                            | Common Stock                                                                                                         | 1,465                                             | 58,613      | 67,419               |
|     | Novartis AG ADR                                                | Common Stock                                                                                                         | 950                                               | 53,854      | 53,105               |
|     | Omnicom Group Inc                                              | Common Stock                                                                                                         | 1,375                                             | 55,185      | 66,825               |
|     | Parker Hannifin Corp                                           | Common Stock                                                                                                         | 760                                               | 54,697      | 58,429               |
|     | Paychex Inc                                                    | Common Stock                                                                                                         | 1,955                                             | 53,808      | 61,406               |
|     | Philip Morris International                                    | Common Stock                                                                                                         | 830                                               | 50,834      | 72,426               |
|     | PPG Industries Inc                                             | Common Stock                                                                                                         | 720                                               | 55,750      | 76,406               |
|     | Procter & Gamble                                               | Common Stock                                                                                                         | 975                                               | 56,585      | 59,719               |

(Continued)

Oak State Products, Inc. Pension Plan

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) - (Continued)  
June 30, 2012

| (a) | (b)<br>Identity of issue, borrower,<br>lessor or similar party | (c)<br>Description of investment<br>including maturity date, rate of interest,<br>collateral, par, or maturity value | (c)<br>Number of<br>shares or<br>principal amount | (d)<br>Cost         | (e)<br>Current value |
|-----|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------|----------------------|
|     | Siemens A.G.                                                   | Common Stock                                                                                                         | 555                                               | \$ 59,228           | \$ 46,659            |
|     | Staples Inc                                                    | Common Stock                                                                                                         | 3,245                                             | 43,896              | 42,347               |
|     | Sysco Corp                                                     | Common Stock                                                                                                         | 920                                               | 24,182              | 27,425               |
|     | Total SA                                                       | Common Stock                                                                                                         | 1,085                                             | 56,164              | 48,771               |
|     | United Parcel Service                                          | Common Stock                                                                                                         | 810                                               | 53,867              | 63,796               |
|     | United Tech Corp                                               | Common Stock                                                                                                         | 745                                               | 53,358              | 56,270               |
|     | V F Corp                                                       | Common Stock                                                                                                         | 140                                               | 10,505              | 18,683               |
|     | Verizon Communications                                         | Common Stock                                                                                                         | 500                                               | 15,916              | 22,220               |
|     | Walgreen Company                                               | Common Stock                                                                                                         | 1,670                                             | 54,746              | 49,399               |
|     | Waste Management Inc                                           | Common Stock                                                                                                         | 1,625                                             | 53,979              | 54,275               |
|     | Wells Fargo Company                                            | Common Stock                                                                                                         | 2,175                                             | 57,768              | 72,732               |
|     |                                                                |                                                                                                                      |                                                   | <u>2,661,761</u>    | <u>3,073,915</u>     |
|     | Alps ETF TR Alerian MLP                                        | Exchange Traded Fund                                                                                                 | 940                                               | 14,589              | 15,021               |
|     | ISHARES Barclays 1-3 Year Credit BD FD                         | Exchange Traded Fund                                                                                                 | 375                                               | 39,365              | 39,266               |
|     | JP Morgan Chase & Company Alerian Index                        | Exchange Traded Fund                                                                                                 | 1,250                                             | 41,694              | 48,450               |
|     | Tortoise Energy ETF                                            | Exchange Traded Fund                                                                                                 | 775                                               | 27,395              | 30,923               |
|     | Wisdomtree Emerg Mkts Equity Income                            | Exchange Traded Fund                                                                                                 | 205                                               | 12,020              | 10,621               |
|     | Eaton Vance Mut Fds TR Floating Rate I                         | Exchange Traded Fund                                                                                                 | 2,806                                             | 25,000              | 25,172               |
|     |                                                                |                                                                                                                      |                                                   | <u>160,063</u>      | <u>169,453</u>       |
|     | American Express Credit                                        | Corporate debt security, 2.75% interest rate,<br>maturity date of September 15, 2015                                 | 25                                                | 25,512              | 26,087               |
|     | Federal Home Loan Banks                                        | Corporate debt security, 3.24% interest rate,<br>maturity date of September 7, 2021                                  | 20                                                | 20,280              | 20,081               |
|     | General Dynamics Corp                                          | Corporate debt security, 2.25% interest rate,<br>maturity date of July 15, 2017                                      | 15                                                | 15,549              | 15,653               |
|     | Hewlett Packard Co                                             | Corporate debt security, 2.65% interest rate,<br>maturity date of June 1, 2016                                       | 200                                               | 208,077             | 204,472              |
|     | John Deere Cap                                                 | Corporate debt security, 2.80% interest rate,<br>maturity date of September 18, 2017                                 | 20                                                | 21,096              | 21,226               |
|     | Wells Fargo Company                                            | Corporate debt security, 3.75% interest rate,<br>maturity date of October 1, 2014                                    | 10                                                | 10,693              | 10,351               |
|     |                                                                |                                                                                                                      |                                                   | <u>301,207</u>      | <u>297,870</u>       |
|     | United States Government                                       | U.S. Government security, 4.00% interest rate,<br>maturity date of November 15, 2012                                 | 50                                                | 50,049              | 50,711               |
|     | United States Government                                       | U.S. Government security, 4.25% interest rate,<br>maturity date of November 15, 2013                                 | 90                                                | 88,509              | 94,852               |
|     | United States Government                                       | U.S. Government security, 4.00% interest rate,<br>maturity date of February 15, 2014                                 | 100                                               | 103,479             | 105,914              |
|     | United States Government                                       | U.S. Government security, 4.25% interest rate,<br>maturity date of August 15, 2015                                   | 100                                               | 104,826             | 111,719              |
|     |                                                                |                                                                                                                      |                                                   | <u>346,863</u>      | <u>363,196</u>       |
|     | TD Ameritrade                                                  | Interest-bearing cash                                                                                                | 39,147                                            | 39,147              | 39,147               |
|     | Total Investments                                              |                                                                                                                      |                                                   | <u>\$ 3,509,041</u> | <u>\$ 3,943,581</u>  |

**Oak State Products, Inc. Pension Plan**

**Form 5500, Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions**  
**Year Ended June 30, 2012**

| (a) Identify<br>of party<br>involved | (b) Description of asset | (c) Purchase<br>price | (d) Selling<br>price | (g) Cost of<br>asset | (h) Current<br>value of<br>asset on<br>transaction<br>date | (i) Net<br>gain (loss) |
|--------------------------------------|--------------------------|-----------------------|----------------------|----------------------|------------------------------------------------------------|------------------------|
| Individual transaction:              |                          |                       |                      |                      |                                                            |                        |
| Hewlett Packard                      | Corporate debt security  | \$ 208,077            | \$ -                 | \$ 208,077           | \$ 208,077                                                 | \$ -                   |

## Schedule SB, Part V – Summary of Plan Provisions

This summary of plan provisions as of July 1, 2011, has been prepared for valuation purposes only. It outlines the major plan provisions used to perform the actuarial valuation.

| Summary of Plan Provisions  |                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Plan effective date:        | July 1, 1965.                                                                                                                                                                                                                                                                                                                                             |
| Last plan amendment:        | Plan entry was frozen effective January 29, 2004. In addition, effective June 30, 2005 all future benefit accruals under the plan were frozen.                                                                                                                                                                                                            |
| Plan year anniversary date: | July 1.                                                                                                                                                                                                                                                                                                                                                   |
| Employees covered:          | All persons employed by Oak State Products, Inc.                                                                                                                                                                                                                                                                                                          |
| Eligibility requirements:   | Age 21 and one (1) year period of service.                                                                                                                                                                                                                                                                                                                |
| Plan entry date:            | First day of the month following completion of the eligibility requirements.                                                                                                                                                                                                                                                                              |
| Periods of service:         | The aggregate of all periods commencing with the Employee's first day of employment or reemployment with the Employer and ending on the date a 1-Year Break in service begins. An Employee will also receive credit for any Period of Severance of less than twelve (12) consecutive months. Periods of Service are computed on the basis of whole years. |
| Vesting service:            | The number of whole year Periods of Service.                                                                                                                                                                                                                                                                                                              |
| Normal retirement date:     | First day of the month coinciding with or next following the later of the participant's 65 <sup>th</sup> birthday or 5 <sup>th</sup> anniversary of plan participation.                                                                                                                                                                                   |
| Late retirement date:       | First day of any month following age 65.                                                                                                                                                                                                                                                                                                                  |
| Early retirement date:      | First day of any month (prior to normal retirement date) coinciding with or next following the date on which a participant or former participant attains his 60 <sup>th</sup> birthday. If still employed, a participant shall become fully vested upon satisfying the requirements for Early Retirement.                                                 |

## Schedule SB, Part V – Summary of Plan Provisions (continued)

| Summary of Plan Provisions (continued) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Average monthly compensation:          | The participant's average monthly compensation for the five highest consecutive plan years out of the last ten completed years of participation preceding retirement, termination or the plan freeze.                                                                                                                                                                                                                                                                                                                                                   |
| Covered compensation:                  | With respect to a given participant, the average of the taxable wage bases for the 35 calendar years ending with the year when Social Security retirement age is attained. In determining current covered compensation, the taxable wage base in effect at the beginning of the plan year containing the plan freeze date remains the same for all future years.                                                                                                                                                                                        |
| Normal retirement benefit:             | <p>A monthly benefit, commencing at normal retirement age equal to the sum of (i) and (ii) below, computed to the nearest dollar:</p> <ul style="list-style-type: none"> <li>(i) 1.67% of average monthly compensation multiplied by the Participant's total number of Periods of Service (up to a maximum of 25 periods)</li> <li>(ii) .585% of average monthly compensation in excess of 1/12 of Covered Compensation multiplied by the Participant's total number of Periods of Service (up to a maximum of 25 periods)</li> </ul>                   |
| Early retirement benefit:              | Monthly benefit determined above, actuarially reduced for early commencement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Deferred retirement:                   | Greater of the actuarial equivalent of the prior year's retirement benefit or the amount determined as of the participant's late retirement date.                                                                                                                                                                                                                                                                                                                                                                                                       |
| Disability benefit:                    | If a participant is Totally and Permanently Disabled for a period of 6 consecutive months, then the participant is entitled to receive the Actuarial Equivalent of his Accrued Benefit. The benefit shall commence as though the participant retired. The benefit is computed as of the July 1st subsequent to termination of employment. If a terminated participant becomes Totally and Permanently Disabled subsequent to termination, then the participant is entitled to receive the Actuarial Equivalent of his Accrued Benefit as if he retired. |

## Schedule SB, Part V – Summary of Plan Provisions (continued)

| Summary of Plan Provisions (continued) |                                                                                                                                                                                                                                                                                                                                                                                                            |                           |
|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| Disability benefit (continued):        | Total and Permanent Disability results when a participant is incapable of continuing any gainful occupation and is considered disabled under Social Security.                                                                                                                                                                                                                                              |                           |
| Normal form of benefit:                | 10-Year Certain and Life annuity. For participants who are legally married for one year prior to retirement, the normal form of benefit will be a joint and 50% to joint annuitant form unless the participant and the spouse elect otherwise. This is the actuarial equivalent of the normal form.                                                                                                        |                           |
| Accrued benefit:                       | A monthly benefit, commencing at normal retirement age multiplied by a fraction, not greater than (1), the numerator of which is the Participant's Periods of Service as of the determination date and the denominator of which is the aggregate Periods of Service the Participant would have accumulated if he continued in employment until his Normal Retirement Date.                                 |                           |
| Vesting:                               | <u>Periods of Service</u>                                                                                                                                                                                                                                                                                                                                                                                  | <u>Vesting Percentage</u> |
|                                        | Less than 2                                                                                                                                                                                                                                                                                                                                                                                                | 0%                        |
|                                        | 2                                                                                                                                                                                                                                                                                                                                                                                                          | 20%                       |
|                                        | 3                                                                                                                                                                                                                                                                                                                                                                                                          | 40%                       |
|                                        | 4                                                                                                                                                                                                                                                                                                                                                                                                          | 60%                       |
|                                        | 5                                                                                                                                                                                                                                                                                                                                                                                                          | 80%                       |
|                                        | 6                                                                                                                                                                                                                                                                                                                                                                                                          | 100%                      |
| Pre retirement death benefit:          | For vested participants who are legally married for at least one year at the time of death, the surviving spouse would be eligible for the 50% joint annuitant benefit determined at the date of death. This benefit is equal to 50% of the early retirement benefit actuarially adjusted to joint and survivor form of payment. The benefit would commence at the participant's earliest retirement date. |                           |
| Actuarial equivalence:                 | Pre-retirement: Mortality – None, Interest – 7.5%<br>Post-retirement: Mortality – UP 84, Interest – 7.5%                                                                                                                                                                                                                                                                                                   |                           |

## Schedule SB, Part V – Summary of Plan Provisions (continued)

Summary of any changes in principal eligibility or benefit provisions since the last valuation:

There were no changes since the last valuation.

Description of any significant events:

To the best of our knowledge, there were no significant events that occurred during the year.

Benefits not included in the valuation:

To the best of our knowledge, no benefits that materially affected liability were excluded from the valuation.

## Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The average retirement age is 65, which is developed below.

| (A)            | (B)                       | (C)                | (D)                                  | (E)       |
|----------------|---------------------------|--------------------|--------------------------------------|-----------|
| Retirement Age | Number of Remaining Lives | Rate of Retirement | Number Expected to Retire: (B) x (C) | (A) x (D) |
| 60             | 30,000                    | 5%                 | 1,500                                | 90,000    |
| 61             | 28,500                    | 2%                 | 570                                  | 34,770    |
| 62             | 27,930                    | 5%                 | 1,397                                | 86,614    |
| 63             | 26,533                    | 2%                 | 531                                  | 33,453    |
| 64             | 26,002                    | 2%                 | 520                                  | 33,280    |
| 65             | 25,482                    | 100%               | 25,482                               | 1,656,330 |
| Total          |                           |                    | 30,000                               | 1,934,447 |
| Average        |                           |                    |                                      | 64.5      |

|                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                  |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br><b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                                         |                                                                 |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br><br>Oak State Products, Inc. Pension Plan                                                                                      | <b>B</b> Three-digit plan number (PN) ▶                         | 001 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>Oak State Products, Inc.                                                | <b>D</b> Employer Identification Number (EIN)<br><br>36-2341822 |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B               |                                                                 |     |
| <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |                                                                 |     |

**Part I Basic Information**

|                                                                                                                                                                                                         |              |                            |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------|--------------------|
| <b>1</b> Enter the valuation date: Month <u>7</u> Day <u>1</u> Year <u>2011</u>                                                                                                                         |              |                            |                    |
| <b>2</b> Assets:                                                                                                                                                                                        |              |                            |                    |
| a Market value .....                                                                                                                                                                                    | <b>2a</b>    |                            | 4,125,307          |
| b Actuarial value .....                                                                                                                                                                                 | <b>2b</b>    |                            | 4,125,307          |
| <b>3</b> Funding target/participant count breakdown:                                                                                                                                                    |              | (1) Number of participants | (2) Funding Target |
| a For retired participants and beneficiaries receiving payment.....                                                                                                                                     | <b>3a</b>    | 1                          | 459,331            |
| b For terminated vested participants .....                                                                                                                                                              | <b>3b</b>    | 84                         | 952,443            |
| c For active participants:                                                                                                                                                                              |              |                            |                    |
| (1) Non-vested benefits .....                                                                                                                                                                           | <b>3c(1)</b> |                            | 0                  |
| (2) Vested benefits .....                                                                                                                                                                               | <b>3c(2)</b> |                            | 4,201,317          |
| (3) Total active.....                                                                                                                                                                                   | <b>3c(3)</b> | 117                        | 4,201,317          |
| d Total.....                                                                                                                                                                                            | <b>3d</b>    | 202                        | 5,613,091          |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                        |              |                            |                    |
| a Funding target disregarding prescribed at-risk assumptions.....                                                                                                                                       |              | <b>4a</b>                  |                    |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... |              | <b>4b</b>                  |                    |
| <b>5</b> Effective interest rate .....                                                                                                                                                                  |              | <b>5</b>                   | 5.73 %             |
| <b>6</b> Target normal cost .....                                                                                                                                                                       |              | <b>6</b>                   | 27,815             |

**Statement by Enrolled Actuary**

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

|                                                                                   |                          |                                                                                                                                   |
|-----------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                  | <br>Signature of actuary | <u>1-24-2013</u><br>Date<br>11-07459<br>Most recent enrollment number<br>(312) 488-6758<br>Telephone number (including area code) |
| Karl K. Oman<br>Type or print name of actuary                                     |                          |                                                                                                                                   |
| Verisight, Inc.<br>Firm name                                                      |                          |                                                                                                                                   |
| 135 South LaSalle Street<br>Suite 2225<br>Chicago IL 60603<br>Address of the firm |                          |                                                                                                                                   |

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

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

Schedule SB (Form 5500) 2011  
v.012611

**Part II Beginning of year carryover and prefunding balances**

|                                                                                                                                  | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                          | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                      | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8).....                                                                             | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>22.47</u> %.....                                             |                       |                        |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                   |                       |                        |
| <b>a</b> Present value of excess contributions (line 38 from prior year) .....                                                   |                       | 0                      |
| <b>b</b> Interest on (a) using prior year's effective rate of <u>6.49</u> % except as otherwise provided (see instructions)..... |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance.....                                     |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance.....                                                                   |                       |                        |
| <b>12</b> Other reductions in balances due to elections or deemed elections.....                                                 |                       |                        |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....                                      | 0                     | 0                      |

**Part III Funding percentages**

|                                                                                                                                                                           |           |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                      | <b>14</b> | 73.49 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                             | <b>15</b> | 75.58 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b> | 65.42 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                       | <b>17</b> | %       |

**Part IV Contributions and liquidity shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 10/20/2011               | 78,204                            |                                 |                          |                                   |                                 |
| 12/05/2011               | 611                               |                                 |                          |                                   |                                 |
| 01/18/2012               | 75,660                            |                                 |                          |                                   |                                 |
| 04/13/2012               | 75,660                            |                                 |                          |                                   |                                 |
| 06/27/2012               | 800                               |                                 |                          |                                   |                                 |
| 07/02/2012               | 118,740                           |                                 |                          |                                   |                                 |
| <b>Totals •</b>          |                                   |                                 | <b>18(b)</b>             | 349,675                           | <b>18(c)</b> 0                  |

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

|                                                                                                                        |            |         |
|------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                   | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date.....                                      | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date..... | <b>19c</b> | 336,266 |

**20** Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ..... ☒ Yes ☐ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... ☐ Yes ☒ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
| 0                                                          | 0       | 0       | 0       |

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

|                                                                                                                                                                                              |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>2.18 % | 2nd segment:<br>5.36 % | 3rd segment:<br>6.33 %                              |
|                                                                                                                                                                                              |                        |                        | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        | <b>21b</b> 0                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        | <b>22</b> 65                                        |
| <b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous items**

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

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....                                    | <b>30</b> | 0 |

**Part VIII Minimum required contribution for current year**

|                                                                                                                                                                                     |                     |                    |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                  |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                          | <b>31a</b>          | 27,815             |               |
| <b>b</b> Excess assets, if applicable, but not greater than 31a .....                                                                                                               | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                | Outstanding Balance |                    | Installment   |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                | 1,487,784           |                    | 308,451       |
| <b>b</b> Waiver amortization installment.....                                                                                                                                       | 0                   |                    | 0             |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                           | <b>34</b>           | 336,266            |               |
|                                                                                                                                                                                     | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                              | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                  | <b>36</b>           | 336,266            |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                  | <b>37</b>           | 336,266            |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                 |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                      | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                               | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                  | <b>40</b>           | 0                  |               |

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

|                                                                                                                 |                                                                                                                         |  |  |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>41</b> If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule: |                                                                                                                         |  |  |
| <b>a</b> Schedule elected .....                                                                                 | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....                                | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |  |
| <b>42</b> Amount of acceleration adjustment .....                                                               | <b>42</b>                                                                                                               |  |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years .....                  | <b>43</b>                                                                                                               |  |  |

**Form 5500**Department of the Treasury  
Internal Revenue ServiceDepartment 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 07/01/2011 and ending 06/30/2012

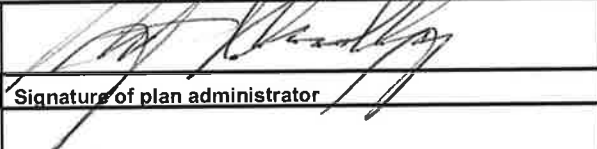
- A** This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan; or  
☒ a single-employer plan; ☐ a DFE (specify) \_\_\_\_\_
- B** This return/report is: ☐ the first return/report; ☐ the final return/report;  
☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here: .....▶ ☐
- D** Check box if filing under: ☐ Form 5558; ☐ automatic extension; ☐ the DFVC program;  
☐ special extension (enter description) \_\_\_\_\_

**Part II Basic Plan Information—enter all requested information**

|                                                                                                                                                                                                                                |                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1a</b> Name of plan <u>Oak State Products, Inc. Pension Plan</u>                                                                                                                                                            | <b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>                                                                                                                                                 |
|                                                                                                                                                                                                                                | <u>07/01/1965</u>                                                                                                                                                                                   |
| <b>2a</b> Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)<br><br><u>Oak State Products, Inc.</u><br><br><u>P.O. Box 549, Highway 251</u><br><br><u>Wenona IL 61377</u> | <b>2b</b> Employer Identification Number (EIN)<br><u>36-2341822</u><br><b>2c</b> Sponsor's telephone number<br><u>(815) 853-4348</u><br><b>2d</b> Business code (see instructions)<br><u>311800</u> |

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

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

|                  |                                                                                     |                |                                                              |
|------------------|-------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> |  | <u>1/23/13</u> | <u>PATRICK DONNELLY</u>                                      |
|                  | Signature of plan administrator                                                     | Date           | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                                                     |                |                                                              |
|                  | Signature of employer/plan sponsor                                                  | Date           | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                                                     |                |                                                              |
|                  | Signature of DFE                                                                    | Date           | Enter name of individual signing as DFE                      |

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

Form 5500 (2011)  
v.012611

|                                                                                                                                                                                                                   |           |                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>SAME                                                                                                                   |           | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number |
| <b>4</b> 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:<br><b>a</b> Sponsor's name |           | <b>4b</b> EIN<br><br><b>4c</b> PN                                               |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                           | <b>5</b>  | 202                                                                             |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                            |           |                                                                                 |
| <b>a</b> Active participants .....                                                                                                                                                                                | <b>6a</b> | 110                                                                             |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                | <b>6b</b> | 1                                                                               |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                | <b>6c</b> | 79                                                                              |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                          | <b>6d</b> | 190                                                                             |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                                                                                         | <b>6e</b> | 0                                                                               |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                           | <b>6f</b> | 190                                                                             |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                   | <b>6g</b> |                                                                                 |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                       | <b>6h</b> | 0                                                                               |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                              | <b>7</b>  |                                                                                 |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:<br>1A 1G 1I                                           |           |                                                                                 |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:                                                        |           |                                                                                 |

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)                                                                                                                                                                        | <b>9b</b> Plan benefit arrangement (check all that apply)                                                                                                                                                                                   |
| (1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | (1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                |                                                                                                                                                                                                                                             |
| <b>a Pension Schedules</b>                                                                                                                                                                                                       | <b>b General Schedules</b>                                                                                                                                                                                                                  |
| (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)                                                                                                                                                   | (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)                                                                                                                                                                    |
| (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary                                                                   | (2) <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan)                                                                                                                                                                  |
| (3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                      | (3) <input type="checkbox"/> <b>A</b> (Insurance Information)                                                                                                                                                                               |
|                                                                                                                                                                                                                                  | (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)                                                                                                                                                             |
|                                                                                                                                                                                                                                  | (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)                                                                                                                                                                  |
|                                                                                                                                                                                                                                  | (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)                                                                                                                                                                     |