

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2011 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
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
1a Name of plan <u>RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHTCO, INC.</u>	1b Three-digit plan number (PN) ► <u>004</u> 1c Effective date of plan <u>01/01/1980</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>TIGHTCO, INC.</u> <u>CORP. BENEFITS OFFICE</u> <u>8307 UNIV. EXEC. PK. DR., STE. 290</u> <u>CHARLOTTE, NC 28262</u>	2b Employer Identification Number (EIN) <u>57-0934530</u> 2c Sponsor's telephone number <u>704-510-2237</u> 2d Business code (see instructions) <u>339900</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.

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/23/2014</u>	<u>THOMAS PLATTE</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/23/2014</u>	<u>THOMAS PLATTE</u>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") TIGHITCO, INC. CORP. BENEFITS OFFICE 8307 UNIV. EXEC. PK. DR., STE. 290 CHARLOTTE, NC 28262	3b Administrator's EIN 57-0934530 <hr/> 3c Administrator's telephone number 704-510-2237
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN <hr/> 4c PN
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5 Total number of participants at the beginning of the plan year	5	103
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	41
b Retired or separated participants receiving benefits.....	6b	37
c Other retired or separated participants entitled to future benefits.....	6c	18
d Subtotal. Add lines 6a , 6b , and 6c	6d	96
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	1
f Total. Add lines 6d and 6e	6f	97
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	

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

1B 1G 3H

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

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

A Name of plan <u>RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHTCO, INC.</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TIGHTCO, INC.</u>	D Employer Identification Number (EIN) <u>57-0934530</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2011</u>	
2 Assets:	
a Market value	2a <u>2496277</u>
b Actuarial value	2b <u>2461298</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment	3a (1) Number of participants <u>35</u> (2) Funding Target <u>768988</u>
b For terminated vested participants	3b <u>23</u> <u>261506</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>18435</u>
(2) Vested benefits	3c(2) <u>772571</u>
(3) Total active	3c(3) <u>44</u> <u>791006</u>
d Total	3d <u>102</u> <u>1821500</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>5.58 %</u>
6 Target normal cost	6 <u>27282</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>06/27/2014</u>
Signature of actuary	Date
<u>MICHAEL G GUYTON</u>	<u>14-03828</u>
Type or print name of actuary	Most recent enrollment number
<u>BPS&M, LLC</u>	<u>615-665-5355</u>
Firm name	Telephone number (including area code)
<u>5301 VIRGINIA WAY, SUITE 400</u> <u>BRENTWOOD, TN 37027</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

Part II		Beginning of year carryover and prefunding balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	110789
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	110789
10	Interest on line 9 using prior year's actual return of <u>15.02</u> %		16641
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		840614
b	Interest on (a) using prior year's effective rate of <u>6.67</u> % except as otherwise provided (see instructions)		56069
c	Total available at beginning of current plan year to add to prefunding balance		896683
d	Portion of (c) to be added to prefunding balance		586902
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	714332

Part III		Funding percentages	
14	Funding target attainment percentage	14	95.90 %
15	Adjusted funding target attainment percentage	15	135.12 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	82.93 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV		Contributions and liquidity shortfalls	
18 Contributions made to the plan for the plan year by employer(s) and employees:			
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
04/14/2011	17195		
07/14/2011	17195		
10/11/2011	17195		
09/04/2012	132131		
Totals ▶		18(b)	183716
		18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 170759
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
0	0
(3) 3rd	(4) 4th
0	0

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	27282	
b Excess assets, if applicable, but not greater than 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	27282	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	27282	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	170759	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	143477	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

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

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

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

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

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

WELLS FARGO BANK N.A.

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21 27 28 49 99	PLAN TRUSTEE	14868	Yes ☒ No ☐	Yes ☒ No ☐	1149	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WELLS FARGO BANK N.A.	15 49 27 28	1149
(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.
WELLS FARGO BANK N.A. 1525 WEST W.T. HARRIS BLVD, 3C CHARLOTTE, NC 28262		TRUSTEE AND INFORMATION MANAGEMENT INVESTMENT ADVISORY, MANAGEMENT OTHER SERVICES.

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2011</div> This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A Name of plan <u>RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHTCO, INC.</u>	B Three-digit plan number (PN) ►	<div style="border: 1px solid black; padding: 2px;">004</div>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TIGHTCO, INC.</u>	D Employer Identification Number (EIN) <u>57-0934530</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1	Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets			
a	Total noninterest-bearing cash	1a	55167	926305
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	915634	132131
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)		8
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	1563985	1513208
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2534786	2571652

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2534786	2571652
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	183716	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	754	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		184470

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

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

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	43485	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		43485

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	-112627	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-112627
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		15795
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		131123

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	78240	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		78240
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	16017	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		16017
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		94257

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		36866
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: HOBBS GROUP PA

(2) EIN: 57-0957419

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

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

Part IV Compliance Questions

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

During the plan year:

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

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3 <u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☒ No	☐ N/A

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

AUDITED FINANCIAL STATEMENTS
and
SUPPLEMENTAL SCHEDULES

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

December 31, 2011

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December 31, 2011

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INDEPENDENT AUDITORS' REPORT

To the Plan Committee
Retirement Plan for the Hourly Paid Employees of TIGHITCO, Inc.

We were engaged to audit the accompanying statements of net assets available for benefits and of accumulated plan benefits of the Retirement Plan for the Hourly Paid Employees of TIGHITCO, Inc. (the "Plan") as of December 31, 2011, and 2010, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended, and the supplemental schedules of (1) Schedule H, line 4i-Schedule of Assets (Held At End of Year), and (2) Schedule H, line 4j-Schedule of Reportable Transactions as of or for the year ended December 31, 2011. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2011, and 2010 and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on these accompanying financial statements and supplemental schedules taken as a whole. The supplemental schedules are presented for the purposes of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Columbia, South Carolina
September 17, 2012

The Hobbs Group, P.A.

AUDITED FINANCIAL STATEMENTS

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

	December 31,	
	2011	2010
ASSETS		
Investments, at fair value	\$ 2,439,514	\$ 1,619,152
Receivables:		
Employer contribution receivable	132,131	915,634
Accrued dividends	7	0
	<u>132,138</u>	<u>915,634</u>
TOTAL ASSETS	<u>2,571,652</u>	<u>2,534,786</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 2,571,652</u>	<u>\$ 2,534,786</u>

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

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

	For the Years Ended December 31,	
	2011	2010
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation (depreciation) in fair value of investments	\$ (96,085)	\$ 174,077
Interest and dividends	43,492	27,293
	<u>(52,593)</u>	<u>201,370</u>
Contributions:		
Employer's	<u>183,716</u>	<u>995,771</u>
TOTAL ADDITIONS	131,123	1,197,141
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	78,240	79,008
Administrative expenses	<u>16,017</u>	<u>12,575</u>
TOTAL DEDUCTIONS	<u>94,257</u>	<u>91,583</u>
NET INCREASE	36,866	1,105,558
Net assets available for benefits at beginning of year	<u>2,534,786</u>	<u>1,429,228</u>
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	<u>\$ 2,571,652</u>	<u>\$ 2,534,786</u>

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

STATEMENTS OF ACCUMULATED PLAN BENEFITS
RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHITCO, INC.

	December 31,	
	2011	2010
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS		
Vested Benefits:		
Participants currently receiving payments	\$ 670,810	\$ 623,749
Other participants	751,046	758,565
	<u>1,421,856</u>	<u>1,382,314</u>
Nonvested Benefits	<u>13,636</u>	<u>15,005</u>
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<u>\$ 1,435,492</u>	<u>\$ 1,397,319</u>

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

STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS
RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHITCO, INC.

	For the Years Ended December 31,	
	2011	2010
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR	\$ 1,397,319	\$ 1,344,608
Increase (decrease) during the year attributable to:		
Benefits accumulated and actuarial (gain)/loss	7,697	22,510
Increase for interest due to decrease in discount period	108,716	109,210
Benefits paid	(78,240)	(79,009)
Net Increase	<u>38,173</u>	<u>52,711</u>
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR	<u>\$ 1,435,492</u>	<u>\$ 1,397,319</u>

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

NOTES TO THE FINANCIAL STATEMENTS
RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHITCO, INC.
December 31, 2011

NOTE A – GENERAL DESCRIPTION OF THE PLAN

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

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

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

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

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

Payment of Benefits: Normal retirement benefits are entitled to participants upon attainment of the normal retirement age of 65. The plan permits early retirement at ages 55-64. Employees may elect to receive their pension benefits in the form of a joint and survivor annuity. Employees may elect to receive the value of their accumulated benefits as a lump-sum distribution upon retirement or termination, or they may elect to receive their benefits in the form of an annuity to be paid in intervals not longer than one year.

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

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

NOTE B -- SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

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 E for a discussion of fair value measurements.

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

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

The actuarial present value of accumulated plan benefits is determined by an actuary from Bryan, Pendleton, Swats & McAllister, LLC and is the 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. The significant actuarial assumptions used in the valuations as of December 31, 2011 and 2010 were (a) life expectancy of participants (the IRS 2012 Optional Small Plan Mortality Table was used), (b) retirement age assumptions (the assumed average retirement age was 65), (c) investment return and (d) actuarial cost method is the unit credit. The 2011 and 2010 valuations included assumed average rates of return of 6.57 and 8.00 percent, respectively. 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.

Administrative Expenses: The majority of administrative expenses for maintaining the plan are paid by the Plan.

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

NOTE B -- SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – Continued

Payment of Benefits: Benefits are recorded when paid.

Tax Status: The Internal Revenue Service has determined and informed the company by a letter dated July 17, 2012, 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 and the plan's tax counsel believe that the plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the plan is qualified and the related trust is tax-exempt. In 2011 the plan was restated to comply with the 2001 tax law, The Economic Growth and Tax Relief and Reconciliation Act. A new determination letter will be received once it is approved by the Internal Revenue Service.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRC. The plan administrator has analyzed the tax position taken by the plan, and has concluded that as of December 31, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for year prior to 2009.

Subsequent Events: The plan has evaluated subsequent events through September 17, 2012, the date the financial statements were available to be issued.

Reclassifications: Certain reclassifications have been made to the 2010 balances to conform to the 2011 presentation.

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

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified as complete and accurate by Wells Fargo Bank, N.A., the trustee.

The fair value of investments as reported by the trustee is as follows at December 31:

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

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

	2011	2010
Wells Fargo Adv Money Market Fund	\$ 926,305	\$ 55,167
Alger Smallcap and Midcap Growth Fund	110,765	115,603
Dreyfus Small Cap Equity Fund	106,815	112,117
Lazard Emerging Markets Open Fund	126,946	154,856
Loomis Sayles Strategic Income Fund	316,543	305,715
Pimco Total Return Fund	287,450	275,880
T. Rowe Price Equity Income	164,678	0
Thornburg International Value Fund	140,675	161,791
Wells Fargo Adv Int'l Equity Fund	98,975	114,342
Wells Fargo Adv Intrinsic Value Fund	0	161,485
Wells Fargo Adv Strategic Large Cap Growth Fd	160,362	162,196
	<u>\$ 2,439,514</u>	<u>\$ 1,619,152</u>

NOTE D -- INVESTMENTS

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

	December 31,	
	2011	2010
Money Market Funds:		
Wells Fargo Adv Money Market Fund	\$ 926,305	*
Mutual Funds:		
Lazard Emerging Markets Open Fund	126,946	\$ 154,856
Loomis Sayles Strategic Income Fund	316,543	305,715
Pimco Total Return Fund	287,450	275,880
T. Rowe Price Equity Income	164,678	*
Thornburg International Value Fund	140,675	161,791
Wells Fargo Adv Intrinsic Value Fund	*	161,485
Wells Fargo Adv Strategic Large Cap Growth Fd	160,362	162,196
	<u>\$ 2,122,959</u>	<u>\$ 1,221,923</u>

* Does not represent 5% or more of the Plan's net assets

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

	December 31,	
	2011	2010
Mutual Funds:	<u>\$ (96,085)</u>	<u>\$ 174,077</u>

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

NOTE E -- FAIR VALUE MEASUREMENTS

FASB ASC 820 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 | <p>Inputs to the valuation methodology include:</p> <ul style="list-style-type: none">• 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. <p>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.</p> |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement. |

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

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

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

Money market funds: Valued at cost plus accrued dividend and interest income which approximates fair value.

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, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011 and 2010:

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

NOTE E -- FAIR VALUE MEASUREMENTS - Continued

Fair Value Measurements at December 31, 2011				
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Mutual funds:				
Equities	\$ 909,216			\$ 909,216
Corporate bonds	603,993			603,993
Total mutual funds	1,513,209			1,513,209
Money market funds	926,305			926,305
Total assets at fair value	<u>\$ 2,439,514</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 2,439,514</u>

Fair Value Measurements at December 31, 2010				
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Mutual funds:				
Equities	\$ 982,390			\$ 982,390
Corporate bonds	581,595			581,595
Total mutual funds	1,563,985			1,563,985
Money market funds	55,167			55,167
Total assets at fair value	<u>\$ 1,619,152</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 1,619,152</u>

NOTE F -- RISKS AND UNCERTAINTIES

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

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and 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.

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

NOTE G -- RELATED PARTY TRANSACTIONS

Certain plan investments are interests in mutual funds and money market funds managed by Wells Fargo. Wells Fargo is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

Additionally, the Plan receives actuary services from Bryan, Pendleton, Swats, & McAllister, LLC, which is an actuarial consulting firm owned by Wells Fargo, the trustee.

SUPPLEMENTAL SCHEDULES

Schedule H, Line 4i
RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHTCO, INC.
EIN: 57-0934530
Plan Number: 004
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
As of December 31, 2011

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	Cost	Current Value	
Money Market Fund:				
*	Wells Fargo Bank, N.A.	\$ 926,305	\$ 926,305	
Mutual Funds:				
*	Wells Fargo Bank, N.A.	102,925	110,765	
*	Wells Fargo Bank, N.A.	115,994	106,815	
*	Wells Fargo Bank, N.A.	132,358	126,946	
*	Wells Fargo Bank, N.A.	298,655	316,543	
*	Wells Fargo Bank, N.A.	291,306	287,450	
*	Wells Fargo Bank, N.A.	170,173	164,678	
*	Wells Fargo Bank, N.A.	134,491	140,675	
*	Wells Fargo Bank, N.A.	119,288	98,975	
*	Wells Fargo Bank, N.A.	136,269	160,362	
		<u>1,501,459</u>	<u>1,513,209</u>	
		<u>\$ 2,427,764</u>	<u>\$ 2,439,514</u>	

* Indicates party-in-interest to the Plan

Schedule H, Line 4j
RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHTITCO, INC.
EIN: 57-0934530
Plan Number: 004
SCHEDULE OF REPORTABLE TRANSACTIONS
As of December 31, 2011

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved Category (iii) - series of transactions in excess of five percent of plan assets	Description of Asset Including Interest Rate and Maturity in Case of a Loan	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Wells Fargo Bank, N.A.	Wells Fargo Adv Money Market Fund Purchases Sales	967,835	96,697	967,835 96,697	967,835 96,697	0
Wells Fargo Bank, N.A.	T. Rowe Price Equity Income Purchases	170,173		170,173	170,173	
Wells Fargo Bank, N.A.	Wells Fargo Adv Intrinsic Value Fund Sales		164,405	138,201	164,405	26,204

Columns (e) and (f) have not been presented as this information is not applicable. There were not category (i), (ii), or (iv) reportable transactions during the year ended December 31, 2011.

Retirement Plan for Hourly Employees of TIGHitco, Inc.

EIN:57-0934530 PN: 004

Schedule SB, Line 22 - Description of Weighted Average Retirement Age

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

Sum = 6,375

Weighted Average Retirement Age = 64

Summary of Plan Provisions**Section 4.2**

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

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

4. Definitions

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

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

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

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

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

Summary of Plan Provisions**Section 4.2**

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

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

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

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

5. Eligibility for benefits

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

6. Monthly benefits paid upon the following events

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

7. Other provisions

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

8. Identification of benefits not included in the valuation

- All benefits were included in the valuation.

Summary of Plan Provisions

Section 4.2

9. Description of significant events

There were no significant events.

10. Plan provisions effective after January 1, 2011

We are not aware of any plan provisions with an effective date after January 1, 2011.

11. Changes in plan provisions since prior year

None.

Retirement Plan for Hourly Employees of TIGHitco, Inc.

EIN:57-0934530 PN: 004

Schedule SB, Line 25 - Change in Method

Effective January 1, 2011, the funding interest rates were changed from the segment rates with a 4-month look-back to the full yield curve.

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

Date	For Plan Year	Amount of Contribution	Effective Interest Rate	Discounted Contribution
04/14/2011	2011	17,195	5.58%	16,934
07/14/2011	2011	17,195	5.58%	16,706
10/11/2011	2011	17,195	5.58%	16,486
09/04/2012	2011	132,131	5.58%	120,633
Total		183,716		170,759

Actuarial Assumptions and Methods

Section 4.1

A. Actuarial Assumptions

1. Economic assumptions

a. Interest rates

i. Accounting (12/31/2010 disclosure and 2011 expense) 5.50%

ii. FAS35 8.00%

ii. Funding The spot yield curve as of January 1, 2011 was used. The rates for the first six years are as follows:

Year 1:	1.13%
Year 2:	1.79%
Year 3:	2.50%
Year 4:	3.13%
Year 5:	3.66%
Year 6:	4.08%

b. Return on assets for FAS 87 8.00%

c. Indexed limits on compensation and benefits for FAS 87 2.50%

2. Demographic and other assumptions

a. Salary Increases Not Applicable

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

Accounting: 1994 Group Annuity Reserving Table

c. Termination Sample rates are as follows:

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

d. Retirement Rates are according to the following table:

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

e. Disability Sample rates are as follows:

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

Actuarial Assumptions and Methods

Section 4.1

- f. Form of payment All single participants are assumed to elect a single life annuity upon retirement. All married participants are assumed to elect a joint & 50% survivor option upon retirement.
- g. Percent Married 90%
- h. Spouse Age Females assumed to be three years younger than males.
- 3. Changes in assumptions since the prior valuation
 - a. Due to PPA, both the interest rate and mortality had to be changed for funding purposes.
 - b. Interest rate – funding: Last year, the spot segment rates as of September 1, 2010 were used. This year, the spot yield curve as of January 1, 2011 was used.

B. Actuarial Methods

- 1. Actuarial cost method
 - a. Funding – Unit credit as described in IRS Revenue Procedure 2000-40
 - b. Accounting – Projected unit credit as described under FASB No. 87
- 2. Asset valuation method
 - a. Funding – 2-year smoothing of assets as described in IRS Notice 09-22.
 - b. Accounting – 2-year smoothing of assets.
- 3. Benefits not valued
All benefits described were valued.
- 4. Changes in methods since the prior valuation
None
- 5. Valuation procedures
The limitations of Internal Revenue Code Section 415(b) and 401(a) (17) have been incorporated into our calculations. No actuarial liability is included for non-vested participants who terminated employment prior to the valuation date. The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the Plan's eligibility requirements on the valuation date are included in the valuation of liabilities.
- 6. Data sources
Asset data was supplied by Wells Fargo Bank. The InterTech Group furnished participant data as of January 1, 2011. Data was reviewed for reasonableness and consistency, but no audit was performed. Assumptions or estimates were made when data was not available. We are not aware of any errors or omissions in the data that would have a significant effect on the valuation results.

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

Age	Years of Credited Service										Total
	0-1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	
< 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	4	0	0	0	0	0	0	4
40-44	0	0	0	3	0	0	0	0	0	0	3
45-49	0	0	0	7	2	2	1	0	0	0	12
50-54	0	0	0	3	0	3	0	0	0	0	6
55-59	0	0	0	4	0	2	3	1	1	0	11
60-64	0	0	0	2	0	0	0	1	1	1	5
65-69	0	0	0	0	0	0	0	0	2	1	3
70+	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	23	2	7	4	2	4	2	44

Retirement Plan for Hourly Employees of TIGHitco, Inc.
EIN:57-0934530 PN: 004

Schedule SB – Statement by Enrolled Actuary

If you have any questions about this amended filing, please contact David M. Ziegler, Manager, EP Actuarial Group 2, IRS (badge # 91346, 202-317-8629, david.m.ziegler@irs.gov) before referring to examination.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

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

A Name of plan Ret Plan for Hourly Paid Ees of TIGHITCo, Inc.	B Three-digit plan number (PN) ►	004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TIGHITCO, Inc.	D Employer Identification Number (EIN) 57-0934530	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other		
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2011</u>			
2 Assets:			
a Market value	2a	2,496,277	
b Actuarial value	2b	2,461,298	
3 Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	35	768,988
b For terminated vested participants	3b	23	261,506
c For active participants:			
(1) Non-vested benefits.....	3c(1)		18,435
(2) Vested benefits	3c(2)		772,571
(3) Total active.....	3c(3)	44	791,006
d Total.....	3d	102	1,821,500
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.58 %	
6 Target normal cost	6	27,282	

Statement by Enrolled Actuary

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

SIGN HERE	 Signature of actuary	<u>06/27/2014</u> Date <u>14-03828</u> Most recent enrollment number <u>(615) 665-5355</u> Telephone number (including area code)
<u>Michael G Guyton</u> Type or print name of actuary <u>BPS&M, LLC</u> Firm name <u>5301 Virginia Way, Suite 400</u> Address of the firm <u>Brentwood TN 37027</u>		

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
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	110,789
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8).....	0	110,789
10 Interest on line 9 using prior year's actual return of <u>15.02</u> %		16,641
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		840,614
b Interest on (a) using prior year's effective rate of <u>6.67</u> % except as otherwise provided (see instructions).....		56,069
c Total available at beginning of current plan year to add to prefunding balance.....		896,683
d Portion of (c) to be added to prefunding balance.....		586,902
12 Other reductions in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	714,332

Part III Funding percentages

14 Funding target attainment percentage	14	95.90 %
15 Adjusted funding target attainment percentage	15	135.12 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	82.93 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2011	17,195				
07/14/2011	17,195				
10/11/2011	17,195				
09/04/2012	132,131				
Totals •			18(b)	183,716	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	170,759
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:			
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %
			☒ N/A, full yield curve used
b Applicable month (enter code).....			21b
22 Weighted average retirement age			22 64
23 Mortality table(s) (see instructions)	☒ Prescribed - combined	☐ Prescribed - separate	☐ Substitute

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	27,282	
b Excess assets, if applicable, but not greater than 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount.....	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	27,282	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	27,282	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	170,759	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	143,477	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

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

Schedule H, Line 4j
RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHTCO, INC.
EIN: 57-0934530
Plan Number: 004
SCHEDULE OF REPORTABLE TRANSACTIONS
As of December 31, 2011

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset Including Interest Rate and Maturity in Case of a Loan	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (iii) - series of transactions in excess of five percent of plan assets						
Wells Fargo Bank, N.A.	Wells Fargo Adv Money Market Fund Purchases	967,835		967,835	967,835	
	Sales		96,697	96,697	96,697	0
Wells Fargo Bank, N.A.	T. Rowe Price Equity Income Purchases	170,173		170,173	170,173	
Wells Fargo Bank, N.A.	Wells Fargo Adv Intrinsic Value Fund Sales		164,405	138,201	164,405	26,204

Columns (e) and (f) have not been presented as this information is not applicable. There were not category (i), (ii), or (iv) reportable transactions during the year ended December 31, 2011.

Schedule H, Line 4i
RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHITCO, INC.
EIN: 57-0934530
Plan Number: 004
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
As of December 31, 2011

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	Cost	Current Value
	Money Market Fund:			
*	Wells Fargo Bank, N.A.	Wells Fargo Adv Money Market Fund	\$ 926,305	\$ 926,305
	Mutual Funds:			
*	Wells Fargo Bank, N.A.	Alger Smallcap and Midcap Growth Fund	102,925	110,765
*	Wells Fargo Bank, N.A.	Dreyfus Small Cap Equity Fund	115,994	106,815
*	Wells Fargo Bank, N.A.	Lazard Emerging Markets Open Fund	132,358	126,946
*	Wells Fargo Bank, N.A.	Loomis Sayles Strategic Income Fund	298,655	316,543
*	Wells Fargo Bank, N.A.	Pimco Total Return Fund	291,306	287,450
*	Wells Fargo Bank, N.A.	T. Rowe Price Equity Income	170,173	164,678
*	Wells Fargo Bank, N.A.	Thornburg International Value Fund	134,491	140,675
*	Wells Fargo Bank, N.A.	Wells Fargo Adv Int'l Equity Fund	119,288	98,975
*	Wells Fargo Bank, N.A.	Wells Fargo Adv Strategic Large Cap Growth Fund	136,269	160,362
			<u>1,501,459</u>	<u>1,513,209</u>
			<u>\$ 2,427,764</u>	<u>\$ 2,439,514</u>

* Indicates party-in-interest to the Plan

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

Type	Present Value of Remaining Installments	Date Established	Years Remaining	Annual Installment
Shortfall	0	01/01/2011	7	0
Total	0			0