

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 2012 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>	
A This return/report is for:	☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) ☐ a one-participant plan
B This return/report is:	☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information						
1a Name of plan RETIREMENT PLAN FOR HOURLY PAID EMPLOYEES OF TIGHTCO, INC.	<table border="1"> <tr> <td>1b Three-digit plan number (PN) ▶</td> <td>004</td> </tr> <tr> <td>1c Effective date of plan</td> <td>01/01/1980</td> </tr> </table>	1b Three-digit plan number (PN) ▶	004	1c Effective date of plan	01/01/1980		
1b Three-digit plan number (PN) ▶	004						
1c Effective date of plan	01/01/1980						
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) TIGHTCO, INC. 8307 UNIV. EXEC. PARK DR. STE 290 CHARLOTTE, NC 28262	<table border="1"> <tr> <td>2b Employer Identification Number (EIN)</td> <td>57-0934530</td> </tr> <tr> <td>2c Sponsor's telephone number</td> <td>704-510-2237</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td>339900</td> </tr> </table>	2b Employer Identification Number (EIN)	57-0934530	2c Sponsor's telephone number	704-510-2237	2d Business code (see instructions)	339900
2b Employer Identification Number (EIN)	57-0934530						
2c Sponsor's telephone number	704-510-2237						
2d Business code (see instructions)	339900						
3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address	<table border="1"> <tr> <td>3b Administrator's EIN</td> <td></td> </tr> <tr> <td>3c Administrator's telephone number</td> <td></td> </tr> </table>	3b Administrator's EIN		3c Administrator's telephone number			
3b Administrator's EIN							
3c Administrator's telephone number							
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.	<table border="1"> <tr> <td>4b EIN</td> <td></td> </tr> <tr> <td>4c PN</td> <td></td> </tr> </table>	4b EIN		4c PN			
4b EIN							
4c PN							
a Sponsor's name							
5a Total number of participants at the beginning of the plan year	5a 98						
b Total number of participants at the end of the plan year.....	5b 98						
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....	5c						
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	☒ Yes ☐ No						
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).....	☒ Yes ☐ No						
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	09/23/2014	THOMAS PLATTE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/23/2014	THOMAS PLATTE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)			Preparer's telephone number (optional)

Part III Financial Information			
7	Plan Assets and Liabilities		
		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	2571652
b	Total plan liabilities	7b	2988529
c	Net plan assets (subtract line 7b from line 7a)	7c	2571652
8	Income, Expenses, and Transfers for this Plan Year		
		(a) Amount	(b) Total
a	Contributions received or receivable from:		
	(1) Employers	8a(1)	300232
	(2) Participants	8a(2)	
	(3) Others (including rollovers)	8a(3)	
b	Other income (loss)	8b	216152
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	516384
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	87066
e	Certain deemed and/or corrective distributions (see instructions)	8e	
f	Administrative service providers (salaries, fees, commissions)	8f	
g	Other expenses	8g	12441
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	99507
i	Net income (loss) (subtract line 8h from line 8c)	8i	416877
j	Transfers to (from) the plan (see instructions)	8j	

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 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:

Part V Compliance Questions				
10	During the plan year:	Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b	X	
c	Was the plan covered by a fidelity bond?	10c	X	500000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d	X	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X	
f	Has the plan failed to provide any benefit when due under the plan?	10f	X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	X	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i	X	

Part VI Pension Funding Compliance			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	☐ Yes ☒ No	
11a	Enter the amount from Schedule SB line 39	11a	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ..	☐ Yes ☒ No	
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year		
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year	12b	0

c Enter the amount contributed by the employer to the plan for this plan year.....	12c	300232
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	300232
e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....	☒ Yes ☐ No ☐ N/A	

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?	☐ Yes ☒ No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	☐ Yes ☒ No	
c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)		
13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII Trust Information (optional)

14a Name of trust	14b Trust's EIN

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 2012 This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

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

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>2012</u>	
2 Assets:	
a Market value	2a <u>2566899</u>
b Actuarial value	2b <u>2660668</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>36</u> <u>726840</u>
b For terminated vested participants.....	3b <u>26</u> <u>239950</u>
c For active participants:	
(1) Non-vested benefits.....	3c(1) <u>14964</u>
(2) Vested benefits.....	3c(2) <u>604267</u>
(3) Total active	3c(3) <u>38</u> <u>619231</u>
d Total	3d <u>100</u> <u>1586021</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>7.01</u> %
6 Target normal cost.....	6 <u>19643</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) 2012
v. 120126

Part II Beginning of Year Carryover Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	714332
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	714332
10	Interest on line 9 using prior year's actual return of <u>-2.76%</u>		-19716
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		143477
b	Interest on (a) using prior year's effective interest rate of <u>5.58%</u> except as otherwise provided (see instructions)		8006
c	Total available at beginning of current plan year to add to prefunding balance		151483
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections		0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	694616

Part III Funding Percentages			
14	Funding target attainment percentage	14	123.96 %
15	Adjusted funding target attainment percentage	15	167.75 %
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	95.90 %
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
07/16/2012	17195				
09/09/2013	204707				
			Totals ►	18(b)	221902
				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 199133
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If line 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: 5.54%	2nd segment: 6.85%	3rd segment: 7.52 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
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 subject to 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	19643	
b Excess assets, if applicable, but not greater than line 31a	31b	19643	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	199133	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	199133	
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 an election was made to use PRA 2010 funding relief for this plan:			
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		

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

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	3	0	0	0	0	0	0	3
40-44	0	0	0	2	1	0	0	0	0	0	3
45-49	0	0	0	3	2	1	1	0	0	0	7
50-54	0	0	0	1	4	3	1	0	0	0	9
55-59	0	0	0	0	1	0	4	1	0	0	6
60-64	0	0	0	2	2	0	0	1	2	1	8
65-69	0	0	0	0	0	0	0	0	1	1	2
70+	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	11	10	4	6	2	3	2	38

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	1/1/2012	7	0
Total	0			0

Summary of Actuarial Assumptions

Interest Rates

Funding: The stabilized segment rates for January 2012:
5.54% for the first 5 years;
6.85% for the next 15 years; and
7.52% thereafter

Maximum Tax Deductible Contribution: The segment rates for January 2012:
1.98% for the first 5 years;
5.07% for the next 15 years; and
6.19% thereafter

PBGC: The segment rates for January 2012:
2.07% for the first 5 years;
4.45% for the next 15 years; and
5.24% thereafter

ASC 960: 8.00% per year

Salary Increases

Not Applicable.

Mortality Rates

Funding and PBGC: IRS 2012 Optional Small Plan Mortality Table.

ASC 960: IRS 2012 Optional Small Plan Mortality Table.

Withdrawal Rates

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%

Summary of Actuarial Assumptions

Rates of Retirement

Eligible participants are assumed to retire based on the following:

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

Disability Rates

Sample rates are as follows:

Age	Males	Females
25	0.040%	0.050%
35	0.050%	0.080%
40	0.070%	0.100%
45	0.100%	0.150%
55	0.360%	0.490%
60	0.900%	1.210%

Commencement Dates and Forms 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.

Percentage Married

90% of participants are assumed to be married with husbands assumed to be 3 years older than wives.

Mortality Improvement

The mortality tables for Funding and ASC 960 purposes include mortality improvement projected after year 2000 under Projection Scale AA to 15 years beyond the valuation date for non-annuitants and to 7 years beyond the valuation date for annuitants.

Maximum Limitations

The maximum annual benefit limitation and the annual compensation limit are assumed to remain at their current levels.

Expenses

None assumed.

Summary of Actuarial Methods

Actuarial Cost Method

All liabilities and normal costs shown in this report are calculated based on the Traditional Unit Credit method as described in IRC Section 430 and relevant proposed regulations. This method is prescribed for funding, PBGC, and ASC 960 calculations.

Under the Traditional Unit Credit method, the liability is the present value of all benefits that have been accrued or earned under the plan as of the first day of the plan year. The normal cost is the present value of all benefits that are expected to accrue or be earned during the plan year, including any expected increase in compensation during the year.

Asset Valuation Method

The actuarial value of assets is equal to the average of the market value of assets as of the valuation date and the adjusted market value of assets for the prior two years. The adjusted market value of assets as of a prior determination date is the market value of assets as of that date adjusted for contributions, benefit payments, expenses, and expected earnings for periods after the determination date but prior to the current valuation date. In no event will the actuarial value of assets be less than 90%, or greater than 110% of the current market value of assets.

Miscellaneous

The limitations under IRC Sections 401(a)(17) and 415(b) have been taken into account in our calculations.

Any actual or potential limitations under IRC Section 436 have not been taken into account for any purpose.

To the best of our knowledge, all benefits payable from the plan, including retirement-type and ancillary benefits, have been incorporated into our calculations.

No liability is included for participants who terminated without vested benefits prior to the first day of the plan year.

No liability is included for any employees who are not yet participants as of the first day of the plan year.

Retirement Plan for Hourly Employees of TIGHitco, Inc.
EIN: 57-0934530 PN: 004
Schedule SB, Part V - Summary of Plan Provisions

Summary of Plan Provisions

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

Effective date

January 1, 1980; amended and restated effective January 1, 2001. Latest amendment effective December 29, 2003.

Plan year

Calendar year.

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.

Definitions

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

Retirement Plan for Hourly Employees of TIGHitco, Inc.
 EIN: 57-0934530 PN: 004
 Schedule SB, Part V - Summary of Plan Provisions

Summary of Plan Provisions

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

Normal retirement date: First of month coincident with or next following the later of five years of participation or attainment of age 65.

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

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

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.

Retirement Plan for Hourly Employees of TIGHitco, Inc.
EIN: 57-0934530 PN: 004
Schedule SB, Part V - Summary of Plan Provisions

Summary of Plan Provisions

Eligibility for benefits

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

Monthly benefits paid upon the following events

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

Forms of Payment

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.

Changes in plan provisions since prior year

None.

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

<u>Date</u>	<u>For Plan Year</u>	<u>Amount of Contribution</u>	<u>Effective Interest Rate</u>	<u>Discounted Contribution</u>
7/16/2012	2012	17,195	7.01%	16,578
9/9/2013	2012	204,707	7.01%	182,555
Total		221,902		199,133

Retirement Plan for Hourly Employees of TIGHitco, Inc.

EIN:57-0934530 PN: 004

Schedule SB, Line 25 - Change in Method

Effective January 1, 2012, the funding interest rates were changed from the full yield curve to segment rates with no look-back.

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 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 2012 This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>	
► 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) ► <u>004</u>
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>2012</u>			
2 Assets:			
a Market value	2a	2,566,899	
b Actuarial value	2b	2,660,668	
3 Funding target/participant count breakdown:			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	36	726,840
b For terminated vested participants	3b	26	239,950
c For active participants:			
(1) Non-vested benefits	3c(1)	14,964	
(2) Vested benefits	3c(2)	604,267	
(3) Total active	3c(3)	38	619,231
d Total	3d	100	1,586,021
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	7.01 %	
6 Target normal cost	6	19,643	

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	<div style="text-align: center;"> Signature of actuary Michael G Guyton Type or print name of actuary BPS&M, LLC Firm name 5301 Virginia Way, Suite 400 Brentwood TN 37027 Address of the firm </div>	<div style="text-align: center;"> <u>06/27/2014</u> Date <u>14-03828</u> Most recent enrollment number <u>(615) 665-5355</u> Telephone number (including area code) </div>
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Part II Beginning of Year Carryover Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	714,332
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	714,332
10	Interest on line 9 using prior year's actual return of <u>(2.76)</u> %		(19,716)
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		143,477
b	Interest on (a) using prior year's effective interest rate of <u>5.58</u> % except as otherwise provided (see instructions)		8,006
c	Total available at beginning of current plan year to add to prefunding balance		151,483
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections		0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	694,616

Part III Funding Percentages			
14	Funding target attainment percentage	14	123.96 %
15	Adjusted funding target attainment percentage	15	167.75 %
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	95.90 %
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
07/16/2012	17,195				
09/09/2013	204,707				
Totals ►			18(b)	221,902	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	199,133

20 Quarterly contributions and liquidity shortfalls:			
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No			
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No			
c If line 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: 5.54 %	2nd segment: 6.85 %	3rd segment: 7.52 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 0
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 subject to 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	19,643
b Excess assets, if applicable, but not greater than line 31a		31b	19,643
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment.....		0	0
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..		34	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....		36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37	199,133
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	199,133
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 an election was made to use PRA 2010 funding relief for this plan:			
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	