

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), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2009</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</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>GLOBAL TOOLING SYSTEMS, INC. 401(K) SALARY REDUCTION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>04/01/1985</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>04/01/1985</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>04/01/1985</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>GLOBAL TOOLING SYSTEMS, INC.</u> <u>16445 23 MILE RD</u> <u>MACOMB TWP, MI 48042</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>38-3485300</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>586-726-0500</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>333200</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>38-3485300</u>	2c Sponsor's telephone number <u>586-726-0500</u>	2d Business code (see instructions) <u>333200</u>	
2b Employer Identification Number (EIN) <u>38-3485300</u>					
2c Sponsor's telephone number <u>586-726-0500</u>					
2d Business code (see instructions) <u>333200</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	Filed with authorized/valid electronic signature.	10/15/2010	KELLY OSTERLAND
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

GLOBAL TOOLING SYSTEMS, INC.

16445 23 MILE RD
MACOMB TWP, MI 48042**3b** Administrator's EIN

38-3485300

3c Administrator's telephone number

586-726-0500

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:**a** Sponsor's name**4b** EIN**4c** PN**5** Total number of participants at the beginning of the plan year**5**

269

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**

207

b Retired or separated participants receiving benefits.....**6b**

0

c Other retired or separated participants entitled to future benefits.....**6c**

32

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

239

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

0

f Total. Add lines **6d** and **6e**.....**6f**

239

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g**

117

h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....**6h**

0

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

2E 2F 2G 2J 3D 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)

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

9b Plan benefit arrangement (check all that apply)

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

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan GLOBAL TOOLING SYSTEMS, INC. 401(K) SALARY REDUCTION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. GLOBAL TOOLING SYSTEMS, INC.		
D Employer Identification Number (EIN) 38-3485300		

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
LINCOLN NATIONAL LIFE INSURANCE CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	GP81331	117	01/01/2009	12/31/2009

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
1460	75

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

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

LINCOLN FINANCIAL ADVISORS
1300 S CLINTON ST
STE 150
FORT WAYNE, IN 46802

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1460	43	MARKETING ALLOWANCE	4

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

APPLIED PLAN ADMINISTRATORS LLC
30600 TELEGRAPH RD STE 1130
BINGHAM FARMS, MI 48025

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	32	MARKETING ALLOWANCE	5

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	386514
5 Current value of plan's interest under this contract in separate accounts at year end	5	2944254

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY

b Balance at the end of the previous year	7b	294796
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c Additions: (1) Contributions deposited during the year	7c(1)	36906	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	9915	
(4) Transferred from separate account	7c(4)	503139	
(5) Other (specify below)..... ▶ LOAN REPAY	7c(5)	4634	

(6) Total additions	7c(6)	554594
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d Total of balance and additions (add b and c(6)).	7d	849390
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	39061
(2) Administration charge made by carrier	7e(2)	3125
(3) Transferred to separate account	7e(3)	418724
(4) Other (specify below)..... ▶ LOAN ISSUES/FEES	7e(4)	1966

(5) Total deductions	7e(5)	462876
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f Balance at the end of the current year (subtract e(5) from d)	7f	386514
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) 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
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan GLOBAL TOOLING SYSTEMS, INC. 401(K) SALARY REDUCTION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 GLOBAL TOOLING SYSTEMS, INC.		D Employer Identification Number (EIN) 38-3485300

Part I	Service Provider Information (see instructions)
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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
LINCOLN NATIONAL LIFE INSURANCE
35-1140070

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

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

LINCOLN NATIONAL LIFE INSURANCE

35-1140070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	SERVICE PROVIDER	27144	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

(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

(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.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2009</div> This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>GLOBAL TOOLING SYSTEMS, INC. 401(K) SALARY REDUCTION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GLOBAL TOOLING SYSTEMS, INC.</u>	D Employer Identification Number (EIN) <u>38-3485300</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA11-CORE EQUITY</u>		
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>		
c EIN-PN <u>35-0472300-111</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>386</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA12-GOV'T CP BD</u>		
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>		
c EIN-PN <u>35-0472300-112</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>193330</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA14-SHORT TERM</u>		
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>		
c EIN-PN <u>35-0472300-114</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>568616</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA17-MED CAP EQ</u>		
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>		
c EIN-PN <u>35-0472300-117</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>49738</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA19-AB VPS GRO AND INCOME</u>		
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>		
c EIN-PN <u>35-0472300-119</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2622</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA1I-AMER FUND EURO PACIFIC GRO</u>		
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>		
c EIN-PN <u>35-0472300-401</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>88322</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA1K-AMER FUND GRO FUND OF AMER</u>		
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u>		
c EIN-PN <u>35-0472300-401</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>98880</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA1N-AMER FUND INVEST CO OF AME		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-401	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 57885

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA1Q-AMER FUND NEW PERSPECTIVE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-401	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46180

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA1S-AMER FUND SM CAP WORLD		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-401	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35892

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA20-HIGH YIELD BOND		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-120	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 155413

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA21-BALANCED		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-121	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9694

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA22-INT'L EQUITY		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-122	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23095

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA23-LARGE CAP EQUITY		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-123	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48381

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA24-SMALL CAP EQUITY		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-124	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21641

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA27-LVIP SSGA S & P 500 INDEX		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-127	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37670

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA28-VALUE EQUITY		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-128	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 78582

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA29-LVIP T ROWE PRICE GRO		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-129	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7667
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA30-CONSERVATIVE BALANCED		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-130	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19325
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA31-AB VPS GLOBAL THEMATIC		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-131	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7583
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA32-AGGRESSIVE BALANCED		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-132	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49890
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA35-FID VIP CONTRA FUNDS		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-135	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 207280
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA36-LVIP SSGA SM CAP INDEX		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-136	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10361
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA38-LVIP MID CAP VALUE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-138	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19230
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA39-AB VPS SM MID CAP VALUE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-139	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10039
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA55-LVIP COHEN & STEERS GLB		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-155	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24036
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA56-DEL VIP SM CAP VALUE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-156	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 851

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA57-FID VIP EQUITY INCOME		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-157	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 58739

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA58-FID VIP GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-158	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32720

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA59-FID VIP OVERSEAS		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-159	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17167

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA61-DEL VIP VALUE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-161	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 122

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA62-LVIP TEMPLETON GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-162	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3495

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA63-FTVIPT FRANKLIN SM MID CAP		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-163	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 876

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA64-JANUS ASPEN ENTERPRISE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-164	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4686

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA65-MFS VIT GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-165	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1446

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA67-MFS VIT UTILITIES		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-167	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 79508

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA70-JANUS ASPEN JANUS		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-170	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34170

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA75-BLACK ROCK AURORA		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-175	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7640
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA76-BLACK ROCK SM MID CAP GRO		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-176	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19607
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA77-BLACK ROCK ENERGY & RESOUR		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-177	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 108871
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA80-BLACK ROCK LARGE CAP VL		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-180	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18622
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA83-BLACK ROCK MID CAP VL EQ		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-183	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24618
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA84-FID VIP MID CAP		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-184	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15439
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA86-FTVIPT TEMPLETON GLB BOND		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-186	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 162190
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA87-DEL VIP LIMITED TERM DIV		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-187	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20717
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA92-AC VP INFL PROTECTION		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-192	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 229299
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA93-DEL VIP DIVER INCOME		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.		
c EIN-PN 35-0472300-193	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 130953

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA94-DEL VIP EMERGING MARKETS**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.

c EIN-PN 35-0472300-194	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37967
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA96-LVIP DEL FOUND MOD ALLOC**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.

c EIN-PN 35-0472300-196	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11127
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA97-LVIP DEL FOUND AGG ALLOC**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.

c EIN-PN 35-0472300-197	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37021
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL2-LVIP WILSHIRE 2020 PROFILE**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.

c EIN-PN 35-0472300-702	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6802
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL3-LVIP WILSHIRE 2030 PROFILE**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.

c EIN-PN 35-0472300-703	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7714
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL5-LVIP SSGA INT'L INDEX**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.

c EIN-PN 35-0472300-708	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 149
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan GLOBAL TOOLING SYSTEMS, INC. 401(K) SALARY REDUCTION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 GLOBAL TOOLING SYSTEMS, INC.	D Employer Identification Number (EIN) 38-3485300	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	5854
(3) Other.....	1b(3)		
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)	78055	109988
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	2444764	2944254
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	294796	386514
(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	2817615	3446610

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	2817615	3446610
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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)		
(B) Participants	2a(1)(B)	427285	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		427285

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	9915	
(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)	5615	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		15530

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
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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)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		523301
(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		966116

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	308602	
(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)		308602
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)	1375	
(3) Investment advisory and management fees	2i(3)	27144	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		28519
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		337121

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		628995
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: DOEREN MAYHEW

(2) EIN: 38-2492570

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		220000
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.			

- 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)

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
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>GLOBAL TOOLING SYSTEMS, INC. 401(K) SALARY REDUCTION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GLOBAL TOOLING SYSTEMS, INC.</u>	D Employer Identification Number (EIN) <u>38-3485300</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	<u>0</u>
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): <u>35-0472300</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	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 providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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

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

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

Schedule R (Form 5500) 2009
v.092308.1

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): _____



Independent Auditor's Report

To the Plan Administrator of the
Global Tooling Systems, Inc.
401(k) Salary Reduction Plan

We were engaged to audit the accompanying statements of net assets available for plan benefits of the Global Tooling Systems, Inc. 401(k) Salary Reduction Plan as of December 31, 2009 and 2008, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2009 and the supplemental schedule as of December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investments, investment transactions, and related income which were certified by Lincoln National Life Insurance Company, the Custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Custodian as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan Administrator by the Custodian 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 the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Custodian, 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.

Doeren Mayhew

DOEREN MAYHEW

October 15, 2010
Troy, Michigan

GLOBAL TOOLING SYSTEMS, INC.
401(k) SALARY REDUCTION PLAN

SCHEDULE I

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2009

EIN 38-3485300/PLAN 001

- Form 5500, Schedule H, Line 4i -
(Unaudited)

Description of Investments	Number of Units	Market
* Investments held by Lincoln National Life Insurance Company:		
Guaranteed Account Fund	N/A	\$ 386,994
Aggressive Balanced Account	20,451.52	49,889
Balanced Fund	1,134.14	9,694
Cohen and Steers Global Real Estate	1,388.36	24,036
Conservative Balanced Account	7,742.75	19,325
Core Equity Account	27.92	386
Governmental/Corporate Bond Account	17,180.00	193,330
High Yield Bond	32,120.16	155,413
International Equity Account	2,342.07	23,095
Large Capitalization Equity Account	5,617.80	48,381
Medium Capitalization Equity Account	3,686.77	49,738
Short Term Account	134,504.15	568,616
Small Capitalization Equity Fund	2,822.83	21,641
Templeton Growth Securities	10,452.08	162,190
Value Equity Fund	32,482.46	78,582
Delaware Limited-Term Diversified Income Fund	1,722.66	20,717
LVIP Wilshire 2020 Profile	715.61	6,802
LVIP Wilshire 2030 Profile	833.19	7,714
LVIP SSgA International Index	18.57	149
AllianceBernstein VPS Growth and Income	257.06	2,622
AllianceBernstein VPS Small/Mid-Cap Value	535.60	10,039
American Century VP Inflation Protection	17,911.47	229,299
American Funds EuroPacific Growth	8,313.54	88,322
American Funds Growth America	10,532.34	98,880
American Funds Investment Co. of America	6,082.76	57,885
American Funds New Perspective	4,310.93	46,180
American Funds Small Cap World	3,727.57	35,892
Total - this page		2,395,811

NOTE: Information provided is based on reports certified by the Custodian of the Plan.

* Lincoln National Life Insurance Company is a party-in-interest as defined by ERISA.

**GLOBAL TOOLING SYSTEMS, INC.
401(k) SALARY REDUCTION PLAN**

SCHEDULE I

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - Continued

DECEMBER 31, 2009

EIN 38-3485300/PLAN 001

- Form 5500, Schedule H, Line 4i -

(Unaudited)

Description of Investments	Number of Units	Market
* Investments held by Lincoln National Life Insurance Company:		
Total - from previous page		\$ 2,395,811
BlackRock Aurora	5,345.78	7,640
BlackRock Small/Mid-Cap Growth	12,388.46	19,607
BlackRock Global Resources	25,236.10	108,871
BlackRock Mid-Cap Value Equity	12,627.76	24,618
Delaware Value Fund	75.43	122
Delaware VIP Small Capitalization	47.11	851
Delaware VIP Emerging Markets	1,450.77	37,967
Delaware VIP Diversified Income	8,662.13	130,953
Fidelity VIP II Contra Fund	140,082.65	207,280
Fidelity VIP Equity - Income	5,418.01	58,739
Fidelity VIP Growth	3,703.79	32,720
Fidelity VIP Overseas	1,230.89	17,167
Franklin Small Mid-Cap Growth Securities	74.43	876
Janus Aspen Series Large Cap Growth	3,384.66	34,170
Janus Aspen Series Mid-Cap Growth	346.87	4,686
LVIP S&P 500 Index	37,787.60	37,671
LVIP Small Cap Index	6,716.61	10,361
LVIP Templeton Growth	257.90	3,495
LVIP Wilshire Moderate Profile	1,085.55	11,127
LVIP Wilshire Moderately Aggressive Profile	3,895.93	37,021
LVIP Mid-Cap Index	11,452.24	19,229
LVIP T. Rowe Growth Stock	793.96	7,667
MFS VIT Utility Series	4,030.17	79,508
MFS VIT Emerging Growth Series	123.30	1,446
Fidelity VIP Mid-Cap	1,225.37	15,439
AllianceBernstein VPS Global Technology	770.14	7,583
BlackRock Large Cap Value	12,285.96	18,622
Total Lincoln National Life Insurance Company Funds		3,331,247
Adjustment from fair value to contract value for fully benefit-responsive investment contracts		(480)
Total investments		\$ 3,330,767

NOTE: Information provided is based on reports certified by the Custodian of the Plan.

* Lincoln National Life Insurance Company is a party-in-interest as defined by ERISA.

**GLOBAL TOOLING SYSTEMS, INC.
401(k) SALARY REDUCTION PLAN**

FINANCIAL STATEMENTS

DECEMBER 31, 2009

C O N T E N T S

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FINANCIAL STATEMENTS

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Statement of changes in net assets available for plan benefits	3
Notes to financial statements	4

ACCOMPANYING INFORMATION

Schedule of assets held for investment purposes	14
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Independent Auditor's Report

To the Plan Administrator of the
Global Tooling Systems, Inc.
401(k) Salary Reduction Plan

We were engaged to audit the accompanying statements of net assets available for plan benefits of the Global Tooling Systems, Inc. 401(k) Salary Reduction Plan as of December 31, 2009 and 2008, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2009 and the supplemental schedule as of December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investments, investment transactions, and related income which were certified by Lincoln National Life Insurance Company, the Custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Custodian as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan Administrator by the Custodian 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 the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Custodian, 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.


DOEREN MAYHEW

October 15, 2010
Troy, Michigan

**GLOBAL TOOLING SYSTEMS, INC.
401(k) SALARY REDUCTION PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

	December 31,	
	2009	2008
Contributions Receivable	\$ 5,854	\$ -
Investments, At Fair Value (notes 2, 3 and 5)		
Investments held by Lincoln National Life Insurance Company:		
Guaranteed investment contracts	386,994	260,608
Pooled separate accounts	<u>2,944,253</u>	<u>2,444,764</u>
Total investments	3,331,247	2,705,372
Notes Receivable - Participant Loans (note 1)	<u>109,988</u>	<u>78,055</u>
Net Assets Reflecting All Investments At Fair Value	3,447,089	2,783,427
Adjustment From Fair Value To Contract Value For Fully Benefit-Responsive Investment Contracts (note 2)	(480)	34,188
Accrued Corrective Distributions (note 2)	<u>(2,785)</u>	<u>-</u>
Net Assets Available For Plan Benefits	<u><u>\$ 3,443,824</u></u>	<u><u>\$ 2,817,615</u></u>

See accompanying notes to financial statements

**GLOBAL TOOLING SYSTEMS, INC.
401(k) SALARY REDUCTION PLAN**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE
FOR PLAN BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2009**

Additions

Investment income

Loan interest income	\$ 5,615
Income from guaranteed investment contracts (note 5)	9,915
Net realized and unrealized appreciation in fair value of investments (note 5)	<u>523,301</u>

Net investment income 538,831

Contributions

Employee elective contributions (note 1)	<u>427,284</u>
--	----------------

Total additions 966,115

Deductions

Distributions to participants	311,387
Administrative expenses	<u>28,519</u>

Total deductions 339,906

Net increase in assets 626,209

Net Assets Available For Plan Benefits - January 1, 2009 2,817,615

Net Assets Available For Plan Benefits - December 31, 2009 \$ 3,443,824

See accompanying notes to financial statements

**GLOBAL TOOLING SYSTEMS, INC.
401(k) SALARY REDUCTION PLAN**

**NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008**

Note 1 - Description of the Plan

The following description of the Global Tooling Systems, Inc. 401(k) Salary Reduction Plan is provided for general information purposes only. Participants should refer to the summary plan description for a more complete description of the Plan's provisions.

General

The Plan, as amended, is a defined contribution plan covering all non-union employees who have attained the age of twenty and one-half and completed six months of service with Global Tooling Systems, Inc. (the Company). The Plan was established, effective April 1, 1985, to provide deferred compensation benefits and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Administration

The Plan Administrator is Global Tooling Systems, Inc. During 2009, Ronald Bellestri, an officer of the Company, acts as Trustee of the Plan. The Plan's investment custodian is Lincoln National Life Insurance Company. The investment custodian holds all of the Plan's assets and executes all of the Plan's transactions. Lincoln National Life Insurance Company also provides participant recordkeeping and administration services.

Tax Status

The Plan is a standardized prototype plan which has been filed with the Internal Revenue Service (IRS) and has received an Opinion Letter from the Internal Revenue Service, dated August 7, 2001. The Plan was amended effective January 1, 2006. The Trustee believes that the Plan is currently designed and being operated in compliance with applicable requirements of the IRS and, therefore, the Plan qualifies under Section 401(a) of the Internal Revenue Code and is exempt from Federal income tax as of December 31, 2009.

Subsequent to year end, the Plan was amended and restated as of August 1, 2010 in which various plan provisions changed, specifically Brad Frederick and Kelly Osterland are the Trustees of the Plan and Ronald Bellestri is no longer a Trustee of the Plan.

During 2009, the Plan Sponsor was not following plan specifications in relation to eligible compensation. This deficiency that has not been corrected can compromise the Plan's qualification.

GLOBAL TOOLING SYSTEMS, INC.
401(k) SALARY REDUCTION PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

Note 1 - Description of the Plan - Continued

Contributions to the Plan

The Plan provides for participants to defer up to 75% of their compensation. The amount of a participant's contributions for any plan year may not exceed certain limits under Section 402(g) of the Internal Revenue Code. The limit is \$16,500 for the year ended December 31, 2009.

The Plan also provides for discretionary contributions by the Company. There were no employer contributions for 2009.

Vesting

Participants are immediately 100% vested in all of their plan accounts.

Payment of Benefits

On termination of service due to death, disability, retirement or other reasons, a participant may elect to receive a lump-sum equal to the value of the participant's vested interest in his or her account.

The Plan allows for in-service distributions prior to age 59 1/2 due to hardship, as defined by the plan document, and after age 59 1/2 for any reason.

Notes Receivable - Participant Loans

The Plan elected to adopt early an amendment to generally accepted accounting principles (GAAP) retrospectively effective for the plan year ended December 31, 2008. This amendment clarifies and changes the disclosure requirement for participant loans. It requires the Plan to show participant loans as notes receivable rather than as investments. This excludes participant loans receivable from the required fair value disclosure discussed in note 3. The Plan's management believes such presentation is preferable because it is more meaningful to measure participant loans at their unpaid principal balance plus any accrued but unpaid interest, rather than at fair value. Participant loans cannot be sold by the Plan. Furthermore, if a participant were to default, the participant's account would be reduced by the unpaid balance of the loan, and there would be no effect on the Plan's investment returns or any other participant's account balance. There was no effect on the Plan's net assets as a result of adopting this amendment.

GLOBAL TOOLING SYSTEMS, INC.
401(k) SALARY REDUCTION PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

Note 1 - Description of the Plan - Continued

Notes Receivable - Participant Loans - Continued

Participants may borrow up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. Loan terms range from one to five years. Loan terms may exceed five years only in the event the loan proceeds are used to purchase or construct the participant's principal residence. Loans are secured by the balance in the participant's account and bear interest at a rate commensurate with prevailing prime rates. Interest rates on loans outstanding as of December 31, 2009, ranged from 4.25% to 9.25%. Principal and interest is paid ratably through payroll deductions.

Expenses of the Plan

Costs of plan administration such as investment fees and other administrative expenses are paid by the Plan. Legal and audit fees are paid by the Company.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The financial statements are prepared using the accrual basis of accounting. Employer contributions and income from investments are recorded when earned. Expenses are recorded in the accounting period in which they are incurred. Benefits are recorded when paid.

Investments

Generally accepted accounting principles establish 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 measurement) and the lowest priority to unobservable inputs (Level 3 measurement). The three levels of the fair value hierarchy are described below:

GLOBAL TOOLING SYSTEMS, INC.
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NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

Note 2 - Summary of Significant Accounting Policies - Continued

Investments - Continued

Basis of Fair Value Measurements

Level 1 - Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities.

Level 2 - Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly.

Level 3 - Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Fully Benefit-Responsive Investments

GAAP requires that investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for plan benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because the contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. As required the statement of net assets available for plan benefits represents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for plan benefits is prepared on a contract value basis. The Plan has entered into a benefit-responsive investment contract with Lincoln National Life Insurance Company. The fair value of the investment contract as of December 31, 2009 and 2008 was \$386,994 and \$260,608, respectively. The average yield with adjustment to reflect rate credited to participants for all fully-benefit responsive investment contracts was 3.96% for 2009 and 3.82% for 2008, respectively.

GLOBAL TOOLING SYSTEMS, INC.
401(k) SALARY REDUCTION PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

Note 2 - Summary of Significant Accounting Policies - Continued

Investment Income and Gains and Losses

Funds contributed by employees and the Company are invested in a variety of investments offered by Lincoln National Life Insurance Company at percentages elected by each participant. The income, gains or losses in each fund are allocated daily to the applicable participants' accounts in that fund based on the previously reported account balances, adjusted for current period contributions and withdrawals.

Realized gains and losses on investment transactions are recorded as the difference between sales proceeds and carrying value. Net unrealized appreciation or depreciation in the fair market value of investments is recorded as the change in carrying value of the investment portfolio from the beginning of the year or date of purchase to the end of the year.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Corrective Distributions

The Plan failed the Average Deferral Percentage (ADP) test for the 2009 plan year. At December 31, 2009 liabilities of \$2,785 are recorded for amounts refundable by the Plan.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including October 15, 2010, which is the date the financial statements were available to be issued.

GLOBAL TOOLING SYSTEMS, INC.
401(k) SALARY REDUCTION PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

Note 3 - Unaudited Fair Value Measurements

Generally accepted accounting principles define fair value as 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.

Assets measured at fair value on a recurring basis are summarized below:

	As of December 31, 2009			
	Fair Value Based on			
	Assets Measured At Fair Value	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobserv- able Inputs (Level 3)
Guaranteed investment contracts	\$ 386,994	\$ -	\$ 386,994	\$ -
Pooled separate accounts				
Domestic Equity	956,987	956,987	-	-
Fixed Income	1,460,519	1,460,519	-	-
International Equity	385,173	385,173	-	-
Other/Balanced Funds	<u>141,574</u>	<u>141,574</u>	<u>-</u>	<u>-</u>
Total pooled separate accounts	<u>2,944,253</u>	<u>2,944,253</u>	<u>-</u>	<u>-</u>
Total investments	<u>\$ 3,331,247</u>	<u>\$ 2,944,253</u>	<u>\$ 386,994</u>	<u>\$ -</u>

GLOBAL TOOLING SYSTEMS, INC.
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NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

Note 3 - Unaudited Fair Value Measurements - Continued

	As of December 31, 2008			
	Fair Value Based on			
	Assets Measured At Fair Value	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobserv- able Inputs (Level 3)
Guaranteed investment contracts	\$ 260,608	\$ -	\$ 260,608	\$ -
Pooled separate accounts	<u>2,444,764</u>	<u>2,444,764</u>	<u>-</u>	<u>-</u>
Total investments	<u>\$ 2,705,372</u>	<u>\$ 2,444,764</u>	<u>\$ 260,608</u>	<u>\$ -</u>

The pooled separate accounts fair values are determined by reference to quoted market prices and other relevant information generated by market transactions of the underlying investments. For the guaranteed investment contracts, fair value is determined by the stated net assets value in the fund's audited financial statements.

Note 4 - Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan at any time subject to the provisions of ERISA.

GLOBAL TOOLING SYSTEMS, INC.
401(k) SALARY REDUCTION PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

Note 5 - Unaudited Information Certified by the Custodian

The Company (Plan Administrator) has engaged Lincoln National Life Insurance Company for the years ended December 31, 2009 and 2008 to act as Custodian of the Plan. For the years ended December 31, 2009 and 2008, the financial statements were prepared based on information certified by the Custodian.

Party-in-Interest Transactions

Certain plan investments are managed by Lincoln National Life Insurance Company, who is the Plan's Custodian. Transactions involving these investments are considered party-in-interest transactions. These transactions are not, however, considered prohibited transactions under 29 CFR 408(b) of the ERISA regulations.

Investments at fair value consist of the following as of December 31, 2009 and 2008:

	December 31,	
	<u>2009</u>	<u>2008</u>
Guaranteed investment contracts	\$ 386,994	\$ 260,608
Pooled separate accounts	<u>2,944,253</u>	<u>2,444,764</u>
	<u>\$ 3,331,247</u>	<u>\$ 2,705,372</u>

GLOBAL TOOLING SYSTEMS, INC.
401(k) SALARY REDUCTION PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

Note 5 - Unaudited Information Certified by the Custodian - Continued

Investments representing five percent or more of the Plan's net assets are as follows:

	December 31,	
	2009	2008
Guaranteed Account Fund	\$ 386,994	\$ 260,608
Governmental/Corporate Bond Account	193,330	*
Short Term Account	568,616	880,730
American Century VP Inflation Protection	229,299	191,688
Fidelity VIP II Contra Fund	207,280	*

* Less than 5%

During 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by:

Guaranteed investment contracts	\$ 9,915
Pooled separate accounts	<u>523,301</u>
Total	<u>\$ 533,216</u>

Note 6 - 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 plan benefits.

Note 7 - Sale of the Company

On June 8, 2008, Global Tooling Systems, Inc. sold all of the Company assets to Hampson Industries U.S., Inc. for \$67,800,000.

GLOBAL TOOLING SYSTEMS, INC.
401(k) SALARY REDUCTION PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

Note 8 - Required Schedule Information

The following information pertains to the 2009 financial statement schedules required under ERISA:

- a. Schedule of Assets Held For Investment Purposes - See SCHEDULE I.
- b. Schedule of Delinquent Participant Contributions - none to be reported.
- c. Schedule of Reportable Transactions - none to be reported.
- d. Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible - none to be reported.
- e. Schedule of Leases in Default or Classified as Uncollectible - none to be reported.
- f. Schedule of Nonexempt Transactions - none to be reported.

Note 9 - Reconciliation of Form 5500 to the Financial Statements

The following is a reconciliation of net assets available for plan benefits per the Form 5500 to the financial statements as of December 31, 2009 and 2008:

	December 31,	
	2009	2008
Net assets available for plan benefits per the Form 5500	\$ 3,446,610	\$ 2,817,615
Accrued corrective distributions	(2,785)	-
Miscellaneous rounding	(1)	-
Net assets available for plan benefits per the financial statements	<u>\$ 3,443,824</u>	<u>\$ 2,817,615</u>

The following is a reconciliation of the net increase in assets per the Form 5500 to the financial statements for the year ended December 31, 2009:

Net increase in assets per the Form 5500	\$ 628,995
Corrective distributions	(2,785)
Miscellaneous rounding	(1)
Net increase in assets per the financial statements	<u>\$ 626,209</u>

GLOBAL TOOLING SYSTEMS, INC.
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SCHEDULE I

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2009

EIN 38-3485300/PLAN 001

- Form 5500, Schedule H, Line 4i -
(Unaudited)

Description of Investments	Number of Units	Market
* Investments held by Lincoln National Life Insurance Company:		
Guaranteed Account Fund	N/A	\$ 386,994
Aggressive Balanced Account	20,451.52	49,889
Balanced Fund	1,134.14	9,694
Cohen and Steers Global Real Estate	1,388.36	24,036
Conservative Balanced Account	7,742.75	19,325
Core Equity Account	27.92	386
Governmental/Corporate Bond Account	17,180.00	193,330
High Yield Bond	32,120.16	155,413
International Equity Account	2,342.07	23,095
Large Capitalization Equity Account	5,617.80	48,381
Medium Capitalization Equity Account	3,686.77	49,738
Short Term Account	134,504.15	568,616
Small Capitalization Equity Fund	2,822.83	21,641
Templeton Growth Securities	10,452.08	162,190
Value Equity Fund	32,482.46	78,582
Delaware Limited-Term Diversified Income Fund	1,722.66	20,717
LVIP Wilshire 2020 Profile	715.61	6,802
LVIP Wilshire 2030 Profile	833.19	7,714
LVIP SSgA International Index	18.57	149
AllianceBernstein VPS Growth and Income	257.06	2,622
AllianceBernstein VPS Small/Mid-Cap Value	535.60	10,039
American Century VP Inflation Protection	17,911.47	229,299
American Funds EuroPacific Growth	8,313.54	88,322
American Funds Growth America	10,532.34	98,880
American Funds Investment Co. of America	6,082.76	57,885
American Funds New Perspective	4,310.93	46,180
American Funds Small Cap World	3,727.57	35,892
Total - this page		2,395,811

NOTE: Information provided is based on reports certified by the Custodian of the Plan.

* Lincoln National Life Insurance Company is a party-in-interest as defined by ERISA.

GLOBAL TOOLING SYSTEMS, INC.
401(k) SALARY REDUCTION PLAN

SCHEDULE I

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - Continued

DECEMBER 31, 2009

EIN 38-3485300/PLAN 001

- Form 5500, Schedule H, Line 4i -
(Unaudited)

Description of Investments	Number of Units	Market
* Investments held by Lincoln National Life Insurance Company:		
Total - from previous page		\$ 2,395,811
BlackRock Aurora	5,345.78	7,640
BlackRock Small/Mid-Cap Growth	12,388.46	19,607
BlackRock Global Resources	25,236.10	108,871
BlackRock Mid-Cap Value Equity	12,627.76	24,618
Delaware Value Fund	75.43	122
Delaware VIP Small Capitalization	47.11	851
Delaware VIP Emerging Markets	1,450.77	37,967
Delaware VIP Diversified Income	8,662.13	130,953
Fidelity VIP II Contra Fund	140,082.65	207,280
Fidelity VIP Equity - Income	5,418.01	58,739
Fidelity VIP Growth	3,703.79	32,720
Fidelity VIP Overseas	1,230.89	17,167
Franklin Small Mid-Cap Growth Securities	74.43	876
Janus Aspen Series Large Cap Growth	3,384.66	34,170
Janus Aspen Series Mid-Cap Growth	346.87	4,686
LVIP S&P 500 Index	37,787.60	37,671
LVIP Small Cap Index	6,716.61	10,361
LVIP Templeton Growth	257.90	3,495
LVIP Wilshire Moderate Profile	1,085.55	11,127
LVIP Wilshire Moderately Aggressive Profile	3,895.93	37,021
LVIP Mid-Cap Index	11,452.24	19,229
LVIP T. Rowe Growth Stock	793.96	7,667
MFS VIT Utility Series	4,030.17	79,508
MFS VIT Emerging Growth Series	123.30	1,446
Fidelity VIP Mid-Cap	1,225.37	15,439
AllianceBernstein VPS Global Technology	770.14	7,583
BlackRock Large Cap Value	12,285.96	18,622
Total Lincoln National Life Insurance Company Funds		3,331,247
Adjustment from fair value to contract value for fully benefit-responsive investment contracts		(480)
Total investments		\$ 3,330,767

NOTE: Information provided is based on reports certified by the Custodian of the Plan.

* Lincoln National Life Insurance Company is a party-in-interest as defined by ERISA.