

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2011
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2008</u> and ending <u>01/07/2008</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>FASTENTECH, INC 401(K) AND PROFIT SHARING PLAN</u>	1b Three-digit plan number (PN) ► <u>001</u> 1c Effective date of plan <u>12/01/2001</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>FASTENTECH, INC</u> <u>36 SPRING LANE</u> <u>FARMINGTON, CT 06032</u>	2b Employer Identification Number (EIN) <u>52-2225101</u> 2c Sponsor's telephone number <u>860-677-1376</u> 2d Business code (see instructions) <u>332700</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>06/20/2012</u>	<u>CHARLES ROUNTREE</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>06/19/2012</u>	<u>CHARLES ROUNTREE</u>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") FASTENTECH, INC 36 SPRING LANE FARMINGTON, CT 06032	3b Administrator's EIN 52-2225101 3c Administrator's telephone number 860-677-1376
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	1613
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	0
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	0
d Subtotal. Add lines 6a , 6b , and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	0
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	0

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 2K 2R 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
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

For calendar plan year 2011 or fiscal plan year beginning 01/01/2008 and ending 01/07/2008		
A Name of plan FASTENTECH, INC 401(K) AND PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 FASTENTECH, INC	D Employer Identification Number (EIN) 52-2225101	

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

(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)

(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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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 G (Form 5500) Department of Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	Financial Transaction Schedules This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2008 and ending 01/07/2008	
A Name of plan FASTENTECH, INC 401(K) AND PROFIT SHARING PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 FASTENTECH, INC	D Employer Identification Number (EIN) 52-2225101

Part I	Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.
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(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2008 and ending 01/07/2008		
A Name of plan FASTENTECH, INC 401(K) AND PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 FASTENTECH, INC	D Employer Identification Number (EIN) 52-2225101	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	3980	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4439475	0
(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)	413406	0
(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)	1102849	0
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	41338405	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	47298115	0

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		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	47298115	0
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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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(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)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(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)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(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)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		

Expenses

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

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		47298115

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: LARSON ALLEN, LLP

(2) EIN: 41-0746749

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		50000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

5b(1) Name of plan(s)

DONCASTERS INC EMPLOYEE SAVINGS PLAN

5b(2) EIN(s)	5b(3) PN(s)
13-3491053	001

**FASTENTECH, INC.
401(K) AND PROFIT SHARING PLAN**

**FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION**

**PERIOD ENDED JANUARY 7, 2008 AND YEARS ENDED
DECEMBER 31, 2007 AND 2006**

FASTENTECH, INC. 401(K) AND PROFIT SHARING PLAN
TABLE OF CONTENTS
PERIOD ENDED JANUARY 7, 2008 AND
YEARS ENDED DECEMBER 31, 2007 AND 2006

INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS	
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS	2
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	3
NOTES TO FINANCIAL STATEMENTS	4
SUPPLEMENTAL SCHEDULE (ATTACHMENT TO FORM 5500)	
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS	11
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)	12



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INDEPENDENT AUDITORS' REPORT

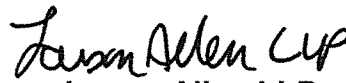
Plan Administrator
Fastentech, Inc. 401(k) and Profit Sharing Plan
Farmington, Connecticut

We were engaged to audit the financial statements and supplemental schedules of Fastentech, Inc. 401(k) and Profit Sharing Plan (the "Plan") as of January 7, 2008, December 31, 2007 and 2006 and for the period and years then ended, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information cited in Note 3, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustee as of and for the period ended January 7, 2008 and years ended December 31, 2007 and 2006, that the information provided to the Plan Administrator by the trustee is complete and accurate.

As further discussed in Note 9 to the financial statements, the Plan was merged into the Doncasters Inc. Employee Savings Plan as of January 7, 2008.

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


LarsonAllen LLP

Minneapolis, Minnesota
January 8, 2009



(1)
LarsonAllen LLP is a member of Nexia International, a worldwide network of independent accounting and consulting firms.

**FASTENTECH, INC. 401(K) AND PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JANUARY 7, 2008, DECEMBER 31, 2007 AND 2006**

	<u>2008</u>	<u>2007</u>	<u>2006</u>
ASSETS			
CASH	\$ -	\$ 3,980	\$ -
INVESTMENTS (AT FAIR VALUE)			
Mutual Funds	-	45,550,634	41,978,195
Self-Directed Brokerage Accounts	-	640,654	528,931
Participant Loans	-	1,119,613	923,273
Total Investments	<u>-</u>	<u>47,310,901</u>	<u>43,430,399</u>
RECEIVABLES			
Employer Contribution	-	19,191	89,346
Employee Contribution	-	8,566	23,171
Total Receivables	<u>-</u>	<u>27,757</u>	<u>112,517</u>
Total Assets	-	47,342,638	43,542,916
LIABILITIES			
EXCESS CONTRIBUTIONS PAYABLE	<u>-</u>	<u>(44,129)</u>	<u>(42,095)</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ -</u>	<u>\$ 47,298,509</u>	<u>\$ 43,500,821</u>

See accompanying Notes to Financial Statements.

FASTENTECH, INC. 401(K) AND PROFIT SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
PERIOD ENDED JANUARY 7, 2008 AND
YEARS ENDED DECEMBER 31, 2007 AND 2006

	<u>2008</u>	<u>2007</u>	<u>2006</u>
ADDITIONS TO (DEDUCTIONS FROM) NET ASSETS ATTRIBUTED TO:			
INVESTMENT INCOME (LOSS)			
Net Appreciation (Depreciation) in Fair Value of Investments	\$ (318,094)	\$ 394,181	\$ 2,489,605
Dividends and Interest	1,893	2,845,534	2,284,198
Total Investment Income (Loss)	<u>(316,201)</u>	<u>3,239,715</u>	<u>4,773,803</u>
CONTRIBUTIONS			
Employee 401(k) Elective	-	3,679,886	3,444,791
Employer Elective	-	1,388,265	1,290,227
Employee Rollover	-	57,601	409,495
Total Contributions	<u>-</u>	<u>5,125,752</u>	<u>5,144,513</u>
BENEFITS PAID TO PARTICIPANTS	(4,219)	(4,550,949)	(3,976,239)
ADMINISTRATIVE FEES	<u>(4,687)</u>	<u>(16,830)</u>	<u>(14,424)</u>
NET INCREASE (DECREASE) BEFORE TRANSFERS	(325,107)	3,797,688	5,927,653
TRANSFERS FROM PREDECESSOR PLANS	-	-	455,825
TRANSFER TO SUCCESSOR PLAN	(46,973,402)	-	-
NET ASSETS AVAILABLE FOR BENEFITS			
Beginning of Year	<u>47,298,509</u>	<u>43,500,821</u>	<u>37,117,343</u>
End of Year	<u>\$ -</u>	<u>\$ 47,298,509</u>	<u>\$ 43,500,821</u>

See accompanying Notes to Financial Statements.

FASTENTECH, INC. 401(K) AND PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
JANUARY 7, 2008, DECEMBER 31, 2007 AND 2006

NOTE 1 DESCRIPTION OF PLAN

The following description of Fastentech, Inc. 401(k) and Profit Sharing Plan ("Plan"), provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan established December 1, 2001 and amended throughout the years to comply with tax legislation. The Plan was last amended effective January 1, 2006. The Plan covers all employees of FastenTech, Inc. (the Employer) and certain wholly owned subsidiaries for which the Plan provides for their participation. There are no age or service requirements with the exception of the FabriSteel Products, Inc. union employees who must complete three months of service. Upon being hired, an employee would become a participant on the first day of the month following employment. The Plan excludes residents of Puerto Rico, leased employees, non-resident aliens with no U.S. source income and independent contractors. It is subject to the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions

Participants may elect to make salary reduction contributions of up to 60% of their compensation according to the Plan provisions. The Plan allows participants age 50 or older to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct contributions into various investment options offered by the Plan. Contributions are subject to certain limitations.

The Employer may, at its discretion, elect to make a matching or discretionary profit sharing contribution to the Plan. A participant must complete 1,000 hours of service and be employed on the last day of the plan year, in order to be eligible for Employer discretionary profit sharing contributions unless termination is due to death, disability or retirement. However, there is no "last day of plan year" requirement with respect to matching contributions.

Employer matching contributions were \$1,388,265 and \$1,225,458 for the years ended December 31, 2007 and 2006, respectively. There were no employer matching contributions for 2008. There were no Employer discretionary profit sharing contributions for 2008 or 2007. Employer discretionary profit sharing contributions were \$64,769 for the year ended December 31, 2006.

Vesting

Employee 401(k) contributions and Employer matching contributions, plus actual earnings thereon, are immediately 100% vested.

Generally, Employer profit sharing contributions, plus actual earnings thereon, vest at a rate of 25% per year starting with the second year of service. A participant is 100% vested after five years of credited service. The Plan has grandfathered vesting schedules for certain employer groups covered by the Plan that were grandfathered as a result of a prior merger into the Plan.

FASTENTECH, INC. 401(K) AND PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
JANUARY 7, 2008, DECEMBER 31, 2007 AND 2006

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Vesting (Continued)

Notwithstanding the above, participants shall, however, become 100% vested in the account upon attaining normal retirement age, their death, or becoming totally and permanently disabled.

Participant Accounts

Each participant's account is credited with the participant's contribution, Employer contributions and an allocation of Plan earnings or losses. Employer discretionary matching contributions are allocated to a participant based on a discretionary percentage of the participants' salary deferral contributions, subject to certain limitations. Employer discretionary profit sharing contributions are allocated based on participants' compensation for the plan year as it bears to the total compensation of all eligible participants. Allocation units are defined in the Plan. Income is allocated daily based on number of shares in the participant's account.

Forfeitures

Forfeitures of non-vested accounts allocated to the discretionary profit sharing contribution accounts are first used to pay Plan expenses and any remaining forfeitures are used to reduce future Employer contributions to the Plan. Forfeitures in the amount of \$-0-, \$65,336 and \$163,332 were used to reduce the Employer matching contributions made during the period ended January 7, 2008 and years ended December 31, 2007 and 2006, respectively. No forfeitures were reallocated for participant accounts for the period ended January 7, 2008, and years ended December 31, 2007 and 2006, respectively. No forfeitures were used to pay Plan expenses for the periods ended January 7, 2008, December 31, 2007 and 2006. The balance of the forfeitures at January 7, 2008, December 31, 2007 and 2006 was \$-0-, \$7,004, and \$68,203, respectively.

Participant Loans

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan transactions are treated as a transfer to (from) the investment fund (to) from the participant loan fund. Loan terms range up to 5 years or up to 10 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at the prime rate plus 2%. At December 31, 2007, interest rates on outstanding loans ranged from 6.00% to 10.25%. Principal and interest is paid ratably through payroll deductions.

Benefit Payments

The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Upon termination of service, death, disability or retirement (age 55), the participant may receive the value of their vested interest in their account in the form of a lump-sum distribution or installments. However, for the participants whose account balances that were merged as a result of the Gear and Broach, Inc. 401(k) Plan merger, the normal form of payment is a qualified joint and survivor annuity. If a participant terminates employment and the participant's account balance was never greater than \$1,000, the Plan Administrator will authorize the benefit payment without the participant's consent.

FASTENTECH, INC. 401(K) AND PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
JANUARY 7, 2008, DECEMBER 31, 2007 AND 2006

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Benefit Payments (Continued)

Account balances greater than \$1,000 but less than \$5,000 will be transferred to an Individual Retirement Account or Annuity. Participants may receive in-service distributions if they attain age 59½. Participants from the former Progressive Stamping Company sponsored Plan are permitted to take in-service withdrawals at age 44. The Plan also allows for hardship distributions, subject to plan provisions.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. The fair values of mutual funds are determined by reference to the fund's underlying assets, which are principally marketable equity and fixed income securities. Shares held in mutual funds traded on national securities exchanges are valued at the net asset value. Self-Directed Brokerage Accounts consist of mutual funds and common stock which are traded in active markets on national and international securities exchanges and are valued at closing prices on the last business day of each period presented. Participant loans are valued at cost, which approximates fair value.

Purchases and sales of securities are recorded on a trade-date basis. Investment income is recorded on the accrual basis.

Benefit Payments

Benefits are recorded when paid.

Administrative Expenses

The Employer pays certain administrative expenses on behalf of the Plan. Expenses paid by the Plan are included in the statements of changes in net assets available for benefits.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of income and expense during the reporting period. Actual results could differ from those estimates.

FASTENTECH, INC. 401(K) AND PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
JANUARY 7, 2008, DECEMBER 31, 2007 AND 2006

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Fair Value of Financial Instruments

On January 1, 2008, the Plan adopted Statement of Financial Accounting Standard No. 157, Fair Value Measurements (SFAS 157). SFAS 157 applies to reported balances that are required or permitted to be measured at fair value under an existing accounting pronouncement. SFAS 157 emphasizes that fair value is a market-based measurement, not an entity-specific measurement. Therefore, a fair value measurement should be determined based on the assumptions that market participants would use in pricing the asset or liability. SFAS 157 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The fair value hierarchy consists of three levels of inputs that may be used to measure fair value as follows:

Level 1 – Inputs that utilize quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan has the ability to access.

Level 2 – Inputs that include quoted prices for similar assets and liabilities in active markets and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument. Fair values for these instruments are estimated using pricing models, quoted prices of securities with similar characteristics, or discounted cash flows.

Level 3 – Inputs that are unobservable inputs for the asset or liability, which are typically based on an entity's own assumptions, as there is little, if any, related market activity.

In instances where the determination of the fair value measurement is based on inputs from different levels of the fair value hierarchy, the level in the fair value hierarchy within which the entire fair value measurement falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

As a result of the Plan merger (Note 9), the Plan does not hold any investment assets as of January 7, 2008. However, there were no investment assets or liabilities that were measured using Level 3 inputs.

NOTE 3 CERTIFICATION OF INVESTMENT INFORMATION

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity Management Trust Company, the trustee of the Plan, has certified to the completeness and accuracy of all investment information reflected on the accompanying statements of net assets available for benefits as of January 7, 2008, December 31, 2007 and 2006, the schedule of assets (held at the end of the year) as of December 31, 2007, and the related investment activity reflected in the statements of changes in net assets available for benefits for the period ended January 7, 2008 and years ended December 31, 2007 and 2006.

FASTENTECH, INC. 401(K) AND PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
JANUARY 7, 2008, DECEMBER 31, 2007 AND 2006

NOTE 4 INVESTMENTS

The following presents investments that represent 5% or more of the Plan's net assets at January 7, 2008, December 31, 2007 and 2006:

Description	2008	2007	2006
Fidelity Equity Income	\$ -	\$ 2,286,328	\$ 2,820,543
Fidelity Balanced Fund	-	4,089,041	4,529,340
Fidelity Diversified International Fund	-	5,362,632	4,725,227
Fidelity Dividend Growth Fund	-	2,408,732	2,423,486
Fidelity Exp & Multinational Fund	-	3,745,154	3,151,336
Fidelity Freedom 2020	-	3,610,888	3,182,471
Fidelity Retirement Money Market	-	4,380,068	3,561,713
Spartan U.S. Equity Index Fund	-	2,828,009	2,622,089
Fidelity U.S. Bond Index	-	2,558,313	2,468,566

During 2008, 2007 and 2006, the Plan's investments (including investments bought, sold and held during the year) increased (decreased) as follows:

	2008	2007	2006
Mutual Funds	\$ (318,094)	\$ 369,212	\$ 2,464,636
Self-Directed Brokerage Accounts	-	24,969	24,969
	<u>\$ (318,094)</u>	<u>\$ 394,181</u>	<u>\$ 2,489,605</u>

NOTE 5 PLAN TERMINATION

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination, the Employer will direct the custodian with respect to the distribution of accounts. Liquidation of assets and payment of benefits will be made provided that the Plan is in compliance with the applicable plan termination requirements of ERISA and the Internal Revenue Code (IRC). Participants will become 100% vested in their accounts.

NOTE 6 PARTY-IN-INTEREST (RELATED PARTY)

Certain Plan investments are shares of mutual funds managed by Fidelity Management Trust Company (Fidelity). Fidelity is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest. Fees paid by the Plan for trustee and investment management services amounted to \$4,687, \$16,830 and \$14,424 for the period and years ended January 7, 2008, December 31, 2007 and 2006, respectively.

FASTENTECH, INC. 401(K) AND PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
JANUARY 7, 2008, DECEMBER 31, 2007 AND 2006

NOTE 7 RISKS AND UNCERTAINTIES

The Plan provides for investment in a variety of investment funds. Investments, in general, are exposed to various risks, such as interest rate, credit and overall market volatility risk. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of the investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits. Subsequent to December 31, 2007, there has been a substantial decline in the fair market value of investments due to changes in market conditions and other factors.

NOTE 8 PLAN TAX STATUS

The Plan Sponsor is relying on the determination letter dated June 16, 2004, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended and restated since receiving the determination letter. However, the Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

NOTE 9 PLAN MERGERS

Effective January 2, 2006, the General Products, LLC 401(k) Retirement Plan was merged into the Plan. Assets in the amount of \$455,825 from the predecessor plan were liquidated and transferred to the Plan.

On May 15, 2007, the Fastentech Companies, the Plan Sponsor, was acquired under a merger agreement by a U.S. subsidiary of Doncasters Group Limited, who became the Plan Sponsor effective December 31, 2007. The new Plan Sponsor authorized the merger of the Plan into the Doncasters Inc. Employees Savings Plan. Assets in the amount of \$46,965,601 were transferred to the successor Plan on January 7, 2008.

NOTE 10 NON-EXEMPT TRANSACTION

During 2007, the Company failed to remit employee 401(k) deferral contributions for two payroll periods within the timeframe prescribed by the Department of Labor. These are deemed prohibited transactions in accordance with ERISA and IRC. The Company intends to take correction action by submitting the required Form 5330 with the Internal Revenue Service and paying the appropriate interest and excise tax.

FASTENTECH, INC. 401(K) AND PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
JANUARY 7, 2008, DECEMBER 31, 2007 AND 2006

NOTE 11 RECONCILIATION TO FORM 5500

The following is a reconciliation of net assets per the financial statements to the Form 5500:

	2007	2006
Net Assets Available for Benefits - Financial Statements	\$ 47,298,509	\$ 43,500,821
Less: Deemed Participant Loans	(16,764)	(14,245)
Net Assets Available for Benefits - Form 5500	<u>\$ 47,281,745</u>	<u>\$ 43,486,576</u>

The following is a reconciliation of net increase per the financial statements to the Form 5500:

	2007	2006
Net Increase per Financial Statements	\$ 3,797,688	\$ 5,927,653
Less: Participant Loans Deemed in current year	(43,484)	(19,093)
Less: Interest on Deemed Participant Loans	(1,578)	(205)
Add: Decrease in Deemed Participant Loans Due to Payments Received	42,543	2,403
Net Increase per Form 5500	<u>\$ 3,795,169</u>	<u>\$ 5,910,758</u>

FASTENTECH, INC. 401(K) AND PROFIT SHARING PLAN
E.I.N. 52-2225101 PLAN NO. 001
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
YEAR ENDED DECEMBER 31, 2007

Participant Contributions
Transferred Late to Plan

Total That Constitute Nonexempt
Prohibited Transactions

\$24,102

\$24,102

FASTENTECH, INC. 401(K) AND PROFIT SHARING PLAN
E.I.N. 52-2225101 PLAN NO. 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2007

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost **	Current Value
*	Fidelity Management Trust Company	Fidelity Equity Income Fund 41,449 shares		\$ 2,286,328
*	Fidelity Management Trust Company	Fidelity Value Fund 27,504 shares		2,063,101
*	Fidelity Management Trust Company	Fidelity Balanced Fund 208,518 shares		4,089,041
*	Fidelity Management Trust Company	Fidelity Low Priced Stock Fund 43,200 shares		1,739,809
*	Fidelity Management Trust Company	Fidelity Diversified International Fund 134,402 shares		5,362,632
*	Fidelity Management Trust Company	Fidelity Dividend Growth Fund 81,930 shares		2,408,732
*	Fidelity Management Trust Company	Fidelity Exp & Multinational Fund 145,556 shares		3,745,154
*	Fidelity Management Trust Company	Fidelity Mid Cap Stock Fund 75,998 shares		2,221,877
*	Fidelity Management Trust Company	Fidelity Freedom Income Fund 31,678 shares		362,710
*	Fidelity Management Trust Company	Fidelity Freedom 2000 Fund 11,121 shares		137,557
*	Fidelity Management Trust Company	Fidelity Freedom 2010 Fund 99,110 shares		1,468,815
*	Fidelity Management Trust Company	Fidelity Freedom 2020 Fund 228,393 shares		3,610,888
*	Fidelity Management Trust Company	Fidelity Freedom 2030 Fund 106,951 shares		1,766,832
*	Fidelity Management Trust Company	Fidelity Small Cap Retirement Fund 42,139 shares		607,642
*	Fidelity Management Trust Company	Fidelity Retirement Money Market Fund 4,380,068 shares		4,380,068
*	Fidelity Management Trust Company	Spartan U.S. Equity Index Fund 54,490 shares		2,828,009
*	Fidelity Management Trust Company	Fidelity U.S. Bond Index Fund 234,923 shares		2,558,313

FASTENTECH, INC. 401(K) AND PROFIT SHARING PLAN
E.I.N. 52-2225101 PLAN NO. 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2007

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost **	Current Value
*	Fidelity Management Trust Company	Fidelity Freedom 2040 Fund 50,819 shares		494,469
*	Fidelity Management Trust Company	Fidelity Freedom 2005 Fund 5,409 shares		63,765
*	Fidelity Management Trust Company	Fidelity Freedom 2015 Fund 140,504 shares		1,752,087
*	Fidelity Management Trust Company	Fidelity Freedom 2025 Fund 96,979 shares		1,278,182
*	Fidelity Management Trust Company	Fidelity Freedom 2035 Fund 23,651 shares		323,552
*	Fidelity Management Trust Company	Fidelity Freedom 2045 Fund 28 shares		313
*	Fidelity Management Trust Company	Fidelity Freedom 2050 Fund 66 shares		758
*	Fidelity Management Trust Company	Self-Directed Brokerage Accounts		581,247
*	Fidelity Management Trust Company	Fidelity Cash Reserve 59,407 shares		59,407
*	Participant Loans	Participant Loans Interest Rates - 6.00 - 10.25%		1,119,613
Total Investments				<u>\$ 47,310,901</u>

* Designates party-in-interest

** Cost omitted for participant-directed investments

**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 sections 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.

Official Use Only

OMB No. 1210-0110

2008

This Form is Open to
Public Inspection.

For the calendar plan year 2008
or fiscal plan year beginning

01 01 2008

and ending

01 07 2008

A Name of plan

B Three-digit
plan number ► 001

Fastentech, Inc 401(K) and Profit Sharing Plan

D Employer Identification Number

C Plan sponsor's name as shown on line 2a of Form 5500

52 2225101

Fastentech, Inc

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

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

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

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 7.

5 If a waiver of the minimum funding standard for a prior plan year is being amortized in this
plan year, see instructions, and enter the date of the ruling letter granting the waiver ►

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and
do not complete the remainder of this schedule.

6a Enter the minimum required contribution for this plan year

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

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)

If you completed line 6c, skip lines 7 and 8 and complete line 9.

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Cat. No. 24419B Schedule R (Form 5500) 2008



- 7 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

- 8 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. (See instructions.)
- | | | | | |
|----------|--------------------------|----------|-------------------------------------|----|
| Increase | ☐ | Decrease | ☒ | No |
|----------|--------------------------|----------|-------------------------------------|----|

Part IV Coverage (See instructions.)

- 9 Check the box for the test this plan used to satisfy the coverage requirements:

☐ ratio percentage test☐ average benefit test

2 1 0 8 0 0 0 2 0 D

